

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
SEP 02 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Robert Avery		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable)			
Address <input type="checkbox"/> Check box if reporting new address 710 Crestview Dr			
City Gadsden	State AL	ZIP Code 35901	Telephone Number (256) 547-5058

Type of Report (check one)

Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed. **AUG-14**

For Weekly Reports
Date of Friday in the week in which the report is filed. **AUG 23 - 14**
AUG 31 - 14

Total Number of Pages in Report

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 161 37
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a \$50.00	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c \$50.00	
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a \$300.00	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a \$500.00	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c \$500.00	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c \$550.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 161 37	

Candidates for State Office: File this report with the Office of the Secretary of State.
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Robert Avery **9-2-14**
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **2nd** day of **Sept.** of the year **2014**. My commission expires the **28th** day of **March** of the year **2017**.

Iva Nelson
 Signature of Notary Public
Iva Nelson
 Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Avery

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Jimmi'e Leonard	6015 Brookside Dr. Gadsden, AL 35901				<input checked="" type="checkbox"/>		8-26-14	\$50.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$50.00



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Avery

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION					
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual			PAC	Other			
PHASE II Social Club	921 TUSCALOOSA AVE GADSDEN, AL 35901						<input checked="" type="checkbox"/>										9-1-14	\$300.00
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																		
																		\$300.00



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Avery

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other	GUARANTORS <small>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]</small>	Lending Institution	PAC	Individual	Business	Other		
Robert Avery	710 Chestview Dr Easton AL 35961		<input checked="" type="checkbox"/>								8-26-14	500.00
TOTAL RECEIPTS THIS PAGE											500.00	



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Averell

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE		
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION					
R.B. Bone	1019 W. Meghan Blvd Gadsden, AL 35901						<input checked="" type="checkbox"/>								8-26-14	\$150.00
Linda Lindsey	723 Chestnut Dr. Gadsden, AL 35901		<input checked="" type="checkbox"/>												"	\$100.00
Ernestine Lindsey	Gadsden, AL 35901		<input checked="" type="checkbox"/>												"	\$100.00
Timothy Hightower	731 Chestnut Dr. Gadsden, AL 35901		<input checked="" type="checkbox"/>												"	\$100.00
Beverly Worthy	6209 Brookside Dr Gadsden, AL 35901		<input checked="" type="checkbox"/>												"	\$100.00
TOTAL EXPENDITURES THIS PAGE																\$550.00