FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

20131108000442540 1/1 $.00
Shelby Cnty Judge of Probate, AL
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Print Form

NLY

Candidate & Elected Official Campaign Finance Report
SUMMARY FORM 1

RECEIVED
NOV 08 2013
James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Mark McLaughlin	N/A
Office Sought or Held (include district or circuit number, if applicable)	
Mayor City of Westover	
Address — Check box if reporting new address	
250 McLaughlin Lane	
City / State / ZIP Code	Telephone Number
Westover AL 35147	[redacted]

Type of Report (check one)

✓ Monthly	Amended Monthly
Weekly	Amended Weekly

For Monthly Reports Month in which the report is filed: September 2013

For Weekly Reports Date of Friday in the week in which the report is filed:

Total Number of Pages in Report

since last filed report			
1	Beginning balance (ending balance from previous filing)		1 24.71
	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 0	
5b	Non-itemized expenditures	5b 0	
5c	Total expenditures (add lines 5a and 5b)		5c 0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 24.71

File this report with the Secretary of State
A copy of this report must also be filed 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: 10/28/13

Sworn to and subscribed before me this 28th day of October of the year 2013. My commission expires the 16th day of Apr. of the year 2014.

Signature of Notary Public

Sheny McLaughlin
Print Notary's Name

FORM REVISED 10.27.2011