



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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JUL 20 2012

 James W. Fuhrmeister
 Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Ben McCrory</u>		Political Party/Ballot Affiliation <u>N/A</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Mayor</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>P.O. Box 43</u>			
City <u>Montevallo</u>	State <u>AL</u>	ZIP Code <u>35115</u>	Telephone Number

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ Amended Weekly

 For Monthly Reports
 Month in which the report is filed.

 For Weekly Reports
 Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

7/20/12
Five (5)

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>3,047.47</u>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<u>100.00</u>	
2b	Non-itemized cash contributions	2b	<u>0</u>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>100.00</u>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>	
3b	Non-itemized in-kind contributions	3b	<u>0</u>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u>	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>0</u>	
4b	Non-itemized Receipts from Other Sources	4b	<u>0</u>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<u>0</u>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<u>0</u>	
5b	Non-itemized expenditures	5b	<u>0</u>	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>0</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<u>3,147.47</u>	

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.

Ben W. McCrory 7/20/12
 Signature of Candidate or Elected Official Date

 Sworn to and subscribed before me this 20 day of July of the year 2012. My commission expires the _____ day of _____ of the year _____.

Donna J. WalDROP
 Signature of Notary Public
 DONNA J. WALDROP
 Notary Public, State of Alabama
 Alabama State At Large
 My Commission Expires
 August 20, 2014

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Ben McElroy

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR <small>(INCLUDE FULL NAME)</small>	ADDRESS <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	SOURCE OF CONTRIBUTION <small>(CHECK ONE)</small>					DATE CONTRIBUTION RECEIVED <small>(mo./day/yr.)</small>	AMOUNT OF CONTRIBUTION
		<small>Business or Corporation</small>	<small>Individual</small>	<small>PAC</small>	<small>Other</small>	<small>Returned</small>		
H.G. McGaughey	P.O. Box 293 Montevallo, AL 35115	X					7/14/12	100.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								100.00

FORM REVISED 9.2.2011

20120723000263540 2/5 \$.00
Shelby Cnty Judge of Probate, AL
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Ben McClary

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]



NAME OF CANDIDATE OR ELECTED OFFICIAL:

Ben McCorn

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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

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TOTAL RECEIPTS THIS PAGE





NAME OF CANDIDATE OR ELECTED OFFICIAL: Ben McLerran

**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)

Administrative
Advertising
Consultants/ Polling
Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE**
(mo./day/yr.)

**AMOUNT
OF
EXPENDITURE**

~~IIA~~

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