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JUL 20 2012

Alabama State At Large

My Commission Expires

August 20, 2014

STATE OF ALABAMA 2012072300026352 Shelby Cnty Judg 07/23/2012 01:39 Candidate & Elected Official Campaign Finance SUMMARY FORM 1 Campaign Finance Report

	Please Print in Ink or Type.					.	• •	
Nan	ne of Candidate or Elected Official	Political Party/l	Ballot A	Affiliation	Type of F	Report (chec	·	ded Monthly
	Ben McCrory	N/	<u>A</u>			Monthly Weekly		ded Weekly
!	ce Sought or Held (include district or circulit number, if applicable)	-				•		
Add	ress Check box if reporting new address					thly Reports which the		
Aud					report is f			<u> </u>
0.1	P.D. BOX 43	Tolophono Niur				k ly Reports riday in the		1
City	nontevallo AL 35115	Telephone Nur	IIDEI		week in w		1/2	0/12
	TONICYANO The Jones	<u> </u>			Total Nu	nber of		· / /
					Pages in	Report	FIVE	(3)
Sı	ummary of activity since last filed report							
1	Beginning balance (ending balance from previou	s filing)				1	3,04	7.47
L	Cash Contributions		ļ	. <u> </u>			•	
2a	Itemized cash contributions (total from Form 2)	·	2a	10	0,00			
2b	Non-itemized cash contributions	· -	2b	(/			
2c	Total cash contributions (add lines 2a and 2b)					2c	100). 00
	n-Kind Contributions							
3a	Itemized in-kind contributions (total from Form 3))	3a	Ø				
3b	Non-itemized in-kind contributions		3b	Ø				
3c	Total in-kind contributions (add lines 3a and 3b)		3c	9	·			
	Receipts from Other Sources							i
4a	Itemized Receipts from Other Sources (total from	Form 4)	4a	Ø.)			
4b	Non-itemized Receipts from Other Sources		4b	A	•			
4c	Total receipts from other sources (add lines 4a a	nd 4b)		7	· -	4c	Ø	
	Expenditures							
5a	Itemized expenditures (total from Form 5)		5a	Ø.				
5b	Non-itemized expenditures		5b	Ø				
5c	Total expenditures (add lines 5a and 5b)					5c	ø	
6	Ending balance (add lines 1, 2c, & 4c, then subtract	ct line 5c)				6	3,147	.47
Car	ndidates for State Office: File this report with the Office	e of the Se	creta	ary of State			•	
Car	ndidates for County or Municipal Office: File this rep	ort with the	Jud	ge of Proba	ite of the o	county in w	hich the offic	ce is sought.
	equired by the Alabama Fair Campaign Practices Act, I hereb			and subscr			_	_ day of
	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein as	re J	\mathcal{L}	X of the	year <u>2</u>	0/2	. My commis	ssion expires
	and correct and that this information is a full and complete	. •	' /		f	•	he year	•
	ement of all contributions, expenditures, and other require	ed	9.1	$\overline{\wedge}$				<u> </u>
	mation during the applicable period of time.			lonn	ali	Jak	tran	
	200 W 11 11 1197 17011	2 Signa		of Notary Publ	i	NA J. WA		
Jigi i	ature of Candidate or Elected Official	1		No	tary Put	olic, Stat	e of Alaba	ma i

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

Contributions received by candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Den I

When total contributions from a single source exceed

DO NOT LIST in-kind contributions Ben

source exceed \$100.00, the FC Ψ100 00. the FCPA requires all contributions from that source to be itemized that source to be itemized.

		•	
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation Individual PAC Other Returned (mo./day/yr.)	CONTRIBUTION
H.G. McGaughy	P.O. Box 293 Montevallo, AL 35115	X 1/1 1/2	100,00
			AL
			\$.00
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			723000263
			20120 Chalb
)RM REVISED 9.2.2011	TOTAL CASH CON	TRIBUTIONS THIS PAGE	100,00



RACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

ontributions Pived P L candidate or 000 ted official

When total contribu	NAME OF CANDIDATE OR ELECTED OFFICIAL:	FORM 3: In-Kind	ALABAMA FAIR CAMPAIGN PRACTICES ACT
hen total contributions from a single source exceed \$100.00, the FCPA requires all co	ED OFFICIAL: Ben McCory	Contributions received by	TICES ACT - CAMPAIGN FINANCE REPORT FOR CAN
A requires all contributions fi		candidate or elec	RT FOR CANDIDATE/E

ntributions from a DO NOT LIST single source cash 잌 exceed \$100.00, loans 9 this form. the **FCPA** Use Forms requires N and 4 for those listings. <u>a</u> contributions from that source to be itemized

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		U)	K ONE)	而 20 20	(C)		NOLL	E) RIBU	X ON T	OF C	URE OF CONTRIB	NAT			



RACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

	DO NOT LIST cash or in-ki	nd co	ntrib	ution	ns on this form. Use Forms 2 and 3 for those	listi	ngs.					
		OF R	ORM	T q	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	REC	CEIPT (CHEC	SOS	而 而 E			
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business Other		RECEIVED (mo./day/yr.)	AMOUNT RECEIPT
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RM REVISED 9.2.2011					TOTAL RECE	PT	SI	IS	PA	GE		0

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

FORM 5: Expen ditures Яď candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Ben McCon

When total expend itures to a single recipient exceed \$100.00, the ____ CPA requires all expenditures ಠ that recipient be itemized.

9	AGE	TURES THIS P		PEZ	EX	\	101						FORM REVISED 9.2.2011
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Shelby													
723000263 7 Cnty Ju 72012 01:													
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Probate,													
													M/A
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Polling Contribution	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		ZE	DT U	ONE E	一次四	OSE OF	PURP	T					