


FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

 20120531000192690 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
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EA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

RECEIVED

MAY 29 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

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

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

May, 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	6566.16
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	0.00
2b	Non-itemized cash contributions	2b	0.00
2c	Total cash contributions (add lines 2a and 2b)	2c	0.00
In-Kind Contributions			
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
Receipts from Other Sources			
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
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	25.60
5b	Non-itemized expenditures	5b	0.00
5c	Total expenditures (add lines 5a and 5b)	5c	25.60
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	6540.56

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
 5/29/12

 Sworn to and subscribed before me this 29th day of May of the year 2012. My commission expires the 10th day of February of the year 2014.

 Signature of Notary Public

 Print Notary's Name
 Tracy Billingsley



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JIM FUHRMEISTER

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 loans 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		
N/A								
TOTAL CASH CONTRIBUTIONS THIS PAGE								0.00

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FORM 3: In-Kind Contributions received by candidate or elected official

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.

[illegible]



FORM 4: Receipts from Other Sources

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) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
N/A													

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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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
OfficeMax	Hwy 280 Birmingham, AL 35242		X									5/10/12	25.60
TOTAL EXPENDITURES THIS PAGE													25.60

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FORM REVISED 10.27.2011