



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 17 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

|                                                                                                           |                    |                                    |                                       |
|-----------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Theoangelo Perkins</b>                                        |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Mayor of Harpersville</b> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>262 Church St</b>               |                    |                                    |                                       |
| City<br><b>Harpersville</b>                                                                               | State<br><b>AL</b> | ZIP Code<br><b>35078</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

|  |
|--|
|  |
|  |
|  |

## Summary of activity since last filed report

|                                    |                                                               |    |               |
|------------------------------------|---------------------------------------------------------------|----|---------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  |               |
| <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>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>Expenditures</b>                |                                                               |    |               |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | <b>662.13</b> |
| 5b                                 | Non-itemized expenditures                                     | 5b |               |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c |               |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <b>0</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.

Signature of Candidate or Elected Official      Date **8-17-12**

Sworn to and subscribed before me this 17th day of August of the year 2012. My commission expires the 8th day of May of the year 2016.

Signature of Notary Public  
Lisa Traywick Morgan  
 Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Neangela Perkins

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |                                       |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|-----------------------------------------|-----------------------------|---------------------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation |                                         |                             | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |
| Postnetz                                                              | Chesley, AL                                                                     |                                       | ✓           |                         |                            |      |             |                   |         |                |                                         | 4/13/12                     | 662.13                                |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         | 662.13                      |                                       |

FORM REVISED 10.27.2011