

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**  
AUG 25 2014

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Robert Avery</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable)			
Address <input type="checkbox"/> Check box if reporting new address <i>710 Crestview Dr.</i>			
City <i>Gadsden</i>	State <i>AL</i>	ZIP Code <i>35901</i>	Telephone Number <i>(256) 547-5058</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.

*AUG. 16-22, 2014*

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>201.34</i>
<b>Cash Contributions</b>				
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		<i>\$1,050.00</i>
<b>In-Kind Contributions</b>				
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		
<b>Receipts from Other Sources</b>				
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		<i>0</i>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		<i>\$1,090.00</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		<i>\$161.37</i>

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.

*Robert Avery*      *8-25-14*  
 Signature of Candidate or Elected Official      Date

Sworn to and subscribed before me this 25<sup>th</sup> day of Aug. of the year 2014. My commission expires the 28<sup>th</sup> day of March of the year 2017.

*Iva Nelson*  
 Signature of Notary Public  
 Iva Nelson  
 Print Notary's Name



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Avery

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		
DR. B. AKINSANYA	211 MINNESOTA Bend TR1 Gadsden, AL. 35901		<input checked="" type="checkbox"/>			8-22-14	250.00
ALA. New South Alliance	P.O. Box 8211 Gadsden, AL 35902			<input checked="" type="checkbox"/>		8-22-14	300.00
Individual	—			<input checked="" type="checkbox"/>		8-22-14	500.00
							\$1,050.00

TOTAL CASH CONTRIBUTIONS THIS PAGE







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: Robert Avery

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				
W M G S	815 TUSCALOOSA AVE GADSDEN, AL 35901		✓											8-21-14	\$ 90.00
SCALES PR MARKETING INC	932 THOMAS DR BIRMINGHAM, AL 35215		✓											8-22-14	\$ 1,000.00
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$ 1,090.00		