

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 08 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Sherman E Guyton		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Mayor			
Address <input type="checkbox"/> Check box if reporting new address 307 Claremont Drive			
City Gadsden	State Al	ZIP Code 35901	Telephone Number 256-448-7652

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.

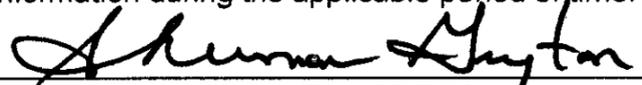
August 8, 2014

Total Number of Pages in Report

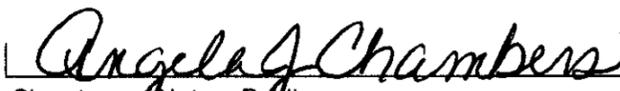
Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		\$12,935.44
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	\$200.00	
2b	Non-itemized cash contributions	\$150.00	
2c	Total cash contributions (add lines 2a and 2b)		\$350.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)		
3b	Non-itemized in-kind contributions		
3c	Total in-kind contributions (add lines 3a and 3b)		
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)		
4b	Non-itemized Receipts from Other Sources		
4c	Total receipts from other sources (add lines 4a and 4b)		
Expenditures			
5a	Itemized expenditures (total from Form 5)	\$4,651.65	
5b	Non-itemized expenditures	\$98.00	
5c	Total expenditures (add lines 5a and 5b)		\$4,749.65
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		\$8,535.79

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 _____ Date _____

Sworn to and subscribed before me this 8th day of August of the year 2014. My commission expires the 11th day of April of the year 2015.


 Signature of Notary Public _____

Angela J. Chambers
 Print Notary's Name _____

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Sherman E Guyton

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 loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)											SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other							
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																		

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: Sherman E Guyton

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	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other	GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													

