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James W. Fuhrmeister
Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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Shelby Cnty Judge of Probate, AL
02/03/2012 03:42:39 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Tommy Edwards</u>		Political Party/Ballot Affiliation <u>Republican</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Shelby County Commission District 2</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>568 Southern Hills Dr.</u>			
City <u>Calera</u>	State <u>Al</u>	ZIP Code <u>35040</u>	Telephone Number <u>[REDACTED]</u>

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.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	<u>1086.60</u>
Cash Contributions			
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	
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	
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>1086.60</u>

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.

Signature of Candidate or Elected Official Date 2/3/12

Sworn to and subscribed before me this 3rd day of February of the year 2012 My commission expires the 6th day of March of the year 2013

Signature of Notary Public
Cindy Glass
 Print Notary's Name