



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

DAILY

**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1**

FILED

MAY 13 2014

**BOBBY M. JUNKINS
JUDGE OF PROBATE**

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Jeff Ingram</i>		Political Party/Ballot Affiliation <i>DEM.</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Etowah County Commission Dist 1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>439 Fielden Ave</i>			
City <i>Greene</i>	State <i>AL</i>	ZIP Code <i>35905</i>	Telephone Number <i>256-554-9098</i>

Date Covered by Report *5/14/14*

Amended Daily Report

Total Number of Pages in Report *4*

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		<i>0</i>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	<i>820.00</i>	
2b	Non-itemized cash contributions	<i>/</i>	
2c	Total cash contributions (add lines 2a and 2b)		<i>820</i>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	<i>/</i>	
3b	Non-itemized in-kind contributions	<i>/</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	<i>/</i>	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	<i>4105.30</i>	
4b	Non-itemized Receipts from Other Sources	<i>/</i>	
4c	Total receipts from other sources (add lines 4a and 4b)		<i>4105.30</i>
Expenditures			
5a	Itemized expenditures (total from Form 5)	<i>4105.30</i>	
5b	Non-itemized expenditures	<i>/</i>	
5c	Total expenditures (add lines 5a and 5b)		<i>4105.30</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		<i>820</i>

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.
 Candidates for County or Municipal Office and County and Municipal Elected Officials: 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.

Jeff Ingram
 Signature of Candidate or Elected Official *5/14/14*
Date

Sworn to and subscribed before me this 13 day of May of the year 2014. My commission expires the 24 day of Sept of the year 2016.

Pam Bone
 Signature of Notary Public
Pam Bone
 Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jeff Ingram

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		
Jeff Ingram	439 Fielder Ave Graket, AL 35905		X				4/15/14	300 ⁰⁰
Hanems, LLC	1107 Duke Dr. Geneva AL 35905		X				5/1/14	100
Merrin Whitaker	2960 E Rockford St. Hills Bkch AL 35903		X				4/18/14	420
TOTAL CASH CONTRIBUTIONS THIS PAGE								820.00



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jeff Ingram

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)										OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation					
Dollar Tree	49 George Wallace Dr GadSDale, AL 35903						X						Cops, Buletts	5/5/14	39.24
City of Geneva	201 W. Courtin Blvd Geneva, AL 35905						X						Bank Rent 1	4/7/14	50.00
Kelly Signs	1403 US. Hwy 4315 Geneva, AL 35905	X											Signs Pharmaceuticals	4/29/14	2122.37
Fayetteville Valley Signs	201 Thomas Fresh Dr. Suttbury, AL 35796	X											Cups	5/1/14	198.59
Sams Club online	www.Samsclub.com	X											Gorka's kids	5/5/14	185.00
Seven Kings	www.sevenkings.com	X											T-shirts	5/7/14	316.10
Laser Graphics	Moiv St. Geneva, AL 35905	X											Fans	5/7/14	916.00
Fayetteville Valley Signs	301 Thomas Fresh Dr. Suttbury, AL 35796	X													
TOTAL EXPENDITURES THIS PAGE															4105.30



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 GUARANTORS <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)</small>	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Jeff Ingram	439 Felder Ave Greene AL 36045		X		Jeff Ingram 439 Felder Ave Greene AL 36045			X			4/14/14	4105.30
TOTAL RECEIPTS THIS PAGE												4105.30