FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

		Cnty Judge of Probate, AL			and the second s
	Please Print in Ink or Type.	2011 08:56:25	AM FILED/CERT	t (abook a	ana\
Offic	Rick Shepherd Rep- se Sought or Held (include district or circuit number, if applicable)	Ballot Affiliation	Type of Report Mont	thly	Amended Monthly Amended Weekly
	ress Check box if reporting new address	+ 8	For Monthly Ramonth in which report is filed.	_	oct zoil
	328 Greystone Glen Cir		For Weekly Re	ports	
City	State ZIP Code Telephone Nu	ł	Date of Friday i week in which t		
	Houver AL 35242205-92	80-1353	report is filed.		
			Total Number Pages in Repo		
S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	45.7Z
	Cash Contributions			<u></u>	
2a	Itemized cash contributions (total from Form 2)	2a	e		
	Non-itemized cash contributions	2b	d		
2c	Total cash contributions (add lines 2a and 2b)	1		2c	d
	n-Kind Contributions			(
3a	Itemized in-kind contributions (total from Form 3)	3a	(A)		
3b	Non-itemized in-kind contributions	3b	Ø		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	Ø		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	b		
4b	Non-itemized Receipts from Other Sources	4b	Ø		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	Ø
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	Ø		
5b	Non-itemized expenditures	5b	<u></u>		
	Total expenditures (add lines 5a and 5b)		•	5c	ϕ
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	45.72
Candidates for State Office: File this report with the Office of the Secretary of State.					
Ca	ndidates for County or Municipal Office: File this report with the	e Judge of Prol	bate of the count	ty in whi	ch the office is sought.
swe attached true state information	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required rmation during the applicable period of time.	tober of the 23 rd day	he year 201 of 20130	of the	day of My commission expires year 2013

Print Notary's Name