03/04/2014 10:13:03 AM FILED/CERT

4 FOR OFFICIAL USE ONLY

RECEIVED

MAR 0 3 2014

James W. Fuhrmeister Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.							
Offi	ne of Candidate or Elected Official Political Party REPUE ce Sought or Held (include district or circuit number, if applicable)	Ballot Affiliation CAN UTY umber	For Monthly Removed Month in which report is filed. For Weekly Removed Date of Friday in which the report is filed. Total Number of Pages in Report is filed.	hly kly eports the n the he	Amended Monthly Amended Weekly MARCH 2014			
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)			1	0			
	Cash Contributions							
2a	Itemized cash contributions (total from Form 2)	2a						
2b	Non-itemized cash contributions	2b						
2c	Total cash contributions (add lines 2a and 2b)			2c	0			
	In-Kind Contributions							
3a	Itemized in-kind contributions (total from Form 3)	3a						
3b	Non-itemized in-kind contributions	3b						
3c	Total in-kind contributions (add lines 3a and 3b)	3c						
	Receipts from Other Sources		<u>. </u>	J				
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	0			
	Expenditures		•	L	· · · · · · · · · · · · · · · · · · ·			
5a	Itemized expenditures (total from Form 5)	5a						
5b	Non-itemized expenditures	5b						
5c	Total expenditures (add lines 5a and 5b)	· 	· · · · · · · · · · · · · · · · · · ·	5c	0			
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	0			
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 Cand cate or Elected Official Date

March	of the ye	ear <u>20/</u>	4. My commission	on expires
he _2	day of _	14	of the year 201	6
1	70-		Ree	
Signature of N	otary Public			
Shar	on /	4. L	-ee	