

CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

20120120000024860 1/5 \$.00
Shelby Cnty Judge of Probate, AL
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JAN 19 2012

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 <input type="checkbox"/> Check box if reporting new address 307 Mildred Street | | | |
| City Columbiana | State AL | ZIP Code 35051 | Telephone Number [REDACTED] |

Type of Report (check one)

☒ Annual Report for Year 2011☐ 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 | | |
| 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 | | |
| Expenditures | | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | |
| 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 | |
| 9 | Total in-kind contributions for year | 9 | |
| 10 | Total receipts from other sources for year | 10 | |
| 11 | Total expenditures for year | 11 | |
| 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 | |

Sworn to and subscribed before me this 18th day of January of the year 2012. My commission expires the 12th day of May of the year 2012.

Frances H. 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

18 JAN 12

Date



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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

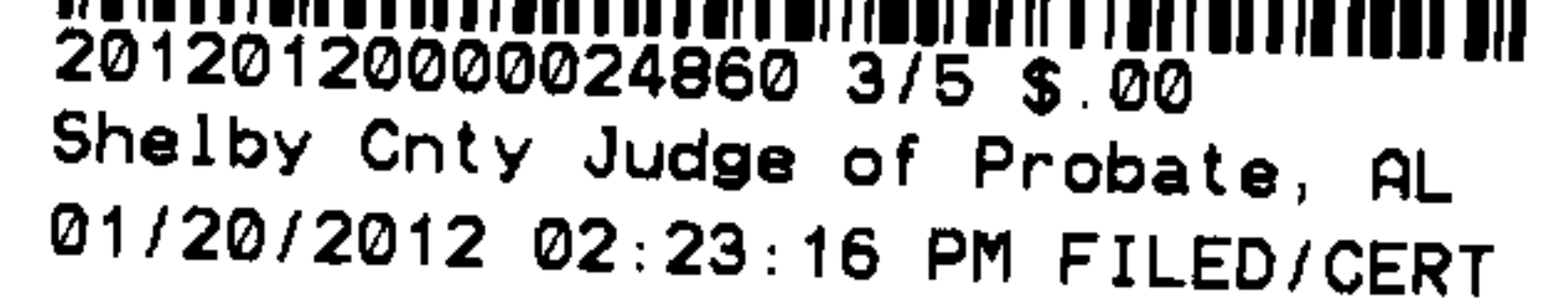
NAME OF CANDIDATE / ELECTED OFFICIAL: John Allan Lowe

PAGE 1 OF 4

The FCPA requires that those contributions greater than \$100 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 | | | |
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| | | TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | \$0.00 |

FORM REVISED 10.29.99



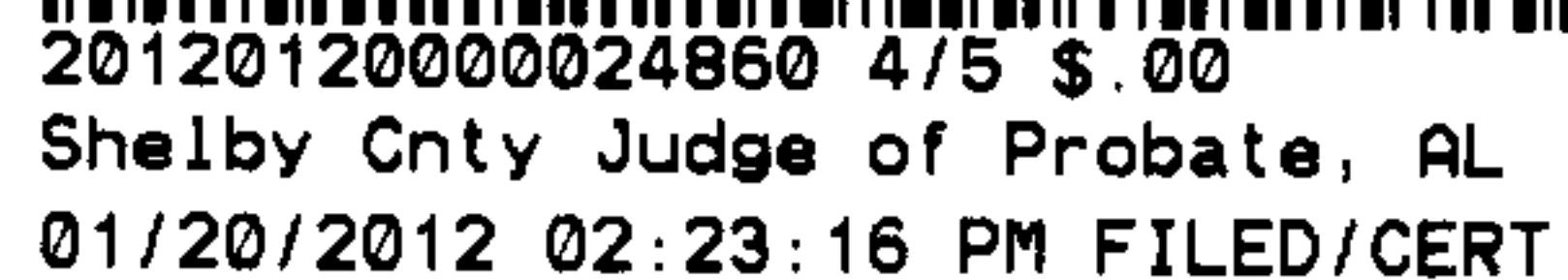
FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: John Allan Lowe

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) | | | | | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|------------------------------------|---|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|--|---|------------------------------|
| | | Administrative | Advertising | Consultants/ Polling | Equipment | Food | Rent | Transportation | Other | Business/ Corporation | Individual | PAC | Other | | | |
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| | | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE | | | | | | | | | | | | | \$0.00 | |

FORM REVISED 10.29.99



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

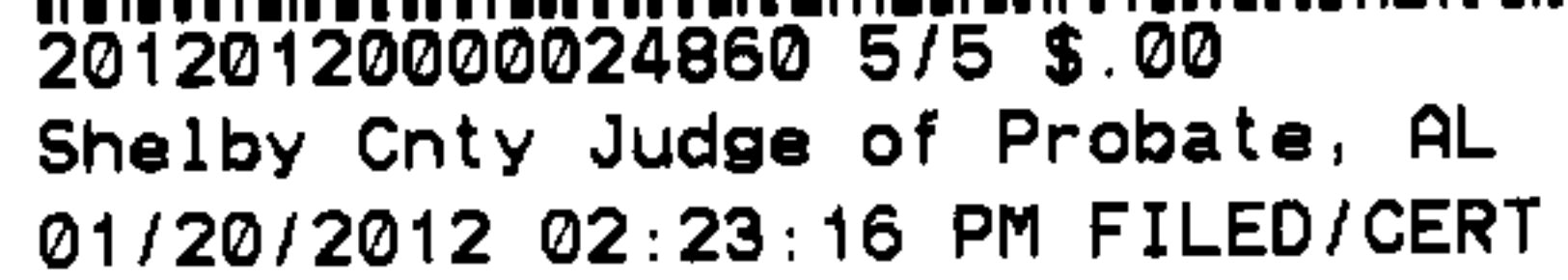
**LOANS/INTEREST/OTHER SOURCES OF
INCOME TO CANDIDATE OR ELECTED OFFICIAL**

PAGE 3 OF 4

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.

| 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 GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) | | | | | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT |
|--|--|--------------------------|------|-------|--|-------------------------------|-----|------------|----------|-------|--------------------------------|-------------------|
| | | Interest | Loan | Other | | Lending Institution | PAC | Individual | Business | Other | | |
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| | | TOTAL RECEIPTS THIS PAGE | | | | | | | | | | \$0.00 |

FORM REVISED 10.29.99



| 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 | | |
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| FORM REVISED 10.29.99 | TOTAL EXPENDITURES THIS PAGE | | | | | | | | | | | | \$0.00 |