

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

NOV 01 2016

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Type of Report (check one)

- Monthly
- Amended Monthly
- Weekly
- Amended Weekly

For Monthly Reports  
Month in which the report is filed.

OCT. 2016

For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Name of Candidate or Elected Official <b>Johnny Grant</b>		Political Party/Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Etowah County Commissioner District 2</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>880 Blackberry Lane</b>			
City <b>Gadsden</b>	State <b>Al</b>	ZIP Code <b>35903</b>	Telephone Number

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	339.41
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c		
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	-0-	
3b	Non-itemized in-kind contributions	3b	-0-	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	-0-	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	-0-	
4b	Non-itemized Receipts from Other Sources	4b	-0-	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	-0-	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	-0-	
5b	Non-itemized expenditures	5b	-0-	
5c	Total expenditures (add lines 5a and 5b)	5c	-0-	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		339.41

Candidates for State Office: File in

office is sought

As required by the Alabama Fair Campaign Practices Act, I hereby certify that 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.

Johnny Grant 10-31-16  
Signature of Candidate or Elected Official Date

Notary Public for me and \_\_\_\_\_ day of  
Nov of the year 2016. My commission expires  
the 29 day of Apr of the year 2018.

Stephanie A. Downey  
Signature of Notary Public

Stephanie A. Downey  
Print Notary's Name







