



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20120629000229940 1/5 \$.00
Shelby Cnty Judge of Probate, AL
06/29/2012 01:11:46 PM FILED/CERT

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JUN 19 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official David Miller		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR CITY OF LEEDS			
Address ☒ Check box if reporting new address P O Box 934			
City Leeds	State AL	ZIP Code 35094	Telephone Number

Date Covered by Report

☐ Amended Daily Report

Total Number of Pages in Report

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 000.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 1700.00	
2b	Non-itemized cash contributions	2b 0	
2c	Total cash contributions (add lines 2a and 2b)	2c 1700.00	
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a 0	
3b	Non-itemized in-kind contributions	3b 0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c 0	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a 0	
4b	Non-itemized Receipts from Other Sources	4b 0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c 0	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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 **David Miller** Date **6/15/12**

Sworn to and subscribed before me this **June** of the year **2012**
the **27th** day of **July** of the year **2012**

Signature of Notary Public **Rita L. Cooner**

Print Notary's Name **Rita L. Cooner**



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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		
David Miller	PO BOX 934 LEEDS AL 35094		✓				04/06/2012	200.00
David Miller	" "		✓				06/13/2012	1500.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								1700.00



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David Miller

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