


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**
**MONTHLY & WEEKLY**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**RECEIVED**
**JUL 02 2014**  
James W. Fuhmeister  
Judge of Probate

Please Print in Ink or Type.

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

## Type of Report (check one)

- ☒ Monthly      ☐ Amended Monthly  
☐ Weekly      ☐ Amended Weekly

## For Monthly Reports

Month in which the report is filed.

June 30, 2014

## For Weekly Reports

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

Total Number of Pages in Report

5

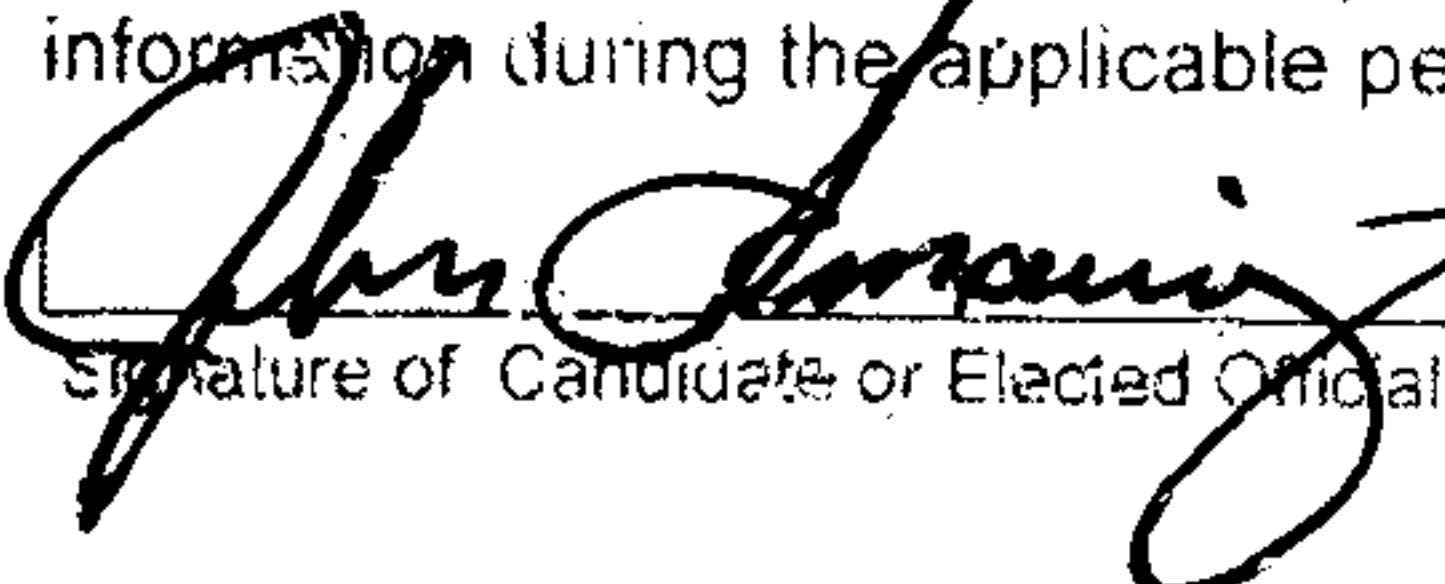
## Summary of activity since last filed report

|                                    |                                                               |    |            |
|------------------------------------|---------------------------------------------------------------|----|------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | \$7,106.94 |
| <b>Cash Contributions</b>          |                                                               |    |            |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | \$600.00   |
| 2b                                 | Non-itemized cash contributions                               | 2b | \$6.66     |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | \$606.66   |
| <b>In-Kind Contributions</b>       |                                                               |    |            |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | \$0.00     |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | \$0.00     |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | \$0.00     |
| <b>Receipts from Other Sources</b> |                                                               |    |            |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | \$0.00     |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | \$0.00     |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | \$0.00     |
| <b>Expenditures</b>                |                                                               |    |            |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | \$4,244.64 |
| 5b                                 | Non-itemized expenditures                                     | 5b | \$0.00     |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | \$4,244.64 |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | \$3,468.96 |

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

**7/2/14**  
 Date

Sworn to and subscribed before me this **02** day of **July** of the year **2014**. My commission expires the **17** day of **Aug** of the year **2017**.

  
 Signature of Notary Public

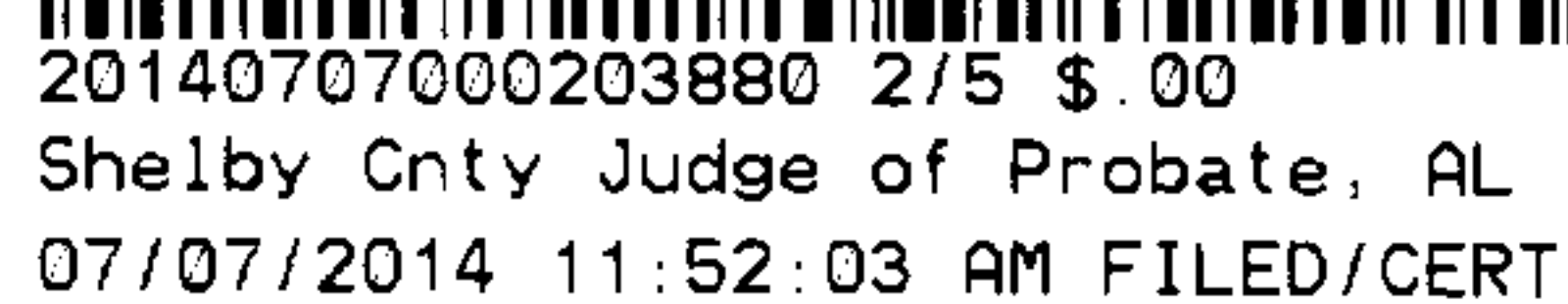
**Betty Ann King**  
 Print Notary's Name





PAGE \_\_\_\_\_ OF \_\_\_\_\_

The FCPA requires that those contributions greater than \$ 100 be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]







PAGE \_\_\_\_\_ OF \_\_\_\_\_

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Shelby Cnty Judge of Probate, AL  
07/07/2014 11:52:03 AM FILED/CERT



Name of Candidate / Elected Official: John Samaniego

The FCPA requires that expenditures over \$ 100 be itemized.

[illegible]