



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

20141017000330080 1/5 \$.00
Shelby Cnty Judge of Probate, AL
10/17/2014 02:41:29 PM FILED/CERT

Print Form

FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
OCT 17 2014
James W. Hargraves

Please Print in Ink or Type.

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

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

For Weekly Reports

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

October 17, 2014

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$8,596.96
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00	
2b	Non-itemized cash contributions	2b	\$125.63	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$125.63	
In-Kind Contributions				
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	
Receipts from Other Sources				
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	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$0.00	
5b	Non-itemized expenditures	5b	\$0.00	
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$8,722.59	

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.

John Samaniego
Signature of Candidate or Elected Official

10/17/14
Date

Sworn to and subscribed before me this 17th day of October of the year 2014. My commission expires the 18th day of November of the year 2016.

Krissie J. Masters
Signature of Notary Public

Krissie J. Masters
Print Notary's Name

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						

FORM REVISED 10.27.2011



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FORM 3: In-Kind 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 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
		Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																

FORM REVISED 10.27.2011



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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE													

FORM REVISED 10.27.2011