



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

OCT 20 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 (Specify House, Senate, district or circuit number, if applicable) Chowch County Coroner			
<input type="checkbox"/> Current law reporting new address 305 Mitchell Hollow Rd			
City Gadsden	State AL	ZIP Code 35901	Telephone Number 256 312 3811

Type of Report (check one)

- Monthly
 Weekly
 Amended Monthly
 Amended Weekly

For Monthly Reports
Month in which the report is filed.

10

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

10/17/14

Total Number of Pages in Report

2

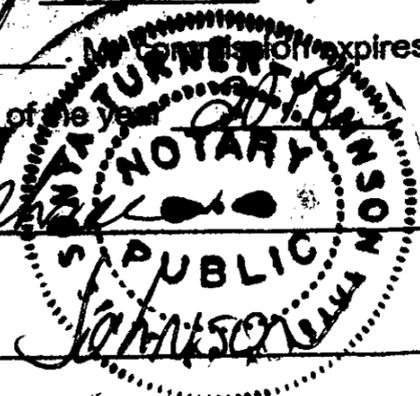
1	Beginning balance (ending balance from previous filing)			1	8362.68
Cash Contributions					
2a	Itemized cash contributions (total from Form 2)		0		
2b	Non-itemized cash contributions		0		
2c	Total cash contributions (add lines 2a and 2b)			2c	
Receipts from Other Sources					
3a	Itemized receipts from other sources (total from Form 3)		0		
3b	Non-itemized receipts from other sources		0		
3c	Total receipts from other sources (add lines 3a and 3b)		0		
4a	Itemized receipts from other sources (total from Form 4)		0		
4b	Non-itemized receipts from other sources		0		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	
Expenditures					
5a	Itemized expenditures (total from Form 5)		61.01		
5b	Non-itemized expenditures		0		
5c	Total expenditures (add lines 5a and 5b)			5c	61.01
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	8301.67

I, Michael Head, hereby certify that the information contained herein are true and correct and that this information is a full and complete report of my campaign activities and other required information for the period of time.

Signature of Candidate or Elected Official: Michael Head
Date: 11/02/14

Sworn to and subscribed before me this 20th day of October of the year 2014. My commission expires the 6th day of February of the year 2015.

Signature of Notary Public: Sonya Turner-Johnson
Print Notary's Name: Sonya Turner-Johnson



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Michael H. ...

When total expenditures to a single recipient exceed \$100.00, the FCFA 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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Hangman Express	Rainbow Drive ABC, AL 35906								X			10/11/14	40.01
Samco Express	1825 US Hwy 431 Braz, AL								X			10/16/14	21.00
TOTAL EXPENDITURES THIS PAGE													61.01