



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 BEN W MCCRORY		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR			
Address ☐ Check box if reporting new address P O BOX 43			
City MONTEVALLO	State AL	ZIP Code 35115	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.

08-17-2012

Total Number of Pages in Report

FIVE (5)**Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)	1	\$2180.16
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$100.00
2b	Non-itemized cash contributions	2b	- 0 -
2c	Total cash contributions (add lines 2a and 2b)	2c	\$100.00
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	\$192.50
5b	Non-itemized expenditures	5b	- 0 -
5c	Total expenditures (add lines 5a and 5b)	5c	\$192.50
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$2087.66

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
Ben W McCrory

 Date
8/17/12

 Sworn to and subscribed before me this **17** day of **August** of the year **2012**. My commission expires the _____ day of _____ of the year _____.

 Signature of Notary Public
Donna J Waldrop

 Print Notary's Name
DONNA J. WALDROP
Notary Public, State of Alabama

 Alabama State At Large
 My Commission Expires
August 20, 2014



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: BEN W McCRORY

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		
ROBERT and LOIS DOYLE	245 CHEROKEE STREET MONTEVALLO AL 35115		☒				08-17-2012	\$100.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$100.00



