



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

MONTHLY & WEEKLY

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 JOHNNT 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 35094	Telephone Number [REDACTED]

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

AUGUST 10 2012

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	381.35
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	10.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	10.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	200.00	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	200.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	191.35	

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.

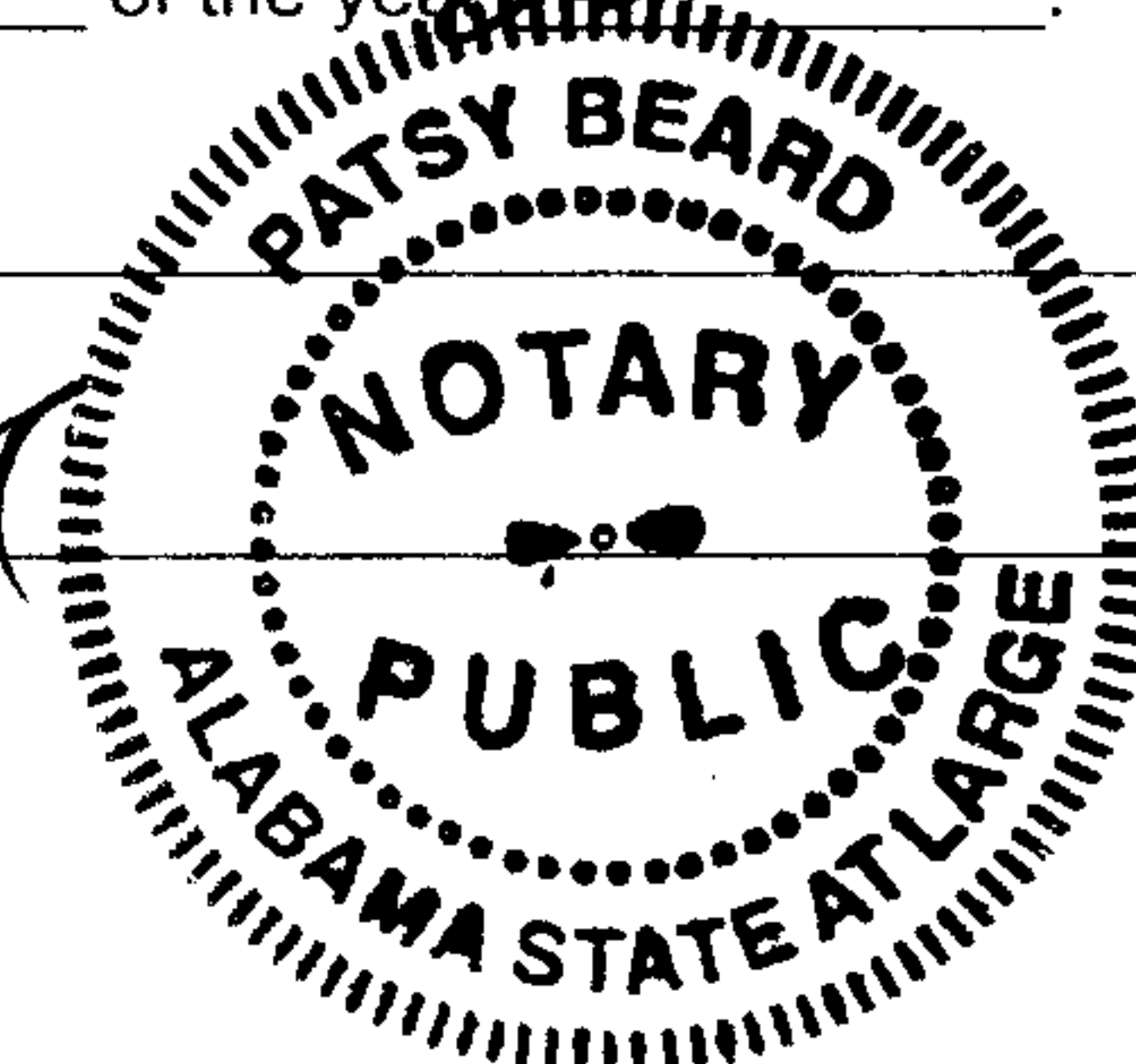
Signature of Candidate or Elected Official

Date
8-9-12

Sworn to and subscribed before me this 9th day of August of the year 2012. My commission expires the 28th day of May of the year 2012.

Signature of Notary Public

Print Notary's Name





FORM 2: Contributions received by candidate or elected official

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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
NON- ITEMIZED CONTRIBUTION							8-7-12	10.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								10.00

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

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 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			
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															00.00	

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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
JUSTIN HOGAN CK #1012	1064 BRIAN DRIVE LEEDS ALABAMA 35094		X								VIDEO SERVICE	8-8-12	100.00
SEAN HOGAN CK# 1013	1064 BRIAN DRIVE LEEDS ALABAMA 35094		X								VIDEO SERVICE	8-8-12	100.00
TOTAL EXPENDITURES THIS PAGE												200.00	

FORM REVISED 10.27.2011

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