

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 Jobe N. Statum IV (Joey)		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Etowah Co. Commission Dist 1			
Address <input type="checkbox"/> Check box if reporting new address 509 Stone Hedge Cir			
City Glencoe	State AL	ZIP Code 35905	Telephone Number 256 474 0392

Type of Report (check one)

- Monthly
- Amended Monthly
- Weekly
- Amended Weekly

For Monthly Reports

Month in which the report is filed.

August

For Weekly Reports

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

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	2761.01
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	150.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	150.-	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	N/A	
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	N/A	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	N/A	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	2100.-	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	2100.-	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	811.01	

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.

Jobe N. Statum IV **9/2/14**
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **2** day of **Sept.** of the year **2014**. My commission expires the **22** day of **March** of the year **2018**.

Sheri B. McGinnis
 Signature of Notary Public
Sheri B. McGinnis
 Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jason Statum

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging			
<u>John N. Statum IV</u>	<u>507 Stoneledge Glenora 35905</u>							<input checked="" type="checkbox"/>			<u>8/4/14</u>	<u>1600.-</u>
<u>Glenora High School</u>	<u>803 Conesane Bend Rd 35905</u>		<input checked="" type="checkbox"/>							<u>Press box</u>	<u>8/15/14</u>	<u>250.-</u>
<u>Southside High School</u>	<u>2361 School Dr 55, Ac 35907</u>		<input checked="" type="checkbox"/>							<u>Press box</u>	<u>8/20/14</u>	<u>250.-</u>
TOTAL EXPENDITURES THIS PAGE												<u>2100.-</u>