

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

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James W. Fuhrmeister Judgo of Probate

Please Print in Ink or Type.	Ø7/1	9/2012 01	:13:51 PM FILED/CE	RT	
Name of Candidate or Elected Official	Political Party/Ba	allot Affiliation		•	
John Greene III			Mont	•	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)			Wee To the Part of	•	Amended Weekly
Hoover City Council Place #7			For Monthly Romann Month in which	•	
Address Check box if reporting new address			report is filed.		
2439 Gawain Drive			For Weekly Re  Date of Friday i	•	43 1 3043
City Hoover AL 35226	Telephone Numl	ber	week in which t		13 July 2012
			report is filed.  Total Number	of	
			Pages in Repo		
Summary of activity since last filed report					
1 Beginning balance (ending balance from previo	ous filing)			1	\$4,950.00
Cash Contributions					
2a Itemized cash contributions (total from Form 2)		2a			
2b Non-itemized cash contributions	2	2b			
2c Total cash contributions (add lines 2a and 2b)				2c	
In-Kind Contributions				<del> </del>	
3a Itemized in-kind contributions (total from Form 3	3)	3a			
3b Non-itemized in-kind contributions		3b			
3c Total in-kind contributions (add lines 3a and 3b)	)	3c			
Receipts from Other Sources					
4a Itemized Receipts from Other Sources (total from	m 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			i
5b Non-itemized expenditures		5b			
5c Total expenditures (add lines 5a and 5b)				5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)	. <u></u>	······································	6	\$4,950.00
Candidates for State Office: File this report with the Off	ice of the Sec	cretary of S	State.		
Candidates for County or Municipal Office: File this re	eport with the	Judge of F	robate of the count	y in wh	nich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I her	eby Sworr	n to and su	bscribed before me	this	Oth day of
swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein	\ 1 1 A	ly	of the year	<u>}                                    </u>	My commission expires
true and correct and that this information is a full and comp	•	1 7	day of Fob		e year 2014
statement of all contributions, expenditures, and other requires	ired		<del></del>	<del></del>	
information during the applicable period of time.					
Signature of Candidate or Elected Official Date	y Public	U			
Date	i (	mira 1	Inn Wings	`	

Print Notary's Name