# FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

# Candidate & Elected Official Candidate & Elector Campaign Finance SUMMARY FORM 1 Campaign Finance Report

RECEIVED

JUL 13 2012

James W. Fuhrmeister Judge of Probate

	Please Print in Ink or Type. 07/16/2012	08:5	54:18 HM FIL			•
	ne of Candidate or Elected Official	3allot /	Affiliation	Type of Report Mon	•	one)  Amended Monthly
M) Offic	ce Sought or Held (include district or circuit number, if applicable)	i Ca	4	Wee	•	Amended Weekly
H. Add	Elena City Council - Place J.  Iress Check box if reporting new address	<del></del>		For Monthly R Month in which report is filed.	-	
7	∑ (			For Weekly Re	ports	
City	Environs PKWY State ZIP Code Telephone Nur	mber		Date of Friday week in which to	in the	
Н	Elema 35080			report is filed.	.; 10	7/13/12
				Total Number Pages in Repo		
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1	
	Cash Contributions		· · · · · · · · · · · · · · · · · · ·		_	
2a	Itemized cash contributions (total from Form 2)	2a				
2b	Non-itemized cash contributions	2b				
2c	Total cash contributions (add lines 2a and 2b)				2c	
	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	1,100,00
	Expenditures					
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)				5c	987.44
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	112.54
Ca	ndidates for State Office: File this report with the Office of the Se	ecret	ary of State			
	ndidates for County or Municipal Office: File this report with the				ty in wh	nich the office is sought.
	equired by the Alabama Fair Campaign Practices Act, I hereby Swo ear or affirm to the best of my knowledge and belief that the	rn to	and subscr	bed before me	this	day of
	ched report(s) and the information contained herein are		of the	year	<u></u> ,	My commission expires
	and correct and that this information is a full and complete the ement of all contributions, expenditures, and other required		day c	of	of th	e year
	rmation during the applicable period of time.					
	- 10/11/m	aturo	of Notary Publ	ic	, <del>,</del>	<u></u>
Sign	nature of Candidate or Elected Official Date	aluit	OF INCIALLY PUBL			

Print Notary's Name

# ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED

# and other urces loans, interest, 500 Other Receipts from FORM 4.

NAME OF CANDIDATE OR ELECTED OFFICIAL: MIKE JOWES

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that so

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listing

		FORM OF RECEI	PT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)		
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest Loan	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Individual Business Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
Michael & Coustal Sales	3 Environs 7 Kwy telenta 42 35080					6/5/12	1,100.00
20120716 Shelby C							
inty Judge							
2/3 \$.0 3 of Prob							
ate, AL							
FORM REVISED 10.27.2011				TOTAL RECE	EIPTS THIS PAG		1,100.00

# ED OFFICIA ELEC oð CANDIDATE FOR REPORT ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE

# official elected 0 Expenditures by candidate N N

NAME OF CANDIDATE OR ELECTED OFFICIAL: MIKE SOMES



EXPENDITURE AMOUNT itemized EXPENDITURE (mo./day/yr.) <u>p</u> PAGE nat recipient SIHL OTHER BRIEF EXPLANAT GIVE # **(7)** EXPENDITURE \$ expenditures EXPENDITURE K ONE) Transportation Lodging Repayment HEC Loan <u>=</u> Q Fundraising SE (C requires TOTA PURPO Food Charitable Contribution 4 Polling |Consultants/ **BuisinevbA** the Administrative 8 9 ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) P.O. Box 162-14 Central Ave total expenditures to a single recipient exceed \$1 54343 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) 10.27.2011 When FORM REVISED S

Shelby Cnty Judge of Probate, AL

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