

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160801000269150 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/01/2016 10:42:25 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Mark McLaughlin		Political Party/Ballot Affiliation 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 Westover	State AL	ZIP Code 35147	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

July 2016

For 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)		1	2492.06
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	350.00	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	350.00	
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	9.62	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	9.62	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1343.45	
5b	Non-itemized expenditures	5b	212.56	
5c	Total expenditures (add lines 5a and 5b)	5c	1,556.01	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1,295.67	

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

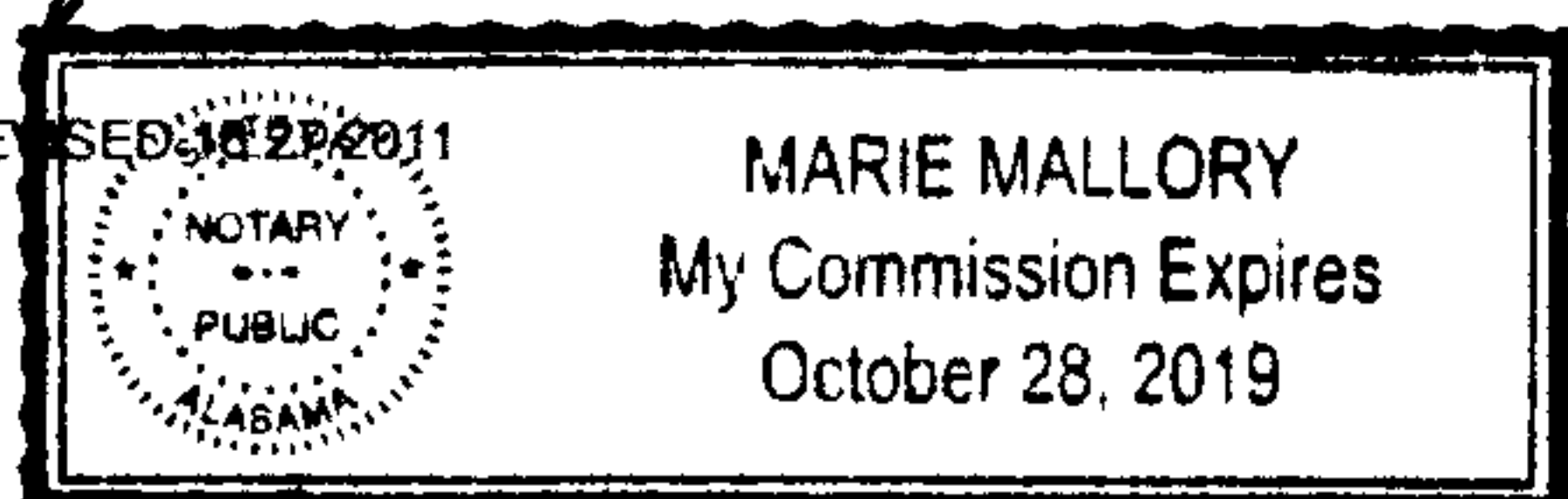
Date 7/27/16

 Sworn to and subscribed before me this 27th day of July of the year 2016. My commission expires the 28th day of Oct of the year 2019.

Signature of Notary Public

M. Mallory

FORM REVISED 12/2011





FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mark McLaughlin

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		
Michael D. Thompson	1725 Somerset Circle Birmingham, AL 35213		X				\$ 250.00
Rockyhurst Farms	P.O. Box 43445 Birmingham, AL 35243-0445	X				7/7/2016	\$ 100.00
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$ 350.00

20160801000269150 2/5 \$.00
Shelby Cnty Judge of Probate, AL
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NAME OF CANDIDATE OR ELECTED OFFICIAL: Mark McLaughlin

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			
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

FORM REVISED 10.27.2011

20160801000269150 3/5 \$.00
Shelby Cnty Judge of Probate, AL
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**FORM 5: Expenditures by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: Mark McLaughlin

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
Magnetson the Chair	11525A Stonehollow Drive Suite 100 Austin TX 78758		X									7/6/2016	\$103.45
Trons Media Group	32 McLaughlin Lane Westbury, AL 35147		X									7/21/2016	\$1,000.00
Mustard Seed Apparel Jason Neely	91 Helms Drive Cholsey, AL 35043		X									7/20/2016	\$240.00
TOTAL EXPENDITURES THIS PAGE												\$1343.45	



20160801000269150 5/5 \$.00
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