



Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

 RECEIVED
 JUL 26 2012
 Filed in Probate Court
 JUL 25 2012
 Hon L. King, Judge of Probate

 James W. Fuhrmeister
 Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official JAMES K ATKINSON		Political Party/Ballot Affiliation MAYOR	
Office Sought or Held (include district or circuit number, if applicable) MAYOR CITY OF LEEDS AL			
Address <input type="checkbox"/> Check box if reporting new address 317 CASTLEMAN LN.			
City LEEDS	State AL	ZIP Code 35094	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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	2,316.00
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	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$697.97
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	697.97
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1,619.00

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
James K. Atkinson

 Date
7.25-12

 Sworn to and subscribed before me this **25th** day of **July** of the year **2012**. My commission expires the **15th** day of **Nov** of the year **2015**.

 Signature of Notary Public
Katrina K.E. Price

 Katrina K. E. Price
 Notary Public
 Alabama State at Large
 My commission expires 11/15/15

 Print Notary's Name
Katrina K.E. Price