



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
JAN 26 2012
James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official ACKER, DANIEL M. SR.		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) S.C. Commission District 4			
Address ☐ Check box if reporting new address 895 10th St. S.W.			
City ALABASTER	State AL	ZIP Code 35007	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

JAN 2012

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	1392.60 1392.60
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	00	
2b	Non-itemized cash contributions	2b	00	
2c	Total cash contributions (add lines 2a and 2b)	2c	00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	00	
3b	Non-itemized in-kind contributions	3b	00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	00	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	00	
4b	Non-itemized Receipts from Other Sources	4b	00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	556.28	
5b	Non-itemized expenditures	5b	00	
5c	Total expenditures (add lines 5a and 5b)	5c	556.28	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	836.32	

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.

Daniel M. Acker
Signature of Candidate or Elected Official

1-25-12
Date

Sworn to and subscribed before me this **26th** day of **January** of the year **2012**. My commission expires the **6th** day of **March** of the year **2013**.

Cindy Glass
Signature of Notary Public

Cindy Glass
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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.

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		
N.A.								
TOTAL CASH CONTRIBUTIONS THIS PAGE								

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
N.A.																	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	



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20120130000033080 3/5 \$.00
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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient 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	OTHER GIVE BRIEF EXPLANATION		
SC, Republican	1920 VALLEYDALE RD. Suite 154 Hoover, AL 35244	✓										Registration Nov. For Election 2011	556.28
TOTAL EXPENDITURES THIS PAGE												\$ 556.28	

20120130000033080 5/5 \$.00
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