\$0.00

\$0.00

\$1,642.88



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

RECEIVED

OCT 31 2011

James W. Fuhrmeister Judge of Probate

FORM 1 20111101000326400 1/1 \$.00

	Please Print in Ink or Type.			35 AM FILED/CERT	•	
Name of Candidate or Elected Official Political			allot Affiliation	Type of Report (check one)		
1		Republican	an Monthly		hły	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)				Weel	<b>dy</b>	Amended Weekly
She	elby County Commissioner District 2			For Monthly Re	•	
Add	ress Check box if reporting new address			Month in which report is filed.	ine	October
568	Southern Hills Dr.			For Weekly Re	ports	
City	State ZIP Code	Telephone Number		Date of Friday in week in which the		
Ca	era Al 35040	4		report is filed.	IC.	
<del></del>		<u> </u>	······································	Total Number of Pages in Repo		
-				ages in repo		
3	ummary of activity since last filed report					
1	Beginning balance (ending balance from previo	ous filing)			1	\$1,642.88
	Cash Contributions	<u> </u>	<del></del>			
2a	Itemized cash contributions (total from Form 2)		2a	\$0.00		
2b	Non-itemized cash contributions		2b	\$0.00		
2c	Total cash contributions (add lines 2a and 2b)				2c	\$0.00
	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3	3)	3a	\$0.00		
3b	Non-itemized in-kind contributions		3b	\$0.00		
3с	Total in-kind contributions (add lines 3a and 3b)		3c	\$0.00		
	Receipts from Other Sources					
4a	Itemized Receipts from Other Sources (total from	m Form 4)	4a	\$0.00		
4b	Non-itemized Receipts from Other Sources		4b	\$0.00		

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.

5a

5b

As required by the Alabama Fair Campaign Practices A	ct, I hereby
swear or affirm to the best of my knowledge and bel	ief that the
attached report(s) and the information contained	herein are
true and correct and that this information is a full and	d complete
statement of all contributions, expenditures, and other	er required
information during the applicable period of time.	A . F
	$I \cap I$

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

Non-itemized expenditures

Total receipts from other sources (add lines 4a and 4b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 3/5+	day of
October of the year 2011. My cor	nmission expires
the 20th day of April of the year	2014
Jessica L. Flouand	
Signature of Notary Public	
Vessica L. Holland	

\$0.00

\$0.00

Print Notary's Name

**Expenditures** 

5b