

MONTHLY &amp; WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20120106000008830 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
01/06/2012 04:05:37 PM FILED/CERT

RECEIVED  
JAN 05 2012  
James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>William T. Edwards</b>		Political Party/Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Shelby County Commissioner District 2.</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>568 Southern Hills Dr</b>			
City <b>Calera</b>	State <b>AL</b>	ZIP Code <b>35040</b>	Telephone Number <b>(205) 427-4289</b>

## 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 \$1642.88
<b>Cash Contributions</b>			
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	
<b>In-Kind Contributions</b>			
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	
<b>Receipts from Other Sources</b>			
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	
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	
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	1642.88

**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.

William T. Edwards 1-5-12  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 5th day of January of the year 2012. My commission expires the 6th day of January of the year 2013.

Cindy Glass  
Signature of Notary Public

Cindy Glass  
Print Notary's Name

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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:

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

[illegible]

## The Seal of the State of Alabama is a circular emblem. It features a central shield depicting a landscape with a river, a rising sun, and a cotton plant. The shield is flanked by the words "1801" on the left and "1901" on the right. Above the shield is a banner with the word "CONFEDERATION". The entire shield is encircled by a border containing the text "GREAT SEAL" at the top and "ALABAMA" at the bottom, separated by stars.

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

[illegible]

**TOTAL RECEIPTS THIS PAGE**



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# FORM 5: Expenditures by candidate or elected official

**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)

Administrative
Advertising
Consultants/ Polling
Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

**DATE OF  
EXPENDITURE**  
(mo./day/yr.)

AMOUNT  
OF  
EXPENDITURE

TOTAL EXPENDITURES THIS PAGE



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