

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED OCT 2 0 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type. Name of Candidate or Elected Official Political Party/Ballot Affiliation Type of Report (check one) ScyRlett RAINS FARKY
Office Sought or Held (include district or circuit number, if applicable) Monthly Amended Monthly _Weekly Amended Weekly BOARD OF Education

Address Check box if reporting new address For Monthly Reports Month in which the report is filed. For Weekly Reports Date of Friday in the ZIP Code Telephone Number week in which the report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) 938 Cash Contributions 2a Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) 2c In-Kind Contributions Itemized in-kind contributions (total from Form 3) За Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3с Receipts from Other Sources 4a Itemized Receipts from Other Sources (total from Form 4) Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) 4c **Expenditures** 5a Itemized expenditures (total from Form 5) 5a Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) b 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, Thereby swear or affirm to the best of my knowledge and belief that the of the year <u>2014</u>. My commission expires attached report(s) and the information contained herein are true and complete true and complete statement of all contributions, expenditures, and other required Signature of Notary Public

Debra Celeman information during the applicable period of time.

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: SCARICH Rains FARley



FORM REVISED 9.2.2011 CONTRIBUTOR (INCLUDE FULL NAME) 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. ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS Business or SOURCE OF CONTRIBUTION Corporation (CHECK ONE) Individual PAC Other Returned CONTRIBUTION RECEIVED (mo./day/yr.) PAGE DATE CONTRIBUTION **AMOUNT**

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: SCARICH RAINS FARICE



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.

| | | | N | TURE | 유 유 | 0 0 0 | NATURE OF CONTRIBUTION (CHECK ONE) | UTIO | Ž | | SOURCE (CHECK ONE) | CK O | E m | | | |
|----------------------|---|----------------|-------------|--------------|----------------------|-------------|---------------------------------------|----------------|-------|-----------|------------------------|------|-------|-----|--|------------------------|
| (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | Administrative | Advertising | Consultants/ | Polling Equipment | Food | Rent | Transportation | Other | Business/ | Corporation Individual | PAC | Other | , | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: __ SCARlett RAMS FARICH

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.

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: SCARICH Rain'S EARLOW



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

| FORM REVISED 9.2.2011 | | | | | RECEIVING EXPENDITURE (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | |
|------------------------------|--|--|--|--|--|--|
| | | | | | Administrative Advertising Consultants/ | |
| TOTAL EXPENDIT | | | | | Polling Contribution Food Fundraising Loan Repayment Lodging Transportation | |
| TOTAL EXPENDITURES THIS PAGE | | | | | OTHER GIVE BRIEF EXPLANATION DATE OF EXPENDITURE (mo./day/yr.) | |
| | | | | | AMOUNT OF EXPENDITURE | |