

FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

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# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED  
SEP 26 2013  
James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

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

## Type of Report (check one)

☒ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

For Monthly Reports  
Month in which the report is filed.August 2013For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

| Summary of activity since last filed report |                                                               |    |              |
|---------------------------------------------|---------------------------------------------------------------|----|--------------|
| 1                                           | Beginning balance (ending balance from previous filing)       |    | <u>24.71</u> |
| <b>Cash Contributions</b>                   |                                                               |    |              |
| 2a                                          | Itemized cash contributions (total from Form 2)               | 2a | <u>0</u>     |
| 2b                                          | Non-itemized cash contributions                               | 2b | <u>0</u>     |
| 2c                                          | Total cash contributions (add lines 2a and 2b)                | 2c | <u>0</u>     |
| <b>In-Kind Contributions</b>                |                                                               |    |              |
| 3a                                          | Itemized in-kind contributions (total from Form 3)            | 3a | <u>0</u>     |
| 3b                                          | Non-itemized in-kind contributions                            | 3b | <u>0</u>     |
| 3c                                          | Total in-kind contributions (add lines 3a and 3b)             | 3c | <u>0</u>     |
| <b>Receipts from Other Sources</b>          |                                                               |    |              |
| 4a                                          | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <u>0</u>     |
| 4b                                          | Non-itemized Receipts from Other Sources                      | 4b | <u>0</u>     |
| 4c                                          | Total receipts from other sources (add lines 4a and 4b)       | 4c | <u>0</u>     |
| <b>Expenditures</b>                         |                                                               |    |              |
| 5a                                          | Itemized expenditures (total from Form 5)                     | 5a | <u>0</u>     |
| 5b                                          | Non-itemized expenditures                                     | 5b | <u>0</u>     |
| 5c                                          | Total expenditures (add lines 5a and 5b)                      | 5c | <u>0</u>     |
| 6                                           | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <u>24.71</u> |

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Shelby Cnty Judge of Probate, AL  
10/01/2013 09:43:07 AM FILED/CERT

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

Sworn to and subscribed before me this 22nd day of September of the year 2013. My commission expires the 1st day of April of the year 2014.

Signature of Notary Public

Print Notary's Name

**CITY OF WESTOVER****OFFICE OF THE MAYOR****FACSIMILE TRANSMITTAL SHEET****TO: SHELBY COUNTY PROBATE JUDGE****FROM: MARK MCLAUGHLIN****FAX NUMBER: 205-669-3714****DATE: SEPTEMBER 26, 2013****PHONE NUMBER: 205-669-3710****TOTAL NUMBER OF PAGES INCLUDING COVER: 2****RE: MONTHLY CAMPAIGN FINANCE REPORT****SENDERS REFERENCE NUMBER:**☐ URGENT   ☐ FOR REVIEW   ☐ PLEASE COMMENT   ☐ PLEASE REPLY**NOTES/COMMENT.****CONFIDENTIALITY NOTICE**

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**CITY OF WESTOVER  
MAYOR MARK MCLAUGHLIN  
POST OFFICE BOX 356  
WESTOVER, AL 35185  
CITY HALL 205-678-3375  
FAX 205-678-3376  
WWW.WESTOVERALABAMA.ORG**

  
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