



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

FEB 24 2012

James W. Fuhrmeister
Judge of Probate

20120227000068700 1/5 \$.00
Shelby Cnty Judge of Probate, AL
02/27/2012 01:57:48 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official EARL CAESAR CUNNINGHAM		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) COUNTY COMMISSIONER-DISTRICT 2			
Address ☐ Check box if reporting new address P.O. BOX 664			
City MONTVALLO	State AL	ZIP Code 35115	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor 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

FEB 24 2012

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$191.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	\$50.85	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$50.85	
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	\$241.85	

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.

Earl Cunningham 12-24-12
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **24th** day of **February** of the year **2012**. My commission expires the **10th** day of **March** of the year **2015**.

Kimberly Melton
Signature of Notary Public

Kimberly Melton
Print Notary's Name

EARL CAESAR CUNNINGHAM

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.



20120227000068700 3/5 \$.00
Shelby Cnty Judge of Probate, AL
02/27/2012 01:57:48 PM FILED/CERT



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

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 OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSENG OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
						TOTAL RECEIPTS THIS PAGE						

FORM REVISED 9.2.2011

EARL CAESAR CUNNINGHAM

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		
		TOTAL EXPENDITURES THIS PAGE											

FORM REVISED 9.2.2011