FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

FEB 03 2012

James W. Fuhrmeister Judge of Probate

201202030000 Challey Coty	042950	1/4 \$.00 of Probate, AL	
Please Print in lnk or Type. 02/03/2012	04 : 09 : 1	06 PM FILED/CERT	•
Name of Candidate or Elected Official Political Party	/Ballot Af	<u></u>	
Tem Mitche [Ron	61.e.	Month	<u> </u>
Office Sought or Held (include district or circuit number, if applicable)	~	Weekly	y Amended Weekly
1 Nobarto Judge & Shelly C	rcr.	For Monthly Rep Month in which th	' I
Address Check box if reporting new aggress		report is filed.	
16 First St. 5 Az 35007		For Weekly Report Date of Friday in	i i
City State ZIP Code Telephone Nu	ımber	week in which the	i !
Alaborter, Az 35007		report is filed. Total Number of	
		Pages in Report	j j
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filing)			1
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)		2	C
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)		4	C
Expenditures			
5a Itemized expenditures (total from Form 5)	5a	8988	
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5	
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6 8-981 9
Candidates for State Office: File this report with the Office of the Se	ecretar	y of State.	
Candidates for County or Municipal Office: File this report with the	e Judg	e of Probate of the county	in which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby Swo	om to a	nd subscribed before me th	is 322 day of
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	31		
statement of all contributions expenditures, and other required		MY COMMISSION EXP	of the year 2014.
information during the applicable period of time.	Jsh	tu 1.18	
2-3-257 7 Sign	ature of	Notary Public	

Date

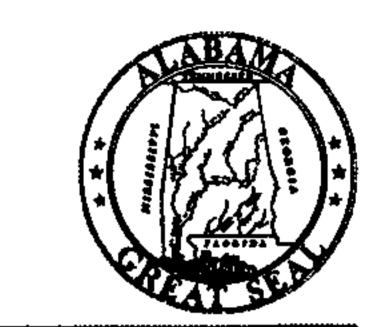
Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Tem Mitchell

FORM REVISED 9.2.2011



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) PERSON/GROUP/BUSINESS ADDRESS **AMOUNT** DATE OF OTHER (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **GIVE** (mo./day/yr.) EXPENDITURE (INCLUDE FULL NAME) **BRIEF EXPLANATION**

TOTAL EXPENDITURES THIS PAGE

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

recei	ved by candidate or elected official	
<u> </u>	Mtche 11	

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)			NATURE OF CONTRIBUTION SO (CHECK ONE) (CHE												
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Administrative Advertising Consultants/ Polling				Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
														`	
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FORM REVISED 9.2.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

BA

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		FORM	/I EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEI (CH	PT S ECK (DATE	AMOUNT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending	PAC	Individual	Business	ther	RECEIVED (mo./day/yr.)	OF
												H201931-010-0-FR001-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
												,
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FORM REVISED 9.2.2011

