



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 J. ALLAN LOWE		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) MAYOR, CITY OF COLUMBIANA			
Address ☐ Check box if reporting new address PO BOX 1143			
City COLUMBIANA	State AL	ZIP Code 35051	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.

10 AUG 2012

Total Number of
Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$811.48
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$200.00	
2b	Non-itemized cash contributions	2b	\$100.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$300.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00	
3b	Non-itemized in-kind contributions	3b	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00	
4b	Non-itemized Receipts from Other Sources	4b	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$0.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$1,111.48	

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

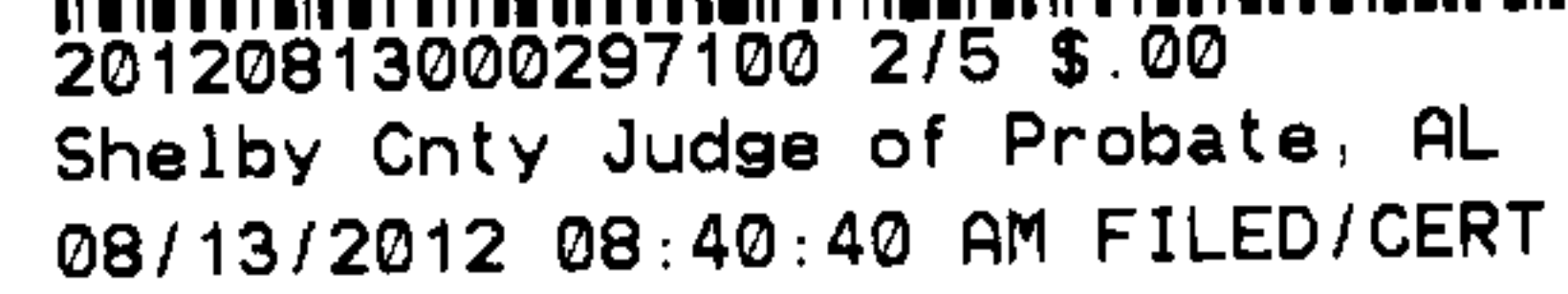
 Aug 10, 2012
 Date

Sworn to and subscribed before me this TENTH day of AUGUST of the year 2012. My commission expires the 11TH day of AUGUST of the year 2014.

 Signature of Notary Public

LORA BEANE

Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: J. ALLAN LOWE

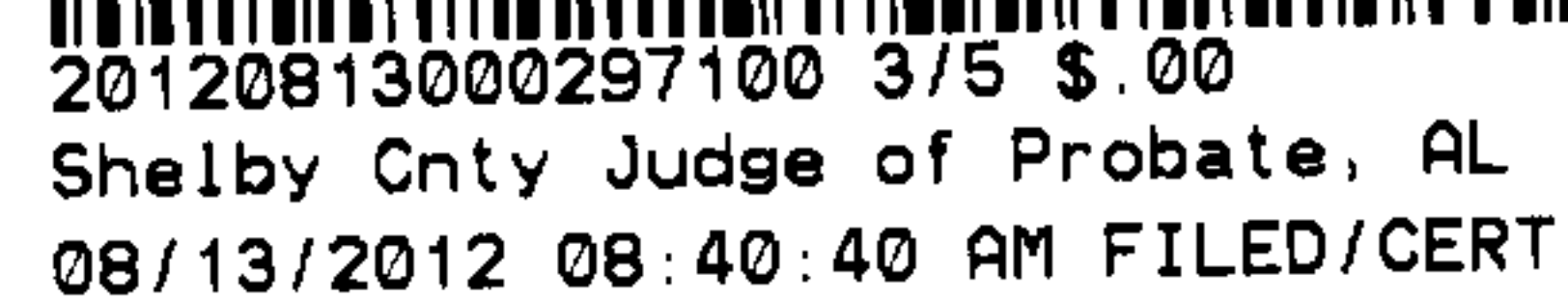


When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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		
SHERRILL AND SYLVIA COLLINS	146 SKIDMORE DR., ARAB, AL 35016		X				Aug 5, 2012	\$200.00
	TOTAL CASH CONTRIBUTIONS THIS PAGE							\$200.00

FORM REVISED 10.27.2011



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

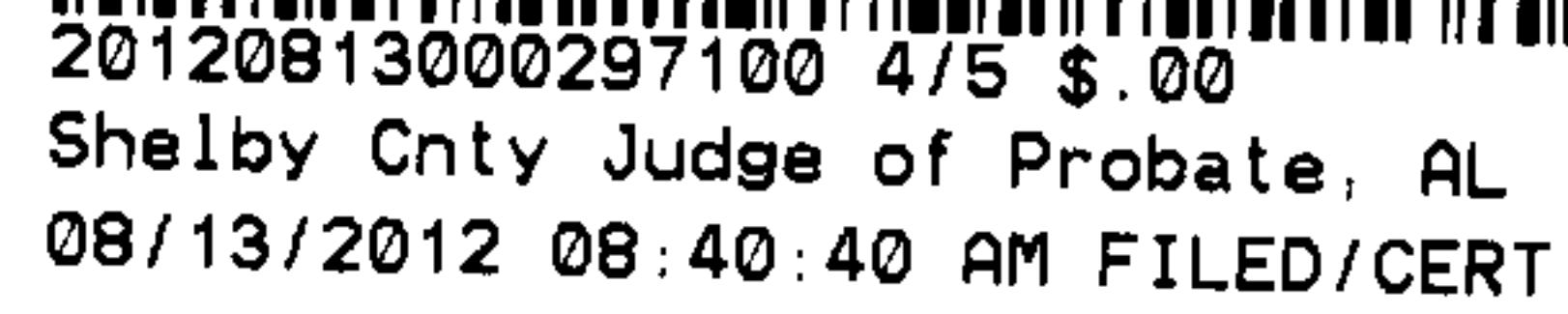
NAME OF CANDIDATE OR ELECTED OFFICIAL: J. ALLAN LOWE



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.

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			
																\$0.00
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													\$0.00	

FORM REVISED 10.27.2011



FORM 4: Receipts from Other Sources

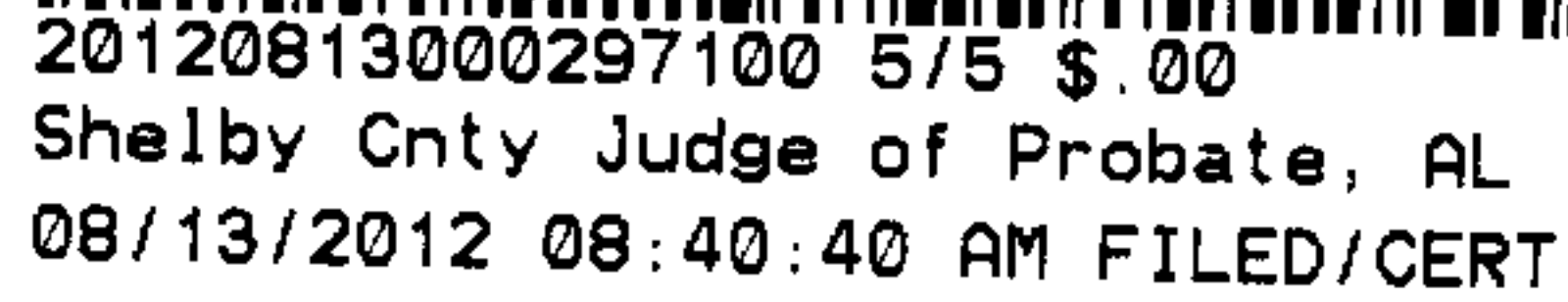
NAME OF CANDIDATE OR ELECTED OFFICIAL: J. ALLAN LOWE



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.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.												
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
												\$0.00
TOTAL RECEIPTS THIS PAGE												\$0.00

FORM REVISED 10.27.2011



The seal of the Alabama Supreme Court is circular. It features a central shield with a landscape scene, including a river and a bridge. The shield is flanked by two figures. Above the shield, the word "ALABAMA" is written in an arc. Below the shield, the word "GREAT SEAL" is written in an arc. The words "SUPREMACY" and "JUSTICE" are also visible within the design.

NAME OF CANDIDATE OR ELECTED OFFICIAL: J. ALLAN LOWE

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			
														\$0.00
	TOTAL EXPENDITURES THIS PAGE												\$0.00	

FORM REVISED 10.27.2011