

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

FILED

AUG 18 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Warren Alexander Daves		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Greensboro City Council District 2			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 8332			
City Greensboro	State NC	ZIP Code 27402	Telephone Number 336-492-6641

Type of Report (check one)

- Monthly
 Weekly
 Amended Monthly
 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

8/9/14 - 8/15/2014
3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	90.43
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	80.00
2b	Non-itemized cash contributions	2b	422.00
2c	Total cash contributions (add lines 2a and 2b)	2c	502.00
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	0
4b	Non-itemized Receipts from Other Sources	4b	0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	466.37
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	466.37
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	125.63

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: **[Signature]**
Date: **8/18/14**

Sworn to and subscribed before me this **18th** day of **August** of the year **2014**. My commission expires the **6th** day of **Jan.** of the year **2018**.

Signature of Notary Public: **[Signature]**
Print Notary's Name: **Tereasa Jones**



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

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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		
Steven Cooper	6207 Ridgeway Houston, TX		<input checked="" type="checkbox"/>				8/11/14	\$ 45.75
Dwayne Vernon	P.O. Box 47446 District Heights, MD 20753		<input checked="" type="checkbox"/>				8/11/14	\$ 25.00
Larry Datas (Darnell)	509 Doyle Street Gadsden, AL 35903		<input checked="" type="checkbox"/>				8/14/14	\$ 10.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$ 80.00



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: Marken Alexander Dohs

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/	Charitable	Food	Fundraising	Loan	Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
Jet Pep #304	118 George Wallace Drive Gadsden, AL 35903												8/10/14	\$ 16.02
Wendy's	410 E. Michigan Blvd. Gadsden, AL 35903												8/11/14	\$ 3.78
OfficeMax	730 George Wallace Drive Gadsden, AL 35903												8/11/14	\$ 1.99
Piryx	144 Second Street San Francisco, CA												8/11/14	\$ 4.25
Arbys	Unit #7513 East Gadsden, AL 35903												8/12/14	\$ 4.35
WINGS Radio	290 8th Street Gadsden, AL 35901												8/12/14	\$ 50.00
Jet Pep #304	418 George Wallace Dr. Gadsden, AL 35903												8/13/14	\$ 11.00
Jet Pep #788	300 W. Michigan Blvd Gadsden, AL 35901												8/15/14	\$ 16.00
Contact Live.com	6436 Oakdale Road Riverbank, CA 95367												8/15/14	\$ 359.00
Telecontact Resource Services														\$ 466.37
TOTAL EXPENDITURES THIS PAGE													\$ 466.37	