



Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

RECEIVED
JAN 31 2012

 James W. Fuhrmeister
 Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Mark McLaughlin		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Mayor City of Westover			
Address ☐ Check box if reporting new address 250 McLaughlin Lane			
City Westover	State AL	ZIP Code 35147	Telephone Number 205-...

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

JAN. 2012**For Weekly Reports**

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

1**Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)		1	22.21
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	0	
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	0	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	0	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	22.21	

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

Date

1/27/2012
 Sworn to and subscribed before me this **27** day of **January** of the year **2012**. My commission expires the **16** day of **April** of the year **2014**.

Signature of Notary Public

Print Notary's Name

Sherry McLaughlin