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

RECEIVED
FEB 3 2012
James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type. Name of Candidate or Elected Official Type of Report (check one) Political Party/Ballot Affiliation **Amended Monthly** Monthly Office Sought or Held (include district or circuit number, if applicable) Amended Weekly Shulby County Commissioner, Distri For Monthly Reports Month in which the Address Check box if reporting new address report is filed. 3328 Culloden Way For Weekly Reports Date of Friday in the ZIP Code Telephone Number week in which the 35242 report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) 480.97 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) 350. 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 3 5,130.93 Candidates for State Office: File this report it that Office of the Secretary of State Candidates for County or Municipal Office: File to shepper a to the plage of Propose of the county in Amonthe office is sought. As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this day of of the year Life swear or affirm to the best of my knowledge and belief that the My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete the of the year day of statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Signature of Candidate or Elected Official Date

**Print Notary's Name** 

FORM REVISED 10.27.2011

FINANCE REPORT FOR CANDIDATE & ELEC R CAMPAIGN PRACTICES ACT - CAMPAIGN FAII ALABAMA

## Expenditures by candidate or elected official ATE OR ELECTED OFFICIAL:

DIDATE OR ELECTED OFFICIAL:



that recipient be itemized. hen total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to 3

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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	evitatainimbA gaisitievbA	Consultants/ Polling Charitable Contribution	Food	Prisienbnu <sup>-</sup>	Loan Repayment Lodging	Transportation	OTHER GNE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Jeff Letten	1361 Jewines Milled			· · · · · · · · · · · · · · · · · · ·				Desphot Weste	1-31-12	\$ 350°
	Bogard, GAO 36623)			······································						
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