

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
APR 30 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Randall Green</i>		Political Party/Ballot Affiliation <i>Rep.</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>County Commission Dist 4</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>6010 Fairview Cove Rd</i>			
City <i>Attoma</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-490-5432</i>

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

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
Cash Contributions				
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
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	1549.43	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)		4c	1549.43
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1549.43	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	1549.43
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	0

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.

Randall Green
 Signature of Candidate or Elected Official _____ Date _____

Sworn to and subscribed before me this 30 day of April of the year 2014. My commission expires the 02 day of March of the year 2018
Alex B. McGinnis
 Signature of Notary Public
Sheri B. McGinnis
 Print Notary's Name



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Randall Green

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 <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)</small>	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
<i>Randall Green</i>	<i>6210 Fairview Court RD Affton, MO 63022</i>			<i>21</i>	<i>Paid for call out of personal accounts</i>				<input checked="" type="checkbox"/>				<i>1549.43</i>
TOTAL RECEIPTS THIS PAGE												<i>1549.43</i>	

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: Randall Green

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)								OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging			
BPA Media Group	PO Box 600 Bour, AL 35957		X							Card	4/4/2014	307.80
BPA Media Group	PO Box 600 Bour, AL 35957		X							2 1/2 X 4 Cards	4/4/2014	158.76
Ink II Screen Printing	1095 De Jenkins Lane Albany, AL 35952		X							Shirts	4/29/2014	500.00
SS and G	PO Box 8397 Eadsden, AL 35902		X							Signs	4/22/2014	272.57
Speedy Wristbands Com			X							Bracelets Wristbands	4/15/2014	310.00
TOTAL EXPENDITURES THIS PAGE											1549.93	