MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

RECEIVED
JUL 26 2012
James W. Fuhrmeister
Judge of Probate

20120727000271920 1/3 $.00
Shelby Cnty Judge of Probate, AL
07/27/2012 01:13:22 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Michael R. Jones (Mike)	Republican
Office Sought or Held (include district or circuit number, if applicable)	
Helena City Council - Place 2	
Address ☐ Check box if reporting new address	
3 Environs Pkwy.	
City / State / ZIP Code	Telephone Number
Helena AL 35080	[redacted]

Type of Report (check one)
☐ Monthly ☐ Amended Monthly
☑ Weekly ☐ 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. 7/27/12

Total Number of Pages in Report 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	112.54
	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			
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	112.54

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] 7/25/12
Signature of Candidate or Elected Official — Date

Sworn to and subscribed before me this 25 day of July of the year 2012. My commission expires the 3 day of Aug. of the year 2015.

Kendall E. Lewis
Signature of Notary Public

Kendall E. Lewis
Print Notary's Name

FORM REVISED 9 2 2011

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

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mike Jones

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT: Interest	Loan	Other	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN — GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE): Lending Institution	PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
Michael & Crystal Jones	3 Environs PKwy Helena, AL 35080		✓					✓			6/5/12	1,100.00
	TOTAL RECEIPTS THIS PAGE											1,100.00

FORM REVISED 10.27.2011

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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mike Jones

When total expenditures to a single recipient exceed $100.00, the FCPA requires all expenditures to that recipient be itemized.

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)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Industrial Imprints	P.O. Box 162 - 14 Central Ave N. Kensington, MN 56343		✓									6/5/12	952.50
Regions Bank	Helena, AL 35080	✓										6/5/12	34.96
	TOTAL EXPENDITURES THIS PAGE												987.46

FORM REVISED 10.27.2011