

ALABAMA FAIR CAMPAIGN PRACTICES ACT
CANDIDATE / ELECTED OFFICIAL
ANNUAL REPORT
SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY

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Shelby Cnty Judge of Probate, AL
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Please Print in Ink or Type.

RECEIVED

JAN 29 2010

James W. Fuhrmeister
Judge of Probate

Type of Report (check one)

☒ Annual Report for Year 2009

☐ Termination Report

☐ Amended Annual Report for Year _____

Name of Candidate or Elected Official <u>David M. Frings</u>	Political Party/Ballot Affiliation <u>N/A</u>
Office Sought or Held (include district or circuit number, if applicable) <u>Mayor City of Alabaster</u>	
Address ☒ Check box if reporting new address <u>2122 Diane Circle</u>	
City <u>Alabaster</u>	State <u>Al.</u>
ZIP Code <u>35007</u>	Telephone Number <u>205-663-7059</u>

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	<u>2,030.36</u>
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		<u>0.00</u>
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		<u>0.00</u>
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<u>0.00</u>
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)	4		<u>0.00</u>
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		<u>0.00</u>
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6		<u>2,030.36</u>

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	<u>2,030.36</u>
8	Total cash contributions for year	8	<u>—</u>
9	Total in-kind contributions for year	9	<u>—</u>
10	Total receipts from other sources for year	10	<u>—</u>
11	Total expenditures for year	11	<u>—</u>
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	<u>2,030.36</u>
13	Total campaign debt (total debt owed as of December 31)	13	<u>—</u>

Sworn to and subscribed before me this 29th day of January of the year 2010. My commission expires the 25th day of August of the year 2013.

Naomi Absher
Signature of Notary Public
Naomi Absher
Print Notary's Name

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.

David M. Frings
Signature of Candidate or Elected Official
1/29/10
Date

FORM REVISED 10.29.99

ANNUAL REPORT

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

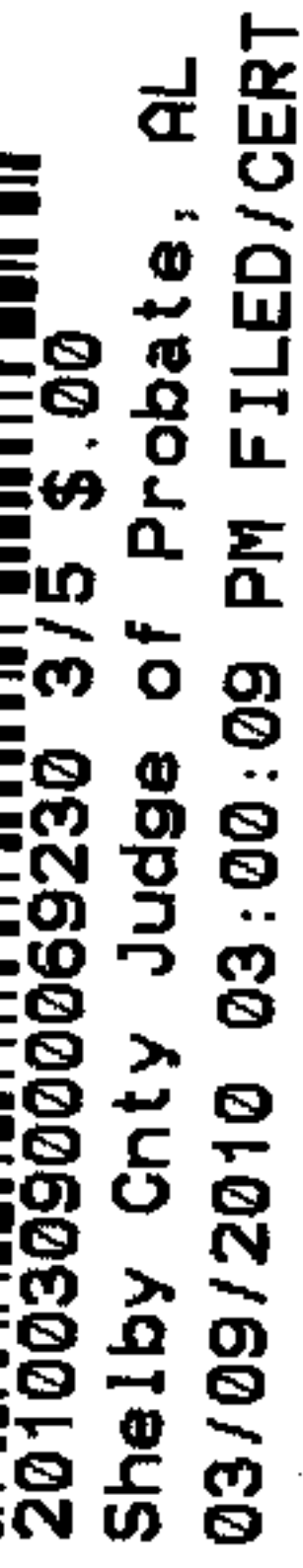
David M. Forays

PAGE 2 OF 5

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		

FORM REVISED 10.29.99	TOTAL CASH CONTRIBUTIONS THIS PAGE	0.00
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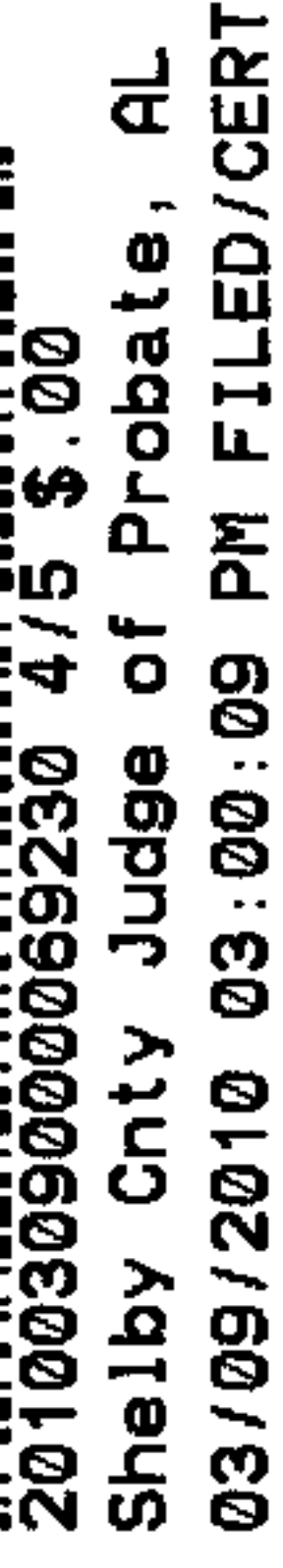
FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:

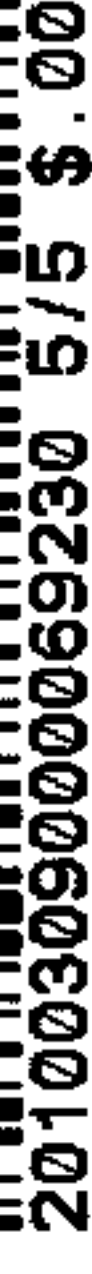
PAGE 3 OF 5

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

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TOTAL RECEIPTS THIS PAGE



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FORM 5: EXPENDITURES

NAME OF CANDIDATE / ELECTED OFFICIAL:

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The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation		
		TOTAL EXPENDITURES THIS PAGE										

FORM REVISED 10.29.99