

Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**

FILED

AUG 3 1 2012

Please Print in Ink or Type.		Time of Dancet (should	200
Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Type of Report (check of Monthly	one) Amended Monthly
Tim Langdale	Kep.	₩eekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	,	For Monthly Reports	
Address Check box if reporting new address		Month in which the	
		report is filed.	
595/Morrig ave City State ZIP Code Telephone Number Hope Bluff all 35903 256490-0316		For Weekly Reports Date of Friday in the	
City State ZIP Code	251.49h-0216	week in which the report is filed.	
Hope profe aci 15105	99110 0310	Total Number of	
		Pages in Report	
Summary of activity since last filed report			70
1 Beginning balance (ending balance from previo	us filing)	1	
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a	X	
2b Non-itemized cash contributions	2b	&	
2c Total cash contributions (add lines 2a and 2b)		2c	- Q
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3	3) 3a	- R	
3b Non-itemized in-kind contributions	3b	×	
3c Total in-kind contributions (add lines 3a and 3b)	3c	7	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total fro	m Form 4) 4a	2	
4b Non-itemized Receipts from Other Sources	4b	8	
4c Total receipts from other sources (add lines 4a	and 4b)	4c	\mathcal{X}
Expenditures			
5a Itemized expenditures (total from Form 5)	5a ,	X	
5b Non-itemized expenditures	5b	X .	
5c Total expenditures (add lines 5a and 5b)		5c	R
6 Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)	6	Ä
Candidates for State Office: File this report with the Office		te	
Candidates for County or Municipal Office: File this re	eport with the Judge of Pro	bate of the county in wh	ich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I her	·	cribed before me this	~ \
swear or affirm to the best of my knowledge and belief that	the \bigcap		My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and comp	are ———		e year <u>2014</u>
statement of all contributions, expenditures, and other requ	olete the dan dan	y or or the	e year <u>O.O</u>
information during the applicable period of time.	Atala	a) . The	~!)-
The Langelule 8-31-	Signature of Notary P	Public	
Signature of Cardidate or Elected Official Date	2 10 -10 -	Q.	10 ld
	Print Notary's Name	y, e -> , 110	