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R OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report

RECEIVED.
AUG 31 2012

SUMMARY FORM 1

Please Print in Ink or Type.			Tune of Deport	(abaale	ono)
Name of Candidate or Elected Official Political Party/B		allot Affiliation	Type of Report Month	•	☐ Amended Monthly
HEWY Woodman			✓ Week	•	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable) Helena City Council #5			For Monthly Reports Month in which the		August
Address Check box if reporting new address		report is filed.			
1286 Old Cahaba Trace	·	For Weekly Rep Date of Friday in	•		
State ZIP Code Telephone Num Helena AL 35080		ber	week in which the report is filed.		August 31st
			Total Number of Pages in Report		1
Summary of activity since last filed report					
1 Beginning balance (ending balance from previo	ous filing)			1	\$43.18
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			
5b Non-itemized expenditures		5b	\$43.18		
5c Total expenditures (add lines 5a and 5b)				5c	\$43.18
6 Ending balance (add lines 1, 2c, & 4c, then subt	ract line 5c)			6	\$0.00
Candidates for State Office: File this report with the Of	ffice of the Se	cretary of Sta	te.		
Candidates for County or Municipal Office: File this r			·		
As required by the Alabama Fair Campaign Practices Act, The swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein true and correct and that this information is a full and compatible statement of all contributions, expenditures, and other requirement of candidate or Elected Official Aug 30, Date	t the are plete the uired	31 day	of Jan Qualic		My commission expires e year
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Print Notary's Name