



# Candidate & Elected Official

## Campaign Finance Report

### SUMMARY FORM 1

**RECEIVED**
**APR 3 2012**

 James W. Fuhrmeister  
 Judge of Probate

Please Print in Ink or Type.

|                                                                                                                              |                    |                                                         |                                       |
|------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Jim Fuhrmeister</b>                                                              |                    | Political Party/Ballot Affiliation<br><b>Republican</b> |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Judge of Probate, Shelby County, Alabama</b> |                    |                                                         |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>5561 Afton Drive</b>                               |                    |                                                         |                                       |
| City<br><b>Birmingham, AL</b>                                                                                                | State<br><b>AL</b> | ZIP Code<br><b>35242</b>                                | Telephone Number<br><b>[REDACTED]</b> |

**Type of Report (check one)**

- ☒ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

**For Monthly Reports**  
 Month in which the report is filed.

**March, 2012**
**For Weekly Reports**  
 Date of Friday in the week in which the report is filed.

**Total Number of Pages in Report**
**5**
**Summary of activity since last filed report**

|                                    |                                                               |    |         |         |
|------------------------------------|---------------------------------------------------------------|----|---------|---------|
| 1                                  | Beginning balance (ending balance from previous filing)       |    | 1       | 5057.42 |
| <b>Cash Contributions</b>          |                                                               |    |         |         |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | 3300.00 |         |
| 2b                                 | Non-itemized cash contributions                               | 2b | 0.00    |         |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | 3300.00 |         |
| <b>In-Kind Contributions</b>       |                                                               |    |         |         |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | 0.00    |         |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | 0.00    |         |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | 0.00    |         |
| <b>Receipts from Other Sources</b> |                                                               |    |         |         |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | 0.00    |         |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | 0.00    |         |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | 0.00    |         |
| <b>Expenditures</b>                |                                                               |    |         |         |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | 1729.26 |         |
| 5b                                 | Non-itemized expenditures                                     | 5b | 0.00    |         |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | 1729.26 |         |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | 6628.16 |         |

**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 3rd day of April of the year 2012. My commission expires the 10th day of February of the year 2014.

Signature of Notary Public

Print Notary's Name







**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 loans on this form. Use Forms 2 and 4 for those listings.**

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |                                                   |                              |
| N/A                                |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |             |                         |           |      |      |                |       |                          |            |     |       | 0.00                                              |                              |

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FORM REVISED 10.27.2011





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

JIM FUHRMEISTER

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          |       | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |      |
|------------------------------------------|------------------------------------------------------------------------------|-----------------|------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|------------|----------|-------|--------------------------------|-------------------|------|
|                                          |                                                                              | Interest        | Loan | Other |                                                                                                                                                                   | Lending Institution        | PAC | Individual | Business | Other |                                |                   |      |
| N/A                                      |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                   |                            |     |            |          |       |                                |                   |      |
| FORM REVISED 10.27.2011                  |                                                                              |                 |      |       | TOTAL RECEIPTS THIS PAGE                                                                                                                                          |                            |     |            |          |       |                                |                   | 0.00 |





# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JIM FUHRMEISTER

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

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |                                       |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|-----------------------------------------|-----------------------------|---------------------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation |                                         |                             | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |
| Best Buy                                                              | Hwy. 280<br>Birmingham, AL 35242                                                | X                                     |             |                         |                            |      |             |                   |         |                |                                         | 3/16/12                     | 1634.99                               |
| Staples                                                               | 4614 Hwy 280<br>Birmingham, AL 35242                                            |                                       | X           |                         |                            |      |             |                   |         |                |                                         | 3/16/12                     | 28.32                                 |
| U.S. Postal Service                                                   | Columbiana, AL 35051                                                            |                                       | X           |                         |                            |      |             |                   |         |                |                                         | 3/19/12                     | 65.95                                 |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         | 1729.26                     |                                       |

FORM REVISED 10.27.2011



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 Shelby Cnty Judge of Probate, AL  
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