



AUG 03 2012

Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1


 20120806000287800 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/06/2012 03:21:48 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official JOHNNY R. KILE		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR- CITY OF LEEDS			
Address ☐ Check box if reporting new address 1209 MAITLAND ROAD			
City LEEDS	State ALABAMA	ZIP Code 35095	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ 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.

AUGUST 3 2012

Total Number of Pages in Report

5 PAGES

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	548.59
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	00.00
2b	Non-itemized cash contributions	2b	00.00
2c	Total cash contributions (add lines 2a and 2b)	2c	00.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	00.00
3b	Non-itemized in-kind contributions	3b	00.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	00.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	54.89
4b	Non-itemized Receipts from Other Sources	4b	00.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	54.89
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	222.09
5b	Non-itemized expenditures	5b	00.00
5c	Total expenditures (add lines 5a and 5b)	5c	222.09
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	381.39

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
Johnny R. Kile

 Date
 08-03-12

 Sworn to and subscribed before me this 3rd day of August of the year 2012. My commission expires the 18th day of January of the year 2016.

Signature of Notary Public

 Print Notary's Name
 Ruth F. Newton

JOHNNY R. KILE

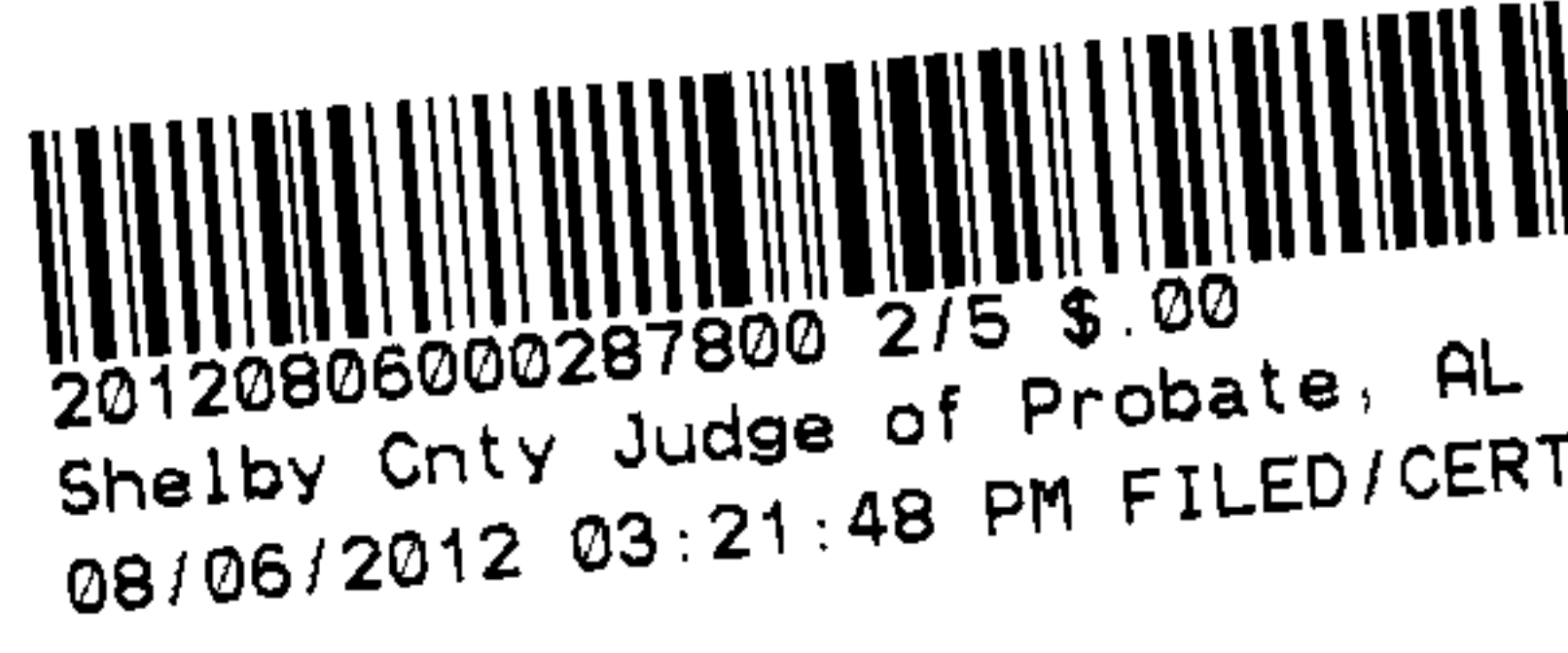
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

TOTAL CASH CONTRIBUTIONS THIS PAGE

00.00



NAME OF CANDIDATE OR ELECTED OFFICIAL:
JOHNNY R. KILE

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)											SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: JOHNNY R. KILE

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JOHNNY R. KILE



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			OTHER GIVE BRIEF EXPLANATION
CROSS CONNECTIONS IND.	SPRUIELL STREET LEEDS ALABAMA		X								T- SHIRTS	08-01-12	167.20
ZAZZLE .COM			X								POL. BUTTONS	08-02-12	54.89
TOTAL EXPENDITURES THIS PAGE												222.09	