Name of Candidate or Elected Official

Office Sought or Held (include district or circuit number, if applicable)

Don Armstrong

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

ins W. Fuhrmeister udge of Probate

Shelby Cnty Judge of Probate, AL

Please Print in Ink or Type.

06/02/2014 01:40:	48 PM FILED/CERT	
arty/Ballot Affiliation	Type of Report (check	one)
ublican	✓ Monthly	Amended Monthly
	Weekly	Amended Weekly
	For Monthly Reports Month in which the report is filed.	May
Number	For Weekly Reports Date of Friday in the	

Shelby County Property Tax Commissioner						For Monthly Reports				
Add	Address Check box if reporting new address					Month in which the report is filed.			May	
	3066 Hwy 55					For Weekly Reports		\		
City Wilsonville		State AL			mber	Date of Friday week in which t report is filed.		<b>.</b>		
						Total Number Pages in Repo			1	
S	ummary of activity	since last file	d report							
1	1 Beginning balance (ending balance from previous filing)					1		\$6.68		
	Cash Contributions									
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 Contributio	ns					<b></b>			
3a	a Itemized in-kind contributions (total from Form 3)			3a	\$0.00					
3b	Non-itemized in-kind contributions			3b	\$0.00					
3с	C Total in-kind contributions (add lines 3a and 3b)			3c	\$0.00					
	Receipts from Othe	r Sources					-			
4a	ltemized Receipts from Other Sources (total from Form 4)			4a	\$0.00		:			
4b	Non-itemized Recei	pts from Other S	Sources		4b	\$0.00				
4c	Total receipts from other sources (add lines 4a and 4b)					4c		\$0.00		

Political Party/Ballot Affiliation

Republican

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 Act, Thereby
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.

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

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

Non-itemized expenditures

5/30/2014 Signature of Candidate or Elected Official Date

	May	of the ye	ear 2014	My con	mission expire	s
he_	9th	day of _	November	of the year _	2016	
I	<u>Jeb</u>	orah	A.D.	mith		
Sign	ature of No	otary Public				
D	eborah <i>A</i>	A. Smith				

\$0.00

\$0.00

Sworn to and subscribed before me this

5c

30th

\$0.00

\$6.68

day of

Print Notary's Name

**Expenditures** 

5b