

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**  
DEC 01 2015  
BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

|  |                    |   |   |
|--|--------------------|---|---|
| Name of Candidate or Elected Official<br><b>LARRY V. PAYNE</b>   |                    | Political Party/Ballot Affiliation<br><b>REPUBLICAN</b> |   |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>DISTRICT 3 COMMISSIONER STONING COUNTY</b> |                    |   |   |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>7100 DUCK SPRINGS RD A</b>                       |                    |   |   |
| City<br><b>ATTALCA</b>   | State<br><b>AL</b> | ZIP Code<br><b>35959</b>                                | Telephone Number<br><b>256 490 7574</b> |

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month in which the report is filed.

**NOV**

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      | 0 |
| <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 | 0      |   |
| <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 | 591.10 |   |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | 0      |   |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | 591.10 |   |
| <b>Expenditures</b>                |   |    |        |   |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | 59     |   |
| 5b                                 | Non-itemized expenditures                                     | 5b |        |   |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c |        |   |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  |        |   |

**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: *[Signature]* Date: **11/30/15**

Sworn to and subscribed before me this 1 day of Dec of the year 2015. My commission expires the 22 day of March of the year 2018.

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



**FORM 2: Contributions** received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: LARRY V. 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<br>(INCLUDE FULL NAME)        | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|---|---|--|------------|-----|-------|----------|---|------------------------------|
|   |   | Business or<br>Corporation               | Individual | PAC | Other | Returned |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
|   |   |  |            |     |       |          |   |                              |
| <b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b> |   |  |            |     |       |          | 0   |                              |





