

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20120103000003720 1/5 \$.00
Shelby Cnty Judge of Probate, AL
01/03/2012 04:10:54 PM FILED/CERT

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JAN 3 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

| | | | |
|--|--------------------|---|--------------------------------|
| Name of Candidate or Elected Official EARL CAESAR CUNNINGHAM | | Political Party/Ballot Affiliation REPUBLICAN | |
| Office Sought or Held (include district or circuit number, if applicable) COUNTY COMMISSIONER - DISTRICT 2 | | | |
| Address <input type="checkbox"/> Check box if reporting new address P.O. BOX 664 | | | |
| City MONTEVALLO | State AL | ZIP Code 35115 | Telephone Number 205 |

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.**December**For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary 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 | \$110.00 |
| 2c | Total cash contributions (add lines 2a and 2b) | 2c | \$110.00 |
| 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 | | | |
| 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 | |
| Expenditures | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | \$54.60 |
| 5b | Non-itemized expenditures | 5b | |
| 5c | Total expenditures (add lines 5a and 5b) | 5c | |
| 6 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6 | \$55.40 |

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.

Earl C. Cunningham **1-3-12**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **3rd** day of **January** of the year **2012**. My commission expires the **10th** day of **February** of the year **2014**.

Tracy Billingsley
Signature of Notary Public

Tracy Billingsley
Print Notary's Name Notary Public, State at Large

NAME OF CANDIDATE OR ELECTED OFFICIAL: EARL LACSON COMMISSIONER

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

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NAME OF CANDIDATE OR ELECTED OFFICIAL: ETHEL CHESNA CUNNINGHAM

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]

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NAME OF CANDIDATE OR ELECTED OFFICIAL: ETHEL CHESTN CUNNINGHAM

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

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| 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 | | | OTHER GIVE BRIEF EXPLANATION |
| Regions Bank | Main St. Montevallo, AL 35115 | X | | | | | | | | | for Checks | 12-5-11 | \$54.60 |

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TOTAL EXPENDITURES THIS PAGE

54.60