


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**
MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
AUG 23 2012

 James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official JOHNNY 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.

AUGUST 24 2012
Total Number of Pages in Report
5
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	191.95
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	0	
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	0	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	0	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	191.95	

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.

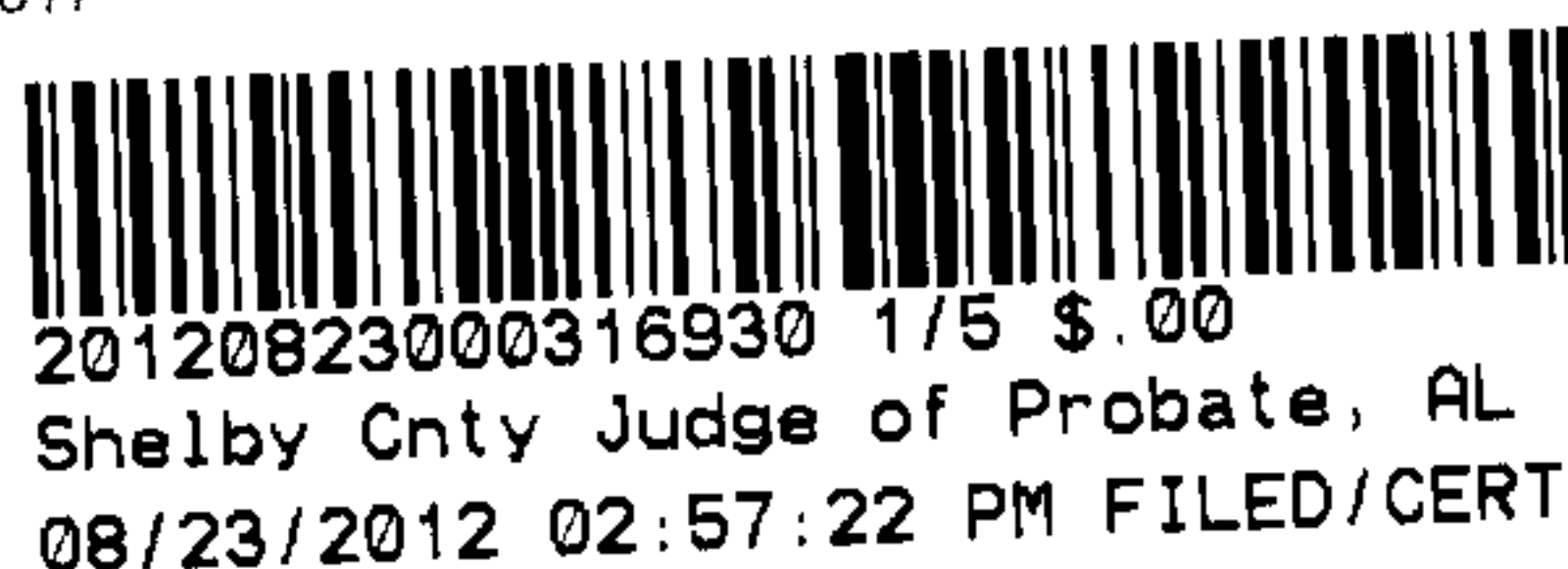
Signature of Candidate or Elected Official

Date

 Sworn to and subscribed before me this 23rd day of August of the year 2012. My commission expires the 27th day of May of the year 2013.

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		
TOTAL CASH CONTRIBUTIONS THIS PAGE							00.00	



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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 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 [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																	
 20120823000316930 4/5 \$.00 Shelby Cnty Judge of Probate, AL 08/23/2012 02:57:22 PM FILED/CERT																											
TOTAL RECEIPTS THIS PAGE												00.00															

NAME OF CANDIDATE OR ELECTED OFFICIAL: JOHNNY R. KILE

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		
 20120823000316930 5/5 \$.00 Shelby Cnty Judge of Probate, AL 08/23/2012 02:57:22 PM FILED/CERT													
FORM REVISED 10.27.2011 TOTAL EXPENDITURES THIS PAGE 00.00													

FORM REVISED 10.27.2011

00.00