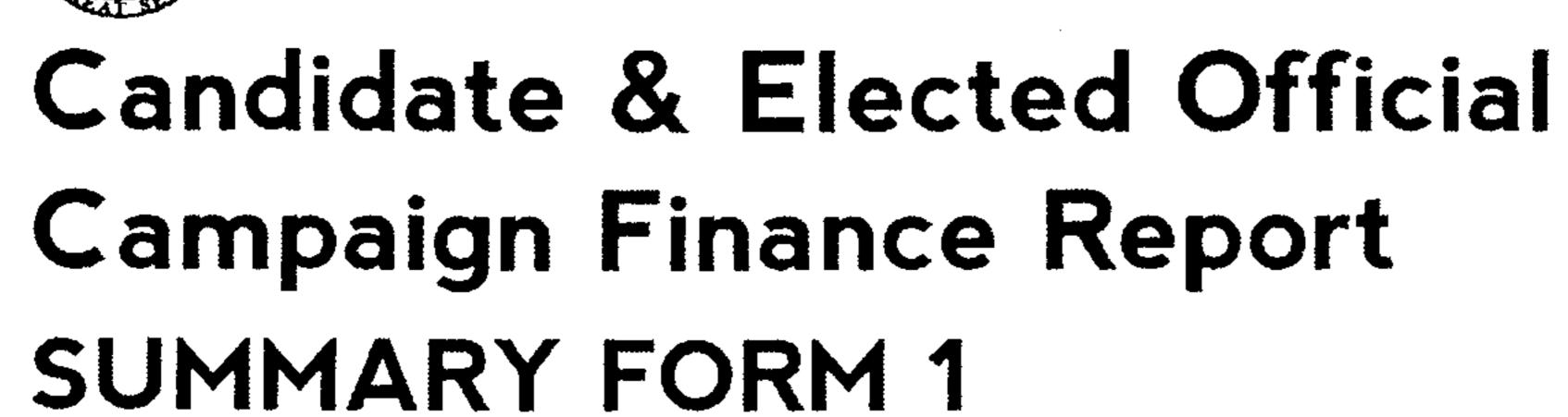
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James W. Fuhrmeister Judge of Probate

	Please Print in Ink or Type.			_			•	
Name	Name of Candidate or Elected Official Political Party/		Ballot Affilia	ition	ype of Rep	ort (check lonthly		ed Monthly
	ZAIL 1/10ell					•		ed Weekly
Office	Sought or Held (include district or circuit number, if applicable)				For Monthly	-		
Address Check box if reporting new address					Month in wh	ich the		
DnQ_{-}					eport is filed F or Weekly			······································
City State ZIP Code Telephone Num			nber		Date of Frida	ay in the	1 , "	7
(h) Kon A 20112		week in which the report is filed.				1/-/	1-/2	
				Total Number				
				F	Pages in Re	eport		
	mmary of activity since last filed report							
	Beginning balance (ending balance from previou	s filing)				. 1		
ļ	ash Contributions							
2a I	temized cash contributions (total from Form 2)		2a	······································	·····			
2b 1	Non-itemized cash contributions		2b					
2c T	otal cash contributions (add lines 2a and 2b)					- 2c		
ln	-Kind Contributions							
3a I	temized in-kind contributions (total from Form 3)		3a					
3b N	Non-itemized in-kind contributions		3b					
3c T	otal in-kind contributions (add lines 3a and 3b)		3c		,			
R	eceipts from Other Sources							
4a I	temized Receipts from Other Sources (total from	Form 4)	4a					
4b N	Non-itemized Receipts from Other Sources		4b					
4c 7	Total receipts from other sources (add lines 4a a	nd 4b)				4c		
E	xpenditures							
5a II	temized expenditures (total from Form 5)		5a					
5b N	lon-itemized expenditures		5b					
5c T	otal expenditures (add lines 5a and 5b)					5c	0	
6 E	Ending balance (add lines 1, 2c, & 4c, then subtrac	ct line 5c)				6		
Cano	lidates for State Office: File this report with the Offic	e of the Se	cretary (of State.				
	lidates for County or Municipal Office: File this rep				of the col	unty in wh	nich the office	e is sought.
	uired by the Alabama Fair Campaign Practices Act, I herel							
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 the SONDED THRU NOTARY PUBLIC STATE OF AZABAMA AT LATERS OF AZABAMA AT L								
statement of all contributions, expenditures, and other required								
information during the applicable period of time.				Bul			Werz	
Signature of Notary Aublic								
Signature of Candidate or Elected Official bate Deck Landers								<u>L</u> S
FORM REVISED 10.27.2011				lame	· ,········	<u> </u>		