FORM REVISED 10.27.2011

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## Candidate & Elected Official Campaign Finance Report

## RECEIVED

AUG 02 2012

James W. Fuhrmeister Judge of Probate

SUMMARY FORM 1		James W	of Probate
Mark Mc anghin	cal Party/Ballot Affiliation	Type of Report (conthit)  Weekly	Amended Monthly
Office Sought or Held (include district or circuit humber, if applicable)  Address Oneck box if reporting new address		For Monthly Rep Month in which the report is filed.	orts
City State ZIP Code Telep WPS+0VP/ AL 35747	hone Number	For Weekly Report Date of Friday in the week in which the report is filed.  Total Number of	he
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous fi	ling)		14,
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a –	0	
2b Non-itemized cash contributions	2b 7 <	5.00	
2c Total cash contributions (add lines 2a and 2b)		2	c 89.71
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a€	<del>\</del>	
3b Non-itemized in-kind contributions	3b	9	
3c Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Fo	orm 4) 4a - 4		
4b Non-itemized Receipts from Other Sources	4b	<del></del>	
4c Total receipts from other sources (add lines 4a and	4b)	40	
Expenditures	<del></del>	<u></u>	
5a Itemized expenditures (total from Form 5)	5a - C		
5b Non-itemized expenditures Benk Charle 7.5	5b 57	.50	
5c Total expenditures (add lines 5a and 5b)		5	c 57.50
6 Ending balance (add lines 1, 2c, & 4c, then subtract lines	ne 5c)	6	32.21
Candidates for State Office: File this report with the Office of	f the Secretary of State	E	
Candidates for County or Municipal Office: File this report			n 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.	Sworn to and subsort of the day  Signature of Notary Pu	of April	
Signative of Candidate or Elected Official Date  FORM REVISED 10.27.2011	Print Notary's Name	Mchangh	