


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20120730000273070 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 07/30/2012 09:54:59 AM FILED/CERT

RECEIVED

JUL 27 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official John Henley		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Vestavia Hills City Council, Place 1			
Address ☐ Check box if reporting new address 2114 Shades Avenue			
City Vestavia Hills, AL	State 35216	ZIP Code	Telephone Number

Type of Report (check one)

- ☒ Monthly
 ☐ Amended Monthly
☐ Weekly
 ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

As of July 27, 2012

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$0.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$2,150.00
2b	Non-itemized cash contributions	2b	\$680.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$2,830.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$1,260.06
5b	Non-itemized expenditures	5b	\$0.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,260.06
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$1,569.94

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
 Date

7/27/12

 Sworn to and subscribed before me this 27th day of July of the year 2012. My commission expires the 11th day of May of the year 2015.

 Signature of Notary Public
 Deborah B Cannova

 Print Notary's Name
 Deborah B Cannova

John Henley

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.

20120730000273070 2/5 \$..00
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FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Henley

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 loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
None																	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Henley

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			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business			Other
None												
TOTAL RECEIPTS THIS PAGE												

