



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

20121206000466580 1/5 \$.00
Shelby Cnty Judge of Probate, AL
12/06/2012 09:52:24 AM FILED/CERT

OFFICIAL USE ONLY

Statement of Dissolution

FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

RECEIVED
DEC 04 2012
James W. Fuhrman
Judge of Probate

Please Print in Ink or Type.

Report Status (check one)

Name of Candidate or Elected Official, or Political Committee John Greene			
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place #7			
Address <input type="checkbox"/> Check box if reporting new address 2439 Gawain Dr.			
City Hoover	State AL	ZIP Code 35226	Telephone Number 205-823-7235

☐ No report required because I have had no activity since the last reporting period

☒ Termination report attached

Note:

If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the 30th day of November in the year 2012.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

Repayment of loan to self

As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

Signature of Candidate or Elected Official, or Chairperson or
Treasurer of Political Committee

12/1/12
Date

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20121206000466580 2/5 \$.00
 Shelby Cnty Judge of Probate, AL
 12/06/2012 09:52:24 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official John Greenne		Political Party/Ballot Affiliation n/a	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place #7			
Address <input type="checkbox"/> Check box if reporting new address 2439 Gawain Drive			
City Hoover	State AL	ZIP Code 35226	Telephone Number 205-823-7235

Type of Report (check one)

- ☒ Monthly
 ☐ Amended Monthly
☐ Weekly
 ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

December 2012

For Weekly Reports

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

Total Number of Pages in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$25.10
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$150.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$150.00	
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		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$2.71	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$2.71	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$177.81	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$177.81	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$0.00	

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

12-01-12

Sworn to and subscribed before me this _____ day of

Dec. _____ of the year 2012. My commission expires
 the 3 day of Feb of the year 2014.

Signature of Notary Public

Chris Ann Wingo
 Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL: JOHNN GREENE

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.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Greene

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings

FORM REVISED 10.27.2011**TOTAL RECEIPTS THIS PAGE**

\$2.71



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NAME OF CANDIDATE OR ELECTED OFFICIAL: John Greene

PURPOSE OF EXPENDITURE
(CHECK ONE)

[illegible]