FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report B SUMMARY FORM 1

RECEIVED

James W. Fuhrmeister Judge of Probate

Shelby Cnty Judge of Probate, AL 07/13/2012 10:00:08 AM FILED/CERT Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly John Greene III Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Hoover City Council Place #7 Month in which the report is filed. 2439 Gawain Drive For Weekly Reports Date of Friday in the 6 July 2012 Telephone Number ZIP Code J State City week in which the 35226 AL Hoover report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) \$0.00 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a \$5,000.00 Non-itemized cash contributions 2c Total cash contributions (add lines 2a and 2b) \$5,000.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a 3b Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **Expenditures** \$50.00 5a Itemized expenditures (total from Form 5) Non-itemized expenditures 5b 5_b \$50.00 5c Total expenditures (add lines 5a and 5b) \$4,950.00 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. day of Sworn to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the of the year <u>302</u>. My commission expires attached report(s) and the information contained herein are day of Chamof the year 2014 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 Notary Public

Date

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Print Notary's Name

Signature of Candidate or Elected Official

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official elected 0 candidate received by Contributions 五 の 上 の 上

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Greene II



,000.00 \$5,000.00 Shelby Cnty Judge of Probate, AL CONTRIBUTION 07/13/2012 10:00:08 AM FILED/CERT AMOUNT \$5 2012 itemized. GE (A 77 þ THIS 2 sonrce CONTRIBUTION (CHECK ONE) Returned 3 and 4 for those listing CONTRIBUTIONS Other from that SOURCE PAC Individual all contributions OF Corporation Business or Use Forms CASH the FCPA requires ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) on this form. TOTAL When total contributions from a single source exceed \$100.00, DO NOT LIST in-kind contributions or loans 35226 2439 Gawain Drive, Hoover, AL CONTRIBUTOR (INCLUDE FULL NAME) Self

FORM REVISED 10.27.2011

& ELECT NANCE REPORT FOR CANDIDATE ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FI

elected official Ô Expenditures by candidate FORM 5.

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Greene III



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

AMOUNT OF EXPENDITURE		\$50.00	20120713000250080 3/3 \$.00 Shelby Cnty Judge of Probate; AL 07/13/2012 10:00:08 AM FILED/CERT								\$50.00
DATE OF EXPENDITURE (mo./day/yr.)		Jul 2, 2012									PAGE
PURPOSE OF EXPENDITURE (CHECK ONE)	OTHER GIVE BRIEF EXPLANATION										TOTAL EXPENDITURES THIS
	Transportation										
	Repayment Lodging							·			
	Loan	·						<u></u>			
	Fundraising			<u> </u>							
	Charitable Contribution Food			<u></u>				 			
	gnilloq					: 					
	Advertising \Consultants\			-							
	Administrative						·				
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		100 Municipal Drive, Hoover, AL 35216									
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		City of Hoover									FORM REVISED 10.27.2011