

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

JAN 04 2016

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official LARRY V. PAUNB		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) DIST. 3 COMMISSIONER ETOWAH COUNTY			
Address <input type="checkbox"/> Check box if reporting new address 7100 DUCK SPRINGS RD.			
City ATLANTA, AL	State AL	ZIP Code 35954	Telephone Number 2564907574

Type of Report (check one)

Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

DEC

For Weekly Reports

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

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	0
2b	Non-itemized cash contributions	2b	1100.00
2c	Total cash contributions (add lines 2a and 2b)	2c	1100.00
In-Kind Contributions			
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
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	1500.00
4b	Non-itemized Receipts from Other Sources	4b	100.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	2600.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	1181.58
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	1181.58
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1418.42

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 of Candidate or Elected Official:
 Date: **1/4/2016**

Sworn to and subscribed before me this **4** day of **Jan** of the year **2016**. My commission expires the **22** day of **March** of the year **2018**.

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



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: LARRY PAYNE

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		
CONTRIBUTIONS UNDER \$100			<input checked="" type="checkbox"/>				1100 ⁰⁰	
	TOTAL CASH CONTRIBUTIONS THIS PAGE						1100	



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: LARRY DAYNO

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)							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															

FORM REVISED 10.27.2011



FORM 4: Receipts from Other Sources

loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: LARRY PAYNE

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 [FCPA REQUIRES FULL NAME AND COM- plete address of individual(s) en- dorsing or guaranteeing loan]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
LARRY PAYNE	7100 DUCK SPRING RD ATTALA, AL 35954		X		LARRY V. PAYNE 7100 Duck Spring Rd Attala, AL 35954			X			12/1/05	1500
TOTAL RECEIPTS THIS PAGE												1500

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Larry Payne

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			
VERISON	204 No. WOOD ST GADSDON AL 35903	X										AIR TIME	12/10/15	72.60
Sec of State AL	Sec. of State AL MONTGOMERY, AL	X										VOTERS LIST DIST 3	12/14/15	92.46
ABC Sign	A.B.C SIGN CO THEADONS, AL		X									SIGNS AD	12/15/15	414.96
GADSDON SCREEN PRINTING	7001 So. 4th ST GADSDON AL 35907		X									SIGNS AD	12/31/15	566.80
GADSDON PRINTING	116 BROADS GADSDON AL 35901	X										LETTER STATIONERY	12/31/15	34.76
													TOTAL EXPENDITURES THIS PAGE	1181.58