

CANDIDATE / ELECTED OFFICIAL

ANNUAL REPORT

SUMMARY FORM 1A



20110128000029750 1/5 \$.00
Shelby Cnty Judge of Probate, AL
01/28/2011 09:57:32 AM FILED/CERT

RECEIVED

JAN 27 2011

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official John Allan Lowe		Political Party/Ballot Affiliation NA	
Office Sought or Held (include district or circuit number, if applicable) Mayor, City of Columbiana, AL			
Address ☐ Check box if reporting new address			
City Columbiana	State Alabama	ZIP Code 35051	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Annual Report for Year 2010
☐ Termination Report
☐ Amended Annual Report for Year _____

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

1	Beginning balance (ending balance from previous filing)	1	\$160.99
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00
2b	Non-itemized cash contributions	2b	\$0.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00
Receipts from Other Sources			
4	Total receipts from other sources (total from Form 4)	4	\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$0.00
5b	Non-itemized expenditures	5b	\$0.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6	\$160.99

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	\$160.99
8	Total cash contributions for year	8	\$0.00
9	Total in-kind contributions for year	9	\$0.00
10	Total receipts from other sources for year	10	\$0.00
11	Total expenditures for year	11	\$0.00
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	\$160.99
13	Total campaign debt (total debt owed as of December 31)	13	\$0.00

Sworn to and subscribed before me this 27th day of January of the year 2011. My commission expires the 12th day of May of the year 2012.

Frances W. Sammons

Signature of Notary Public

Frances W. Sammons

Print Notary's Name

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.

John Allan Lowe

Signature of Candidate or Elected Official

27 JAN 11

Date

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

PAGE 2 OF 4

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)

Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other
----------------	-------------	-------------------------	-----------	------	------	----------------	-------	--------------------------	------------	-----	-------

**DATE
CONTRIBUTION
RECEIVED
(mo./day/yr.)**

**AMOUNT
OF
CONTRIBUTION**

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

\$00.00



20110128000029750 3/5 \$.00
Shelby Cnty Judge of Probate, AL
01/28/2011 09:57:32 AM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE 3 OF 7

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

20110128000029750 4/5 \$.00
Shelby Cnty Judge of Probate, AL
01/28/2011 09:57:32 AM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTICES ACT
FORM 5: EXPENDITURES

NAME OF CANDIDATE / ELECTED OFFICIAL:

5

**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)

OTHER
GIVE
BRIEF
EXPLANATION

DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
12/1/79	100.00
12/2/79	100.00
12/3/79	100.00
12/4/79	100.00
12/5/79	100.00
12/6/79	100.00
12/7/79	100.00
12/8/79	100.00
12/9/79	100.00
12/10/79	100.00
12/11/79	100.00
12/12/79	100.00
12/13/79	100.00
12/14/79	100.00
12/15/79	100.00
12/16/79	100.00
12/17/79	100.00
12/18/79	100.00
12/19/79	100.00
12/20/79	100.00
12/21/79	100.00
12/22/79	100.00
12/23/79	100.00
12/24/79	100.00
12/25/79	100.00
12/26/79	100.00
12/27/79	100.00
12/28/79	100.00
12/29/79	100.00
12/30/79	100.00
12/31/79	100.00
1/1/80	100.00
1/2/80	100.00
1/3/80	100.00
1/4/80	100.00
1/5/80	100.00
1/6/80	100.00
1/7/80	100.00
1/8/80	100.00
1/9/80	100.00
1/10/80	100.00
1/11/80	100.00
1/12/80	100.00
1/13/80	100.00
1/14/80	100.00
1/15/80	100.00
1/16/80	100.00
1/17/80	100.00
1/18/80	100.00
1/19/80	100.00
1/20/80	100.00
1/21/80	100.00
1/22/80	100.00
1/23/80	100.00
1/24/80	100.00
1/25/80	100.00
1/26/80	100.00
1/27/80	100.00
1/28/80	100.00
1/29/80	100.00
1/30/80	100.00
1/31/80	100.00
2/1/80	100.00
2/2/80	100.00
2/3/80	100.00
2/4/80	100.00
2/5/80	100.00
2/6/80	100.00
2/7/80	100.00
2/8/80	100.00
2/9/80	100.00
2/10/80	100.00
2/11/80	100.00
2/12/80	100.00
2/13/80	100.00
2/14/80	100.00
2/15/80	100.00
2/16/80	100.00
2/17/80	100.00
2/18/80	100.00
2/19/80	100.00
2/20/80	100.00
2/21/80	100.00
2/22/80	100.00
2/23/80	100.00
2/24/80	100.00
2/25/80	100.00
2/26/80	100.00
2/27/80	100.00
2/28/80	100.00
2/29/80	100.00
3/1/80	100.00
3/2/80	100.00
3/3/80	100.00
3/4/80	100.00
3/5/80	100.00
3/6/80	100.00
3/7/80	100.00
3/8/80	100.00
3/9/80	100.00
3/10/80	100.00
3/11/80	100.00
3/12/80	100.00
3/13/80	100.00
3/14/80	100.00
3/15/80	100.00
3/16/80	100.00
3/17/80	100.00
3/18/80	100.00
3/19/80	100.00
3/20/80	100.00
3/21/80	100.00
3/22/80	100.00
3/23/80	100.00
3/24/80	100.00
3/25/80	100.00
3/26/80	100.00
3/27/80	100.00
3/28/80	100.00
3/29/80	100.00
3/30/80	100.00
3/31/80	100.00
4/1/80	100.00
4/2/80	100.00
4/3/80	100.00
4/4/80	100.00
4/5/80	

AMOUNT

Food	Fundraising	Loan Repayment	Lodging	Transportation
------	-------------	----------------	---------	----------------

FORM REVISED 10.29.99

TOTAL EXPENDITURES THIS PAGE

\$00.00

