

MONTHLY &amp; WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

20120914000350620 1/1 \$ .00  
Shelby Cnty Judge of Probate, AL  
09/14/2012 12:59:24 PM FILED/CERT

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# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED  
SEP 11 2012  
James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type

|   |                    |                                    |                                       |
|---|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><i>Sophie Martin</i>   |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><i>Alabaster City Council Ward 1</i> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><i>219 Broadmoor Circle</i>                |                    |                                    |                                       |
| City<br><i>Alabaster AL</i>   | State<br><i>AL</i> | ZIP Code<br><i>35007</i>           | Telephone Number<br><i>[REDACTED]</i> |

## 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.

*Aug 24, 2012*

Total Number of Pages in Report

*1*

## Summary of activity since last filed report

|                                    |   |    |                 |
|------------------------------------|---|----|-----------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | <i>\$472.22</i> |
| <b>Cash Contributions</b>          |   |    |                 |
| 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 |                 |
| <b>In-Kind Contributions</b>       |   |    |                 |
| 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 |                 |
| <b>Receipts from Other Sources</b> |   |    |                 |
| 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 |                 |
| <b>Expenditures</b>                |   |    |                 |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a |                 |
| 5b                                 | Non-itemized expenditures                                     | 5b |                 |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c |                 |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <i>\$472.22</i> |

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.

*Sophie Martin*  
Signature of Candidate or Elected Official

*9-11-12*  
Date

Sworn to and subscribed before me this *11th* day of *September* of the year *2012*. My commission expires the *6th* day of *March* of the year *2013*.

*Cindy Glass*  
Signature of Notary Public

*Cindy Glass*  
Notary's Name