

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

RECEIVED
OCT 04 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Kelly Washburn		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) City Council District 4			
Address ☐ Check box if reporting new address 8316 Parkway Dr Suite 104			
City Leeds	State AL	ZIP Code 35094	Telephone Number ()

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

10/5/12

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	75.34
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	500.00
2b	Non-itemized cash contributions	2b	50.00
2c	Total cash contributions (add lines 2a and 2b)	2c	550.00
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	- 0 -
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	- 0 -
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	96.30
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	96.30
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	529.04

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.

Kelly Washburn 10/3/12
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 3rd day of Oct of the year 2012. My commission expires the 9th day of March of the year 2014.

Shannon W Brasher
Signature of Notary Public
Print Notary's Name





FORM 2: Contributions received by candidate or elected official

 NAME OF CANDIDATE OR ELECTED OFFICIAL: Kelly Washburn

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		
Louie Tice	Ellick Lane Leeds, AL 35094		☒			7/16/12	200.00
Jack Falletta	P.O. Box 9 Leeds, AL 35094		☒			7/18/12	200.00
Lee Barnes, Sr.	6942 Rowan Rd Leeds, AL 35094		☒			7/20/12	100.00
Robert & Patricia Ragsdale	2645 Kelly Creek Rd. Odenville, AL 35120		☒			7/23/12	100.00
Nicky Foley	1600 Taylor St. Leeds, AL 35094		☒			7/26/12	200.00
Billy Morace	1806 Linden St. Leeds, AL 35094		☒			7/26/12	100.00
Guardian Systems	P.O. Box 190 Leeds, AL 35094	☒				9/13/12	100.00
Alabama Homebuilders Political Action Comm.	P.O. Box 241305 Montgomery, AL 36124			☒		9/28/12	500.00
TOTAL CASH CONTRIBUTIONS THIS PAGE							1,500.00



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kelly Washburn

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business			Other
Kelly Washburn		☒	☒	☐	Kelly Washburn	☐	☒	☐	☐	☐	7/27/12	500.00
Kelly Washburn		☒	☒	☐	Kelly Washburn	☐	☒	☐	☐	☐	9/20/12	450.00
TOTAL RECEIPTS THIS PAGE											950.00	



