

MONTHLY & WEEKLY


FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

 20120907000340010 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 09/07/2012 02:07:29 PM FILED/CERT

OR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
SEP 07 2012
 James W. Fuhrmeister
 Judge of Probate

Shelby

Please Print in Ink or Type.

Name of Candidate or Elected Official George David Skinner		Political Party/Ballot Affiliation Repub Conservative	
Office Sought or Held (include district or circuit number, if applicable) Vestavia Hills City Council Place #1			
Address ☐ Check box if reporting new address PO Box 661464			
City Vestavia Hills	State AL	ZIP Code 35266	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.

 Total Number of
 Pages in Report

9/7.2012

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$1,307.77
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	\$0.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		\$1,307.77

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 Sep 7, 2012

 Sworn to and subscribed before me this 7 day of Sept of the year 2012. My commission expires the 22 day of June of the year 2014.

 Signature of Notary Public _____
THOMAS WHITE

 State At Large
 Alabama Notary Public
THOMAS L WHITE
 My Commission Expires 06/22/2014

Print Notary's Name

SEP 07 2012

George David Skinner

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.

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George David Skinner

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 GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
					TOTAL RECEIPTS THIS PAGE								

FORM REVISED 10.27.2011

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TOTAL RECEIPTS THIS PAGE



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NAME OF CANDIDATE OR ELECTED OFFICIAL: George David Skinner

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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		
		TOTAL EXPENDITURES THIS PAGE										

FORM REVISED 10.27.2011