

MONTHLY &amp; WEEKLY



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**



20120803000283120 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
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Print Form

OR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 02 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

|                                                                                                                  |                    |                                    |                                |
|------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|--------------------------------|
| Name of Candidate or Elected Official<br><i>JUANITA J. CHAMPION</i>                                              |                    | Political Party/Ballot Affiliation |                                |
| Office Sought or Held (include district or circuit number, if applicable)<br><i>COUNCIL</i>                      |                    |                                    |                                |
| Address <input type="checkbox"/> Check box if reporting new address<br><del>██████████</del> <i>P.O. Box 247</i> |                    |                                    |                                |
| City<br><i>CHELSEA</i>                                                                                           | State<br><i>AL</i> | ZIP Code<br><i>35043</i>           | Telephone Number<br>██████████ |

## Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor 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  | <i>528.98</i>   |
| <b>Cash Contributions</b>          |                                                               |    |                 |
| 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 |                 |
| <b>In-Kind Contributions</b>       |                                                               |    |                 |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | <i>162.00</i>   |
| 3b                                 | Non-itemized in-kind contributions                            | 3b |                 |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | <i>162.00</i>   |
| <b>Receipts from Other Sources</b> |                                                               |    |                 |
| 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 |                 |
| <b>Expenditures</b>                |                                                               |    |                 |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a |                 |
| 5b                                 | Non-itemized expenditures                                     | 5b | <i>\$11.90</i>  |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <i>\$11.90</i>  |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <i>\$517.08</i> |

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.

*Juanita J. Champion* *8/1/12*  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *2nd* day of *August* of the year *2012*. My commission expires

the *day of* *August* *2012* at *ALBANY, AL*  
NOTARY PUBLIC STATE OF ALABAMA  
MY COMMISSION EXPIRES: Apr 1, 2013  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

*Becky C. Landers*  
Signature of Notary Public

*Becky C. Landers*  
Print Notary's Name



# FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Juanita J. Champion

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<br>(INCLUDE FULL NAME)    | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |  |
|---------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|---------------------------------------------------|------------------------------|--|
|                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |                                                   |                              |  |
| LEIGH ANN                             | 324 TIMBER TR.                                                                  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
| CHAMPION                              | CHELSEA, AL 35043                                                               | ✓                                     |             |                         |           |      |      |                |       |                          |            |     |       | 7/27/12                                           | \$162.00                     |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |  |
| TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   | \$162.00                     |  |

FORM REVISED 10.27.2011



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