



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

ANNUAL

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

**FILED**

JAN 31 2014

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Steve Means</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>Undecided</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>1255 Sangster Road</u>			
City <u>Gadsden</u>	State <u>Al.</u>	ZIP Code <u>35901</u>	Telephone Number <u>256-547-3310</u>

Calendar Year covered by this report.

2013

Year End Report

Amended Annual Report  
 Termination Report

Total Pages in Report Include this page in your count.

**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

1	Beginning balance (ending balance from previous filing)		1	<u>\$1,386.41</u>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		<u>0</u>
2b	Non-itemized cash contributions	2b		<u>0</u>
2c	Total cash contributions (add lines 2a and 2b)	2c		<u>0</u>
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a		<u>0</u>
3b	Non-itemized in-kind contributions	3b		<u>0</u>
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<u>0</u>
<b>Receipts from Other Sources</b>				
4a	Total itemized receipts from other sources (total from Form 4)	4a		<u>0</u>
4b	Total non-itemized receipts from other sources	4b		<u>0</u>
4c	Total itemized receipts from other sources (add lines 4a and 4b)	4c		<u>0</u>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		<u>165.00</u>
5b	Non-itemized expenditures	5b		<u>639.69</u>
5c	Total expenditures (add lines 5a and 5b)	5c		<u>804.69</u>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		

**SECTION II - Summary of activity for entire reporting year - January 1st through December 31st**

7	Beginning balance (as of January 1 of reporting year)		7	<u>\$1,386.41</u>
8	Total cash contributions for year		8	<u>0</u>
9	Total in-kind contributions for year	9		<u>0</u>
10	Total receipts from other sources for year		10	<u>0</u>
11	Total expenditures for year		11	<u>804.69</u>
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)		12	<u>581.72</u>
13	Total campaign debt (total debt owed as of December 31)	13		

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.

Sworn to and subscribed before me this 30th day of JAN. of the year 2014. My commission expires the 14 day of June of the year 2014.

Steve Means  
Signature of Candidate or Elected Official  
Date 1-30-14

Jennifer Haynes Franklin  
Signature of Notary Public  
Print Notary's Name Jennifer Haynes Franklin



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steve Means

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	Returned		
NONE								
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								



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: Steve Means

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							
<u>NONE</u>																				
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																				



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steve Means

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)	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN			RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		FORM OF RECEIPT		GUARANTORS <small>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]</small>	Lending Institution	PAC	Individual	Business		
		Interest	Loan		Other					
<u>NONE</u>										
<b>TOTAL RECEIPTS THIS PAGE</b>										



**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steve Neavis

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION		
<u>Polk City Directory</u>		X														<u>\$ 165<sup>00</sup></u>
													<u>165<sup>00</sup></u>			

TOTAL EXPENDITURES THIS PAGE