MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

20121009000385410 1/3 $.00
Shelby Cnty Judge of Probate, AL
10/09/2012 09:03:58 AM FILED/CERT

FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
OCT 08 2012
James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official: Jack Courson
Political Party Ballot Affiliation:
Office Sought or Held (include district or circuit number, if applicable): Leeds City Council District 5
Address ☐ Check box if reporting new address: PO Box 266
City: Leeds
State: AL
ZIP Code: 35094
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: 10-3-12

Total Number of Pages in Report: 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	200
	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	500
	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	0
	Expenditures			
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	582
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	118

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

Jack Courson — Signature of Candidate or Elected Official
10-3-12 — Date

Sworn to and subscribed before me this 3 day of Oct of the year 2012. My commission expires the 25 day of March of the year 2014

Signature of Notary Public

Print Notary's Name

LARRY R. CATE NOTARY PUBLIC ALABAMA-STATE AT LARGE

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jack Courson

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		
Master Image	PO Box 59056 Bham 35209	X										10-3-12	312.00
Postmaster	Leeds AL	X										10-3-12	270.00
	TOTAL EXPENDITURES THIS PAGE												582.00

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: Jack Courson

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		
Alabama Builders PAC	PO Box 241305 Montgomery, AL 36124			X			10-1-12	500
	TOTAL CASH CONTRIBUTIONS THIS PAGE							500

FORM REVISED 9 2 2011