



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

FILED

JAN 03 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Michael Head		Political Party/Ballot Affiliation Republican	
Office Sought or Held (Include district or circuit number, if applicable) Etowah County Coroner			
Address <input type="checkbox"/> Check box if reporting new address 305 Musthove Hollow Rd			
City Opelika	State AL	ZIP Code 35901	Telephone Number 256-312-3811

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.

December

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

Total Number of Pages in Report

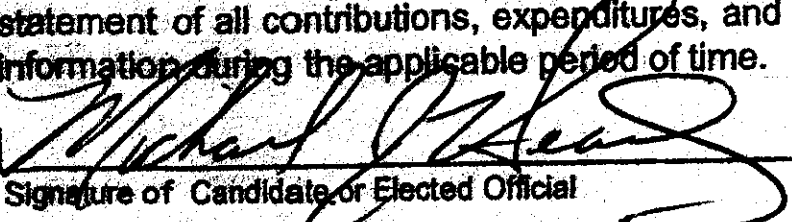
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	3185.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	1075	00
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	1075.00	
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		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
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	4260.00	

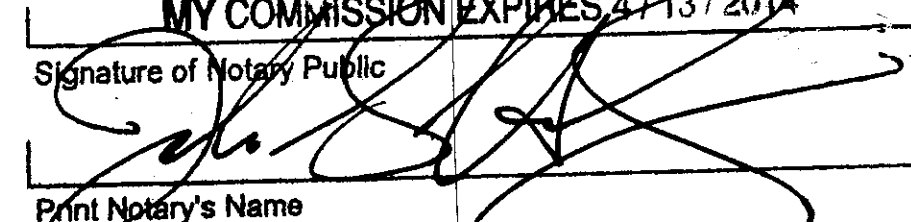
Candidates for State Office: File this report with the Office of the Secretary of State.

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 1-3-14
Date

Sworn to and subscribed before me this 3rd day of January of the year 2014. My commission expires the _____ day of _____ of the year _____.

JOHN S. HEAD II
NOTARY PUBLIC
ALABAMA STATE AT LARGE
MY COMMISSION EXPIRES 4/13/2014

Signature of Notary Public
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Head, Michael

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		
Head Properties	305 Mustetree Hollow Rd Gadsden, AL 35901	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/3/13	1000 ⁰⁰
James's Mary Kempter	1305 Monte Vista Dr. Gadsden, AL 35904	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/5/13	25 ⁰⁰
Saxon Environ Services	313 Mustetree Hollow Rd Gadsden, AL 35901	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/1/13	50 ⁰⁰
							TOTAL CASH CONTRIBUTIONS THIS PAGE	1075 ⁰⁰