



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 13 2012

James W. Fuhrmeister
Judge of ProbateFILED IN OFFICE
PROBATE COURT

AUG 08 2012

ALAN L. KING
Judge of Probate

E.O.D.

Please Print in Ink or Type.

Name of Candidate or Elected Official JAMES K ATKINSON		Political Party/Ballot Affiliation MAYOR	
Office Sought or Held (include district or circuit number, if applicable) MAYOR CITY OF LEEDE AL.			
Address ☐ Check box if reporting new address 317 CASTLEMAN DR.			
City LEEDE	State AL.	ZIP Code	Telephone Number

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.Total Number of
Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1,020.25
Cash Contributions				
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		
In-Kind Contributions				
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		
Receipts from Other Sources				
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		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	249.79	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	249.79	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	770.46	

Candidates for State Office

Candidates for County or Municipal Office:

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: James K. Atkinson
 Date: 8-8-12

Sworn to and subscribed before me this 8th day of Aug of the year 2012. My commission expires the 15th day of Nov of the year 2015.

Signature of Notary Public: Katrina K.E. Price
 Print Notary's Name: Katrina K.E. Price
 My commission expires 11/15/15





FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JAMES ATKINSON

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		
OPTIMIS CLUB	Leeds AL.				✓							8-7-12	200.00
LOWES	LEEDS AL 8900 WEAVER AVE	✓											49.79
TOTAL EXPENDITURES THIS PAGE												\$ 249.79	



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Shelby Cnty Judge of Probate, AL
08/14/2012 12:38:12 PM FILED/CERT