


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

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Shelby Cnty Judge of Probate, AL
08/01/2012 11:45:50 AM FILED/CERT

Print Form

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JUL 31 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 William H (Bill) Meadows		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Place 5- City Council			
Address <input type="checkbox"/> Check box if reporting new address PO Box 399			
City Pelham	State Al	ZIP Code 35124	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly
 ☐ Amended Monthly
☐ Weekly
 ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

July 31, 2012

For Weekly Reports

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

Total Number of Pages in Report

1

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$5,000.00
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		
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	\$5,000.00	

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

Date

Sworn to and subscribed before me this 31st day of July of the year 2012. My commission expires the 8th day of May of the year 2016.

Signature of Notary Public

Print Notary's Name