

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 04 2014

**BOBBY M. JUNKINS
JUDGE OF PROBATE**

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Deveride Williams</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Gadsden City Council - District 2</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>90 Broad St.</i>			
City <i>Gadsden, AL</i>	State <i>AL</i>	ZIP Code <i>35901</i>	Telephone Number <i>206-549-4516</i>

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

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For Weekly Reports

Date of Friday in the week in which the report is filed.

<i>8</i> <i>1</i> <i>14</i>

Total Number of Pages in Report

<i>5</i>

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<i>110</i>
2b	Non-itemized cash contributions	2b	<i>0</i>
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>110</i>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>500</i>
3b	Non-itemized in-kind contributions	3b	<i>0</i>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>500</i>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>700</i>
4b	Non-itemized Receipts from Other Sources	4b	<i>0</i>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>700</i>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<i>218.96</i> <i>0</i>
5b	Non-itemized expenditures	5b	<i>0</i>
5c	Total expenditures (add lines 5a and 5b)	5c	<i>218.96</i> <i>0</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	

**Only Aug 1 data noted as July activity captured in July 2014 Monthly report*

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.

[Signature] 8/3/14
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 3 day of August of the year 2014. My commission expires the 23 day of MARCH of the year 2016.

[Signature]
Signature of Notary Public

Helen T. Buckner
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: _____



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		
Demick Austin	100 Montcrest Point Oaksden, AL 35201		X				8/1/14	\$50.00
Betty Pearce	3118 Califurnin Av Oaksden, AL 35204		X				8/1/14	\$20.00
Frank Cylar	401 New York Av Oaksden, AL 35201		X				8/1/14	\$40.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$110.00

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: _____

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								
Janey Moore	223 South 4th St. Caddisden, AL 38911	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/30/14	\$500.00	
											TOTAL IN-KIND CONTRIBUTIONS THIS PAGE		\$500.00										



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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 (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	Lending Institution	PAC	Individual	Business	Other				
Dewrick Williams	267 Boyd Dr. Cadesden AL 35901		X		Dewrick Williams 267 Boyd Drive Cadesden AL 35901					X			7/30/14	\$700.00
TOTAL RECEIPTS THIS PAGE												\$700.00		



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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			
TOTAL EXPENDITURES THIS PAGE														