



Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

RECEIVED

APR 27 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Jim L. MARTIN		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) CITY COUNCIL PEKHAM, AL.			
Address ☐ Check box if reporting new address 770 Hwy 72			
City Pekham	State AL.	ZIP Code 3584	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports

Month in which the
report is filed.**APRIL 2012**

For Weekly Reports

Date of Friday in the
week in which the
report is filed.Total Number of
Pages in Report**5**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$1,185.00
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1,185.00
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	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$647.84
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	\$647.84
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$537.16

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.

Jim L. Martin **4-26-12**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **26th** day of **April** of the year **2012**. My commission expires the **9th** day of **August** of the year **2014**.

Barbara D. Edwards
Signature of Notary Public

Barbara D. Edwards
Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION				
<i>Publish</i>	<i>Pelham 365 Huntley Parkway at 35124</i>						☒						<i>Postage</i>	<i>2-29-12</i>	<i>27.00</i>
<i>Vista Print</i>	<i>95 Hayden Ave Lexington, ma 02421</i>	☒												<i>3-27-12</i>	<i>43.36</i>
<i>Dixie Sign</i>	<i>2000 Melvin Parkway Pelham, AL 35124</i>	☒											<i>Signs</i>	<i>3-29-12</i>	<i>577.48</i>
TOTAL EXPENDITURES THIS PAGE													<i>647.84</i>		