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OR OFFICIAL USE ONLY

# Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report

Please Print in Ink or Type.				The sale Day	ami (mbaal	- mmm\	
Name of Candidate or Elected Official  J. ALLAN LOWE  N/A			Affiliation	Type of Rep	ort (cneck onthly	one)  Amended Monthly	
J. ALLAN LOWE			<b></b>	eekly	Amended Weekly		
Office Sought or Held (include district or circuit number, if applicable)  MAYOR, CITY OF COLUMBIANA, ALABAMA				For Monthly	-		
Address Check box if reporting new address	<del></del>			Month in whi	ch the		
PO BOX 1143				report is filed For Weekly			
City State ZIP Co	mber		Date of Frida	y in the	24 AUG 12		
COLUMBIANA AL 350			week in which report is filed				
			Total Number		5		
				Pages in Re	роп		
Summary of activity since last filed report							
1 Beginning balance (ending balance from pre	evious filing)	<u> </u> .			1	\$1,026.72	
Cash Contributions		<u> </u>	·	· · · · · · · · · · · · · · · · · · ·			
2a Itemized cash contributions (total from Form	12)	2a		\$0.0	0		
2b Non-itemized cash contributions		2b		\$0.0	0	·	
2c Total cash contributions (add lines 2a and 2	b)				2c	\$0.00	
In-Kind Contributions	"		: 	<u></u>			
3a Itemized in-kind contributions (total from For	m 3)	3a		\$0.0	0		
3b Non-itemized in-kind contributions	3b		\$0.0	0			
3c Total in-kind contributions (add lines 3a and	3b)	3c		\$0.0	0		
Receipts from Other Sources							
4a Itemized Receipts from Other Sources (total	from Form 4)	4a	· · · · · · · · · · · · · · · · · · ·	\$0.0	0		
4b Non-itemized Receipts from Other Sources		4b		\$0.0	0	·	
4c Total receipts from other sources (add lines				4c	\$0.00		
Expenditures			·		 		
5a Itemized expenditures (total from Form 5)	······································	5a	·····	\$0.0	0		
5b Non-itemized expenditures		5b		\$0.0	0		
5c Total expenditures (add lines 5a and 5b)	· · · · · · · · · · · · · · · · · · ·				5c	\$0.00	
6 Ending balance (add lines 1, 2c, & 4c, then su	ıbtract line 5c)			·	6	\$1,026.72	
Candidates for State Office: File this report with the	Office of the Se	ecret	ary of State	<b>3</b> .			
Candidates for County or Municipal Office: File thi	s report with the	e Juc	lge of Prob	ate of the cou	nty in w	nich the office is sought.	
As required by the Alabama Fair Campaign Practices Act, I	hereby Swo	rn to	and subsc	ribed before n	ne this 24	4th day of	
swear or affirm to the best of my knowledge and belief to	that the Aug			e year 2012		. My commission expires	
attached report(s) and the information contained here true and correct and that this information is a full and co		11th	<del>.,</del>	of August			
statement of all contributions, expenditures, and other reinformation during the applicable period of time.	equired			] 		ne year	
	( )	1	Me	Rene			
Signature of Candidate or Electer Official Date	24, 2012 Sign	ature	of Notary Pul	blic			

Lora Beane

Print Notary's Name



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

## FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: J. ALLAN LOWE



When total contribut	tions from a single source exceed \$100.00, the FCPA requires all contributions or loans on this form. Use Forms 3 a	bution	ns fro or the	om th	nat so isting	ourc gs.	e to be itemized.	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDDECC	OF	CO	OUR( NTRI ECK (	BUTI			
	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Business or Corporation PAC Other Returned		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION		
								\$0.00
						,		
								<del></del>
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE							



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

#### 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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) **AMOUNT** CONTRIBUTOR **ADDRESS** DATE Administrative
Advertising
Consultants/
Polling
Equipment
Food Transportation
Other
Business/
Corporation (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE OF CONTRIBUTION Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED Other (mo./day/yr.) \$0.00 \$0.00 TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



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

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

Timent Control of the Control of the

NAME OF CANDIDATE OR ELECTED OFFICIAL: J. ALLAN LOWE

When total	contributions from a single source  DO NOT LIST cash or in-ki	exce	ed \$	100. oution	00, the FCPA requires all contributions from a son this form. Use Forms 2 and 3 for the	m tha se lis	it sou tings	urce : S.	to be	e iter	nized.	
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			PT S		CE		
	Interest	Loan	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
												\$0.00
· · · · · · · · · · · · · · · · · · ·												
FORM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE									\$0.00		



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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: J. ALLAN LOWE



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** OTHER Consultants/ Polling Charitable Contribution Food (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) (INCLUDE FULL NAME) GIVE EXPENDITURE BRIEF **EXPLANATION** \$0.00 TOTAL EXPENDITURES THIS PAGE \$0.00 FORM REVISED 10.27.2011