



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

MAY 02 2012

James W. Fuhrmeister
Judge of Probate20120504000157460 1/2 \$.00
Shelby Cnty Judge of Probate, AL
05/04/2012 02:58:47 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Tommy Edwards		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Shelby County Commission District 2			
Address <input type="checkbox"/> Check box if reporting new address 568 Southern Hills Dr			
City Calera	State AL	ZIP Code 35040	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports

Month in which the
report is filed.**April**

For Weekly Reports

Date of Friday in the
week in which the
report is filed.Total Number of
Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	719.09
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)	2c		
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	212.50	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	212.50	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	506.09	

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

5/2/12
(Date)

Sworn to and subscribed before me this **2nd** day of **May** of the year **2012** My commission expires the **6th** day of **March** of the year **2013**

Cindy Glass
Signature of Notary Public

Cindy Glass
Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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		
23 Designs	911 Haddington Dale Pl Bellaire 41 35124	✓										5/2/12	212.50
TOTAL EXPENDITURES THIS PAGE												212.50	