

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

20120730000273090 1/5 \$.00
Shelby Cnty Judge of Probate, AL
07/30/2012 09:55:01 AM FILED/CERT

Print Form

FOR OFFICIAL USE ONLY

RECEIVED

JUL 27 2012

James W. Fuhrmeister
Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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 ☐ Check box if reporting new address P.O. Box 75			
City Chelsea	State AL	ZIP Code 35043	Telephone Number [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.

Total Number of Pages in Report

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 500.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 2100.00	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c 2100.00	
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 0	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c 0	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 2600.00	

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.

S Earl Niven
Signature of Candidate or Elected Official

7/27/12
Date

Sworn to and subscribed before me this **27th** day of

July of the year **2012**. My commission expires
the **31st** day of **April** of the year **2013**.
BONDED AND NOTARY PUBLIC UNDERWRITERS

Becky C. Landers
Signature of Notary Public

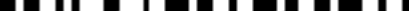
Becky C. Landers
Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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		
		TOTAL EXPENDITURES THIS PAGE										

FORM REVISED 10.27.2011



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