



Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

RECEIVED
JUL 13 2012

 James W. Fuhrmeister
 Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Jon G. Graham		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Calera			
Address ☐ Check box if reporting new address 721 Hwy 202			
City Calera, AL	State 35040	ZIP Code	Telephone Number

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.

July 13, 2012

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1,852.91
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$1,900.00
2b	Non-itemized cash contributions	2b	\$715.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$2,615.00
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	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$4,467.91

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 Jul 13, 2012
 Date

Sworn to and subscribed before me this 13th day of July of the year 2012. My commission expires the _____ day of _____ of the year _____.

Signature of Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
 MY COMMISSION EXPIRES JUL 13, 2012
 BONDED THIRD NOTARY PUBLIC UNDERWRITERS



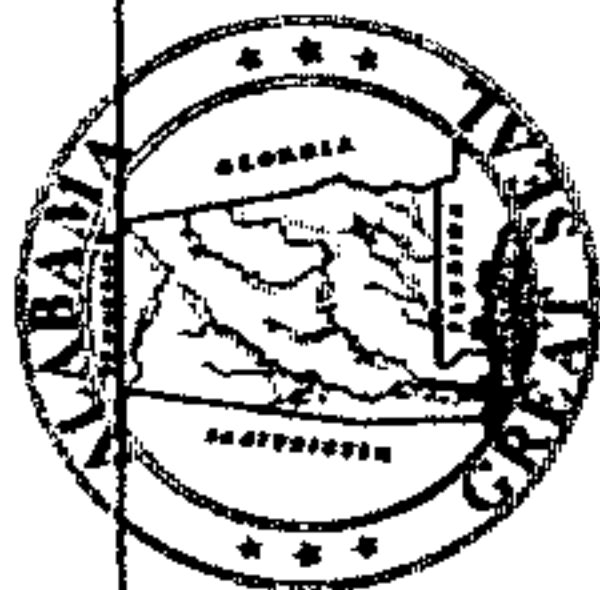
FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jon G. Graham

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		
Sharp Carpet	506 Cobb St Ste 151, Homewood, AL 35209	X					Jul 9, 2012	\$100.00
Joe Dorris State Farm Ins. Agency	3205 Lorna Rd Ste 105, Birmingham, AL 35216	X					Jul 9, 2012	\$300.00
James Carden	PO Box 67, Calera, AL 35040		X				Jul 9, 2012	\$200.00
Metro Mini Storage, LLC	100 Metro Pkwy, Pelham, AL 35124	X					Jul 11, 2012	\$1,000.00
Davis Machine & Fab. Co., Inc.	PO Box 1048, Calera, AL 35040	X					Jul 12, 2012	\$300.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$1,900.00

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Shelby Cnty Judge of Probate, AL
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FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jon G. Graham

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		
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													

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FORM REVISED 10.27.2011

