



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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OCT 05 2012

Shelby Cnty Judge of Probate

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Shelby Cnty Judge of Probate, AL
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Please Print in Ink or Type.

Name of Candidate or Elected Official BEN W MCCRORY		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAJORITY			
Address ☐ Check box if reporting new address P O BOX 43			
City MONTEVALLO	State AL	ZIP Code 35115	Telephone Number

Type of Report (check one)

☐ Monthly
☒ Weekly

☐ Amended Monthly
☐ 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

10-05-2012
FIVE (5)

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1,813.47
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	-0-
2b	Non-itemized cash contributions	2b	-0-
2c	Total cash contributions (add lines 2a and 2b)	2c	-0-
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	-0-
3b	Non-itemized in-kind contributions	3b	-0-
3c	Total in-kind contributions (add lines 3a and 3b)	3c	-0-
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	-0-
4b	Non-itemized Receipts from Other Sources	4b	-0-
4c	Total receipts from other sources (add lines 4a and 4b)	4c	-0-
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$869.59
5b	Non-itemized expenditures	5b	-0-
5c	Total expenditures (add lines 5a and 5b)	5c	\$869.59
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$943.88

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.

Ben W. McCrory 10/5/12
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **5** day of **October** of the year **2012**. My commission expires the _____ day of _____ of the year _____.

Donna Waldrop
Signature of Notary Public

DONNA J. WALDROP
Notary Public, State of Alabama
Alabama State At Large
My Commission Expires
August 20, 2014

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:

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
101								101
TOTAL CASH CONTRIBUTIONS THIS PAGE								101

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:

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.

[illegible]

**FORM 5: Expenditures by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: BEN W MCERORY

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
The Type Shop	616 Main Street Montevallo AL 35115		✓									10-01-2012	\$327.00
Montevallo chamber of Commerce	720 Oak Street Montevallo AL 35115		✓									10-03-2012	\$92.00
Master Image Inc	PO Box 59056 Birmingham AL 35259		✓									10-04-2012	\$450.59
TOTAL EXPENDITURES THIS PAGE												\$869.59	

FORM REVISED 9.2.2011


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