



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 10 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

|                                                                                                                   |                    |                                    |                                       |
|-------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Jack K. Courson</b>                                                   |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Leeds City Council District 5</b> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>PO Box 264</b>                          |                    |                                    |                                       |
| City<br><b>Leeds,</b>                                                                                             | State<br><b>AL</b> | ZIP Code<br><b>35094</b>           | Telephone Number<br><b>[REDACTED]</b> |

## Type of Report (check one)

- ☐ Monthly
 ☐ Amended Monthly  
☒ Weekly
 ☐ 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.

Total Number of Pages in Report

|                |
|----------------|
|                |
| <b>8-10-12</b> |
| <b>1</b>       |

## Summary of activity since last filed report

|                                    |                                                               |    |   |               |
|------------------------------------|---------------------------------------------------------------|----|---|---------------|
| 1                                  | Beginning balance (ending balance from previous filing)       |    | 1 | <b>400.00</b> |
| <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>0</b>      |
| <b>In-Kind Contributions</b>       |                                                               |    |   |               |
| 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 |   |               |
| <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>0</b>      |
| <b>Expenditures</b>                |                                                               |    |   |               |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a |   |               |
| 5b                                 | Non-itemized expenditures                                     | 5b |   |               |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c |   | <b>0</b>      |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  |   | <b>400.00</b> |

**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.

**Jack K. Courson**  
Signature of Candidate or Elected Official

**8-10-12**  
Date

Sworn to and subscribed before me this **10** day of **Aug** of the year **2012**. My commission expires the **25** day of **JAN** of the year **2014**.

**Larry R. Cate**  
Signature of Notary Public

**Larry R. Cate**  
Print Notary's Name

