



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

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JAN 30 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

|                                                                                                                  |                    |                                                         |                                       |
|------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><u>Peggy J. Hill</u>                                                    |                    | Political Party/Ballot Affiliation<br><u>Republican</u> |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><u>Shelby County - Board Member</u> |                    |                                                         |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><u>205 Thompson Street</u>                |                    |                                                         |                                       |
| City<br><u>Columbiana AL</u>                                                                                     | State<br><u>AL</u> | ZIP Code<br><u>35051</u>                                | Telephone Number<br><u>[REDACTED]</u> |

Calendar Year  
covered by this report.2011

- ☐ Amended Annual Report  
☐ Termination Report

Total Pages in Report  
Include this page in  
your count.

## 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>0</u> |
| <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 |   | <u>0</u> |
| <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                                 | Total itemized receipts from other sources (total from Form 4)   | 4a |   |          |
| 4b                                 | Total non-itemized receipts from other sources                   | 4b |   |          |
| 4c                                 | Total itemized receipts from other sources (add lines 4a and 4b) | 4c |   | <u>0</u> |
| <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  |   | <u>0</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>0</u> |
| 8  | Total cash contributions for year                            | 8  |          |
| 9  | Total in-kind contributions for year                         | 9  |          |
| 10 | Total receipts from other sources for year                   | 10 |          |
| 11 | Total expenditures for year                                  | 11 |          |
| 12 | Ending balance (add lines 7, 8, & 10, then subtract line 11) | 12 | <u>0</u> |
| 13 | Total campaign debt (total debt owed as of December 31)      | 13 | <u>0</u> |

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.

Sworn to and subscribed before me this 26 day of January of the year 2012. My commission expires the 22 day of Feb. of the year 2012.

Sharon A. Lee  
Signature of Notary Public

Sharon A. Lee  
Print Notary's Name

Signature of Candidate or Elected Official

Date



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Shelby Cnty Judge of Probate, AL  
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## 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<br>(INCLUDE FULL NAME)    | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          | SOURCE<br>(CHECK ONE) |     |       |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|---------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|-----------------------|-----|-------|--|---------------------------------------------------|------------------------------|
|                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual            | PAC | Other |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
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|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
| TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |

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## 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<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|--------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
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|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 | TOTAL EXPENDITURES THIS PAGE          |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |

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