



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**RECEIVED**
**SEP 25 2012**

 James W. Fuhrmeister  
 Judge of Probate

Please Print in Ink or Type.

|                                                                                                            |                    |                                                  |                                       |
|------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Mark McLaughlin</b>                                            |                    | Political Party/Ballot Affiliation<br><b>N/A</b> |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Mayor City of Westover</b> |                    |                                                  |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>250 McLaughlin Lane</b>          |                    |                                                  |                                       |
| City<br><b>Westover</b>                                                                                    | State<br><b>AL</b> | ZIP Code<br><b>35747</b>                         | Telephone Number<br><b>[REDACTED]</b> |

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

**August 2012**

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

**1**
**Summary of activity since last filed report**

|                                    |                                                               |    |              |              |
|------------------------------------|---------------------------------------------------------------|----|--------------|--------------|
| 1                                  | Beginning balance (ending balance from previous filing)       |    | 1            | <b>32.21</b> |
| <b>Cash Contributions</b>          |                                                               |    |              |              |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | <b>0</b>     |              |
| 2b                                 | Non-itemized cash contributions                               | 2b | <b>0</b>     |              |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | <b>0</b>     |              |
| <b>In-Kind Contributions</b>       |                                                               |    |              |              |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | <b>0</b>     |              |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | <b>0</b>     |              |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | <b>0</b>     |              |
| <b>Receipts from Other Sources</b> |                                                               |    |              |              |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <b>0</b>     |              |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | <b>0</b>     |              |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | <b>0</b>     |              |
| <b>Expenditures</b>                |                                                               |    |              |              |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | <b>0</b>     |              |
| 5b                                 | Non-itemized expenditures                                     | 5b | <b>0</b>     |              |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <b>0</b>     |              |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <b>32.21</b> |              |

**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

**9/21/12**

 Sworn to and subscribed before me this **21<sup>st</sup>** day of **September** of the year **2012**. My commission expires the **16<sup>th</sup>** day of **April** of the year **2014**.

Signature of Notary Public

Print Notary's Name

**Sherry McLaughlin**