



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 23 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official S. EARL NIVEN		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR			
Address <input type="checkbox"/> Check box if reporting new address P O Box 75			
City Chester	State AL	ZIP Code 35013	Telephone Number [REDACTED]

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

[Blank box for Monthly Report Month]
7/20/12
 [Blank box for Total Number of Pages]

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	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	0
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	510.00
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	510.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	10.00
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	10.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	500.00

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.

Signature of Candidate or Elected Official: **S. Earl Niven**
 Date: **7/20/12**

Sworn to and subscribed before me this **23rd** day of

July
 My commission expires **Apr 1, 2013**
 the **23rd** day of **July**

Signature of Notary Public: **Becky C. Landers**

Print Notary's Name: **Becky C. Landers**

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Star Allen

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

[illegible]

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Shelby Cnty Judge of Probate, AL
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TOTAL RECEIPTS THIS PAGE

510.00

NAME OF CANDIDATE OR ELECTED OFFICIAL: Stacy L. Green

**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
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

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

**AMOUNT
OF
EXPENDITURE**

City of Chelsea

11011 Chelsea Rd

Quality

7-13-12

10.00

20120723000264000 3 12 8 00

20120723000264000 3/3 \$.00
Shelby Cnty Judge of Probate, AL
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TOTAL EXPENDITURES THIS PAGE

FORM REVISED 10.27.2011

100