

ALABAMA FAIR CAMPAIGN PRACTICES ACT
CANDIDATE / ELECTED OFFICIAL
ANNUAL REPORT
SUMMARY FORM 1A

FILED

JAN 08 2016

Please Print in Ink or Type.

BOBBY M. JUNKINS
 JUDGE OF PROBATE

Name of Candidate or Elected Official <i>Kenneth Scissum</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Councilman of Attalla</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>103 10th Ave. NE</i>			
City <i>Attalla</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>205-538-7943</i>

Type of Report (check one)

- Annual Report for Year 2015
- Termination Report
- Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		\$0.00
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)	4		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6		\$0.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7		
8	Total cash contributions for year	8		
9	Total in-kind contributions for year	9		
10	Total receipts from other sources for year	10		
11	Total expenditures for year	11		
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12		\$0.00
13	Total campaign debt (total debt owed as of December 31)	13		

Sworn to and subscribed before me this 4th day of January of the year 2016. My commission expires the 02/02/2019 day of _____ of the year _____.

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.

Sharon K. Jones
 Signature of Notary Public

SHARON K. JONES
 Print Notary's Name

Kenneth Scissum | 1-4-16
 Signature of Candidate or Elected Official | Date

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 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		
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT

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		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	

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		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (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				
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$0.00		

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC			Other
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														\$0.00	

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 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 [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE												\$0.00	

