

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
SEP 02 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Raymond Gary Ashley		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District Seven			
Address <input type="checkbox"/> Check box if reporting new address 2618 Cliff Road			
City Gadsden	State AL	ZIP Code 35904	Telephone Number 256 490 3694

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

5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)	1	932.09
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	
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	538.56
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	538.56
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	393.53

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: **Raymond Gary Ashley**
 Date: **9/2/14**

Sworn to and subscribed before me this **2nd** day of **Sept** of the year **2014**. My commission expires the **12th** day of **February** of the year **2018**
 Signature of Notary Public: **Sheree Martin**
 Print Notary's Name: **Sheree Martin**

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Raymond Leroy Kelly



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			
Gradson Times	P.O. Box 188, Gradson 35901		<input checked="" type="checkbox"/>										8-19	\$470.04
Cash	301 W. 13th Street Gradson 35901		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							8-26	\$68.52
TOTAL EXPENDITURES THIS PAGE													\$538.56	