



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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MAR - 1 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Timothy L. Mitchell</u>		Political Party/Ballot Affiliation <u>Republican</u>	
Office Sought or Held (Include district or circuit number, if applicable) <u>Probate Judge</u>			
Address ☐ Check box if reporting new address <u>116 First St. South</u>			
City <u>Alabaster</u>	State <u>AL</u>	ZIP Code <u>35007</u>	Telephone Number <u>[REDACTED]</u>

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 Report2.3.20125

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	<u>8988⁰⁰</u>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>8988⁰⁰</u>	
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	<u>8988⁰⁰</u>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<u>8988⁰⁰</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<u>- 0 -</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

 Sworn to and subscribed before me this 29th day of
February of the year 2012. My commission expires
 the 26th day of MAY of the year 2014.

Signature of Notary Public

CHARLES DAVID SALMON
 Print Notary's Name

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



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: TIMOTHY L. MITCHELL

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST in-kind contributions or bans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TIMOTHY L. MITCHELL	116 FIRST STREET SOUTH ALABASTER AL 35007		X				1/30/12	8988 ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								8988 ⁰⁰

NAME OF CANDIDATE OR ELECTED OFFICIAL:

[illegible]

FORM REVISED 9.2.2011



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NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

NAME OF CANDIDATE OR ELECTED OFFICIAL: TIMOTHY L MITCHELL

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
VALPAK OF AL	2820 COLUMBIANA RD STE 210 BIRMINGHAM, AL 35216		X									2/3/12	750 ⁰⁰
MASTER IMAGE	P.O Box 59056 BIRMINGHAM, AL 35259 X											2/2/12	6000 ⁰⁰
23 DESIGNS	3280 HWY 31 CALERA, AL		X									1/31/12	1788 ⁰⁰
JOE SANDERS	P.O Box 59056 BIRMINGHAM, AL 35259		X									1/31/12	450 ⁰⁰
TOTAL EXPENDITURES THIS PAGE												8988 ⁰⁰	

FORM REVISED 8.2.2011

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