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JUL 31 2012

James W. Fuhrmeister Judge of Probate

Candidate & Elected Official Campaign Finance Report Campaign Finance SUMMARY FORM 1

	Please Print in Ink or Ty	ype.					
Name of Candidate or Elected Official William H (Bill) Meadows			Political Party/Ballot Affiliation N/A		Type of	Type of Report (check one) Monthly Mended Monthly	
							Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)					For May		
Place 5- City Council Address					For Monthly F Month in which		
l					report is		
PO Box 399 City State ZIP Code Telephone N				nher		ekly Reports Friday in the	July 27, 2012
City Pe			<u> </u>		week in report is	which the filed.	Duly 27, 2012
						umber of n Report	1
S	ummary of activity since last filed re	port					
1	Beginning balance (ending balance from	n previo	ous filing)			1	\$5,000.00
	Cash Contributions		· · · · · · · · · · · · · · · · · · ·				
2a	Itemized cash contributions (total from F	orm 2)	. -	2a	<u>, i jang kegangan ngangan ang kecapatan na iki pada</u>		
2b	Non-itemized cash contributions			2b			
2c	Total cash contributions (add lines 2a ar	nd 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 (t	total fro	m Form 4)	4a			
	Non-itemized Receipts from Other Source		······································	4b	·		
4c	Total receipts from other sources (add li	nes 4a	and 4b)			4c	
<u></u>	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, the	en subtr	act line 5c)			6	\$5,000.00
Ca	ndidates for State Office: File this report with	h the Of	fice of the Se	cretary of Sta	ate		
	indidates for County or Municipal Office: Fi					e county in wh	ich the office is sought.
Asr	required by the Alabama Fair Campaign Practices	Act. I he	rebv Swo	rn to and sub	scribed befo	ore me this	315+ day of
swe	ear or affirm to the best of my knowledge and be	elief that	t the /	()			My commission expires
	ched report(s) and the information contained and correct and that this information is a full a		aloto I	// . . . //			e year 30/2.
stat	tement of all contributions, expenditures, and ot	-	1 5 14 7	Oaa	y or	or the	e year <u>vivio</u> .
info	rmation during the applicable parted of time.	TIn		Linai	1 Main	11.C/C 11	Maran 1
	3/1/1/1/1/1/3/1	<u> </u>	Sign	ature of Notary F	Public	<u> </u>	
Sigi	nature of Sandidate or Elected Official	Date	1	ica T	ALA WA	CIC = 10) (VC. 11 10)
EORM REVISED 10 27 2011				Notary's Name	11 - 101		101901