

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

## RECEIVED

MAR **09** 2012

James W. Fuhrmeister Judge of Probate

|  |   | Please Print in In | k or Type.                             |                                       |   |                                       |                | _                      |   |
|--|---|--------------------|--|---------------------------------------|---|---------------------------------------|----------------|------------------------|---|
| Name of Candidate or Elected Official  Political Party/B |   |                    |  |                                       |   | Type of Repo                          | •              | •                      | <b>h</b> ha                             |
| RI(  | CK SHEPHERD   |                    |  | REPUBLIC                              | CAN   |                                       | nthiy<br>alaba | Amended Monti          |   |
|  | ce Sought or Held (include district o                       | ·                  | • •                                    |                                       |   | ✓ We                                  | -              | Amended Week           | ч                                       |
|  | Iress Check box if reporting ne                             |                    |  |                                       |   | For Monthly I<br>Month in which       | •              |                        |   |
|  | B GREYSTONE GLEN C  |                    |  |                                       |   | report is filed.                      |                |                        | <del></del>                             |
| City   |   | State              | ZIP Code                               | Tolophone Mu                          |   | For Weekly R Date of Friday           | -              | 2/0/2012               |   |
| •  | OVER  | AL                 | 35242                                  | Telephone Nu                          |   | week in which report is filed.        | the            | 3/9/2012               |   |
|  |   |                    | <b>-</b>                               |                                       |   | Total Number<br>Pages in Rep          |                | 2                      |   |
| S  | ummary of activity si                                       | nce last file      | d report                               |                                       | ,   |                                       |                |                        |   |
| 1  | Beginning balance (en                                       | ding balance       | from previo                            | us filing)                            |   |                                       | 1              | \$14                   | 1.44                                    |
|  | Cash Contributions  |                    |  |                                       |   |                                       |                |                        |   |
| 2a   | Itemized cash contribu                                      | tions (total fro   | m Form 2)                              |                                       | 2a  | \$0.00                                |                |                        |   |
| 2b   | Non-itemized cash con                                       | itributions        |  |                                       | 2b  | \$0.00                                |                |                        |   |
| 2c   | Total cash contributions                                    | s (add lines 2     | a and 2b)                              | · · · · · · · · · · · · · · · · · · · |   |                                       | 2c             | \$0                    | 0.00                                    |
|  | In-Kind Contributions                                       |                    |  |                                       |   |                                       | <u> </u>       |                        | • |
| 3a   | Itemized in-kind contrib                                    | outions (total     | from Form 3                            | 3)                                    | 3a  | \$0.00                                |                |                        |   |
| 3b   | Non-itemized in-kind co                                     | ontributions       |  |                                       | 3b  | \$0.00                                |                |                        |   |
| 3c   | Total in-kind contribution                                  | ons (add lines     | 3a and 3b)                             |                                       | 3c  | \$0.00                                | ┪              |                        |   |
|  | Receipts from Other S                                       | ources             | ······································ |                                       |   |                                       | _)             |                        |   |
| 4a   | Itemized Receipts from                                      | Other Sourc        | es (total fror                         | n Form 4)                             | 4a  | \$0.00                                |                |                        |   |
| 4b   | Non-itemized Receipts                                       | from Other S       | ources                                 |                                       | 4b  | \$0.00                                | 1              |                        |   |
| 4c   | Total receipts from other                                   | er sources (a      | dd lines 4a                            | and 4b)                               |   |                                       | 4c             | <b>\$</b> C            | 0.00                                    |
|  | Expenditures  |                    |  |                                       |   |                                       | <u> </u>       | •                      |   |
| 5a   | Itemized expenditures                                       | (total from Fo     | rm 5)                                  |                                       | 5a  | \$8.00                                | 7              |                        |   |
| 5b   | Non-itemized expendite                                      | ures               |  |                                       | 5b  | \$0.00                                | 1              |                        |   |
| 5c   | Total expenditures (add                                     | d lines 5a and     | 5b)                                    |                                       |   | · · · · · · · · · · · · · · · · · · · | 5c             | \$8                    | 3.00                                    |
| 6  | Ending balance (add line                                    | es 1, 2c, & 4c     | then subtra                            | act line 5c)                          |   |                                       | 6              | \$6                    | 5.44                                    |
| Ca   | ndidates for State Office:                                  | File this renor    | t with the Offi                        | ce of the Se                          | cretary of Stat                               | t C                                   |                |                        |   |
|  | ndidates for County or Mi                                   | ·                  |  |                                       | ,   |                                       | tv in wh       | nich the office is sou | ıaht                                    |
|  | equired by the Alabama Fair (                               |                    |  |                                       |   | cribed before me                      |                | In day of              |   |
| swe  | ar or affirm to the best of m                               | y knowledge ar     | nd belief that                         | the A                                 |   | he year                               |                |                        |   |
|  | ched report(s) and the info<br>and correct and that this in |                    |  | oto ,                                 | och   | / /\\                                 | _              | My commission exp      | oires                                   |
|  | ement of all contributions, e                               |                    | •                                      | ₹1 <b>₹</b> 1,7                       | <u>Q                                     </u> | of                                    | of the         | e year <u>3013</u>     | <u> </u>                                |
| nfor   | mation during the applicable                                | e period of time   |  | l                                     | 11/   | HILM                                  |                |                        | 1                                       |
|  | 16k 51/   |                    | Mar 9, 201                             | 2 Signa                               | ature of Notary Pu                            | ublic                                 |                |                        |   |
| Sign   | ature of Candidate or Elected Of                            | ficial             | Date                                   | -<br>!                                | \J  |                                       | <b>7</b> 1     |                        | 1                                       |
|  |   |                    |  |                                       | ICE   | 4511 T. A                             | INST           |                        |   |

Print Notary's Name

ELEC త I FINANCE REPORT FOR CANDIDATE AIR CAMPAIGN PRACTICES ACT

## official te or elected Expenditures by candidat Ŋ

AME OF CANDIDATE OR ELECTED OFFICIAL. RICK SHEPHERD

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to

that recipient be

|   |   |                               |                      | PURP                               | OSE OF EXPENDIT<br>(CHECK ONE) | OF E              | KPEN<br>ONE) | DITIO          | LRE                                   |                                   |                             |
|---|---|-------------------------------|----------------------|------------------------------------|--------------------------------|-------------------|--------------|----------------|---------------------------------------|-----------------------------------|-----------------------------|
| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) | ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | Administrative<br>Pdvertising | Consultants/ Polling | Charitable<br>Contribution<br>Food | Fundraising                    | Repayment<br>Loan | Lodging      | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION | DATE OF EXPENDITURE (mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
| REGIONS BANK  | 5420 Hwy 280 Birmingham al 35242                                    | ×                             |                      |                                    |                                |                   | ·            |                | Bank Fees                             | Mar 8, 2012                       | \$8.00                      |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    | ·                              |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
|   |   |                               |                      |                                    |                                |                   |              |                |                                       |                                   |                             |
| FORM REVISED 10.27.2011   |   |                               |                      | <b>10</b>                          | AL                             | X                 |              |                | TURES THIS                            | PAGE                              | \$8.00                      |

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| 2012030900<br>Shalby Co   |   | <b> </b>                            | ( 18 18 18 18 18 18 18 18 18 18 18 18 18 |
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| Shelby Cnt                | y Judge o                               | f Probat                            | e. Oi                                    |
| 03/09/2012                | 03 - 49 - 01                            | DM ETIC                             | D (AEDE                                  |
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