

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

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DEC 03 2013

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>John Samanero</u>		Political Party/Ballot Affiliation <u>Republican</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Shelby County Sheriff</u>			
Address ☐ Check box if reporting new address <u>P.O. Box 589</u>			
City <u>Columbiana</u>	State <u>AL</u>	ZIP Code <u>35051</u>	Telephone Number <u>[REDACTED]</u>

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

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

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>0</u>
Cash Contributions				
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>	
In-Kind Contributions				
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>	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>10,000.00</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>10,000.00</u>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<u>1,299.87</u>	
5b	Non-itemized expenditures	5b	<u>25.60</u>	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>1,325.47</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<u>8,674.53</u>	

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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] 30 Dec 2013
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 03 day of Dec of the year 2013. My commission expires the 02 day of Aug of the year 2017.

[Signature]
Signature of Notary Public
Betty Ann King
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Samaniego

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		
TOTAL CASH CONTRIBUTIONS THIS PAGE								0

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Samaniego

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 loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)												SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other							
FORM REVISED 9.2.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																		0

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Samaviego

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 [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
John Samaviego	6169 Hwy 16 Montevallo, AL 35115		X					X			10/29/13	10000.00
TOTAL RECEIPTS THIS PAGE											10,000.00	

FORM REVISED 9.2.2011



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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Samaniego

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
Brown Lumber	21891 Hwy 25 Columbiana, AL 35051		✓									11/15/2013	775.44
Clay Hammac	228 Strathaven Lane Pelham AL 35124		✓									11/25/2013	524.43
TOTAL EXPENDITURES THIS PAGE												1299.87	