Candidate & Elected Official

			JUL 12
Campaign Finance Repo	rt		SCOTT W. F
SUMMARY FORM 1		Type of Report (check	one)UDGE OF PROPA
		Monthly	Amended Monthly
	y/Ballot Affiliation	Weekly	Amended Weekly
JAMES STEVEN MITH		For Monthly Reports	
Office Sought or Heid (Include district or circuit number, if applicable)		Month for which the report is filed.	
Address Check box if reporting new medgress		For Weekly Reports	
292 BOYO DEWE		Date of Friday in the week for which the	
City / Spite ZIP Code Telephone N	umber	report is filed.	
GANSDEN AL 35901 (ES)4	58-5539	Total Number of Pages in Report	8 pgs
Summary of activity since last filed report			and the state of the spins
1 Beginning balance (ending balance from previous filing)			0.00
Cash Contributions]	<u> </u>	0.00
2a Itemized cash contributions (total from Form 2)	2a 50 F	5300	
2b Non-itemized cash contributions	2b 97	7.00	•
2c Total cash contributions (add lines 2a and 2b)		2c /	0030 00
In-Kind Contributions		ttt	000.00
3a Itemized in-kind contributions (total from Form 3)	3a		
3b Non-itemized in-kind contributions	35		
3c Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4b)		4c	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5c	
Expenditures on Line of Credit			
6a Itemized expenditures (total from Form 6)	6a		
6b Non-itemized expenditures	6b		
6c Total expenditures on credit (add lines 6a and 6b)	6c		
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c	;)	7 /	0030.00
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	of the day The day	of April of the	day of My commission expires e year <u>2025</u>
Ph	int Notary's Name	<u> </u>	AT AT
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FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JAMES STEVEN SMITT

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.

	OO NOT LIST in-kind contributions or loans on this form. Use Forms 3 a	nd 4	for th	ose	listin	gs.	o to be iterrized.	
CONTRIBUTOR	ADDRESS	0	F CO	OUR NTRI ECK	CE IBUT ONE)	ION		
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUN' OF CONTRIBUT
Derrick, 4 Tammy War	ds Gadoden		1				_	300.00
	708 E. Riverview Dr Gadsden		√					600.00
Jirch's boutique	546 Broad St Gadsden	1					,	100.00
Earl & Anna Heard	P.O. BOX 2475 Godsden		\checkmark					100.00
Thomas & Sandra Grahar	n 233 Boyd Dr Gadsden		/					100.00
REL, LLC	430 George Walle +167 Godsden	/						200.00
Starlene Vining								150.00
Ibnia			1					250.0D
Stephanie Evans			V				9	100.00
FORM REVISED 10.27.2011	TOTAL CASH CONT	RIB	UTI	ON	IS T	HIS	S PAGE	2100.00

FORM 2: Contributions received by candidate or elected official

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.

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100.00			-		West-phalcon Thomas
100.00		ì	<		Sharon Maness
150.00	-		7		Sonya
103.00			5		Sophia woods
100.00			5		Donna Smoots
100.00			7		Lynda Riggins
500.00			<		Thomas Johnson
500.00			5		Shawnta Anakwah
CONTRIBUT	CONTRIBUTION RECEIVED (mo./day/yr.)	PAC Other	Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) so the second state of the corporation of	(INCLUDE FULL NAME)
		SOURCE OF CONTRIBUTION (CHECK ONE)	SC CON (CHE		CONTRIBUTOR
	S.	4 for those listings.	וסר נוזכ	The state of the s	

FORM 2: Contributions received by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: JAMES STEVEN SMITH

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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		ings.	se list	3	DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.	When total contributions from a single source coordinates from the source coordinates when total contributions	D Ayyeu total countion

FORM 3: In-Kind Contributions received by candidate or elected official

When total	contributions from a single source exceed \$100.	00. tl	he F	CPA	reau	ires	all co	ontrit	outio	ns fro	om ti	nat s	ourc	e to be itemized.	
CONTRIBUTOR	DO NOT LIST cash or loans on thi	s foi		URE	OF C		RIBU	المديدات			-	JRCE			
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUN OF CONTRIBU
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FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: _ The residency of the second of 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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) DATE **AMOU** SOURCE OF RECEIPT ADDRESS RECEIVED OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) **GUARANTORS** STREET OR P.O. BOX. RECEI (mo./day/yr.) (FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-CITY, STATE, AND ZIP)

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FORM 5: Expenditures by candidate or elected official

When total expe	nditures to a single recipient exceed \$100.	00, 1	he	FCP	A re	qui	res :	all e	xper	nditu	res to that recip	olent be itemize	d.
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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUN OF EXPENDIT
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FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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AMOUN OF EXPENDIT	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Fundraising	Contribution Food	Polling Charitable	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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