MONTHLY & WEEKLY



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JUL 17 2012

James W. Fuhrmeister Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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Shelby Cnty Judge of Probate, AL 07/19/2012 01:14:07 PM FILED/CERT Please Print in lnk or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Helena Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the **Telephone Number** ZIP Code week in which the report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. Sworn to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby day of swear or affirm to the best of my knowledge and belief that the of the year 2012 . My commission expires attached report(s) and the information contained herein are MY COMMISSION EXPIRES JULY 20, 2013 true and correct and that this information is a full and complete the statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of totary Public

Date

Print Notary's Name

Signature of Candidate or Elected Official

ELEC ∞ಶ REPORT FOR CANDIDATE ANCE - CAMPAIGN FIN AMPAIGN PRACTICES ACT FAIR ABAMA AL

official elected 9 candidate received Contributions 2



ATE OR ELECTED OFFICIAL: Q

CONTRIBUTI **AMOUNT** itemized (mo./day/yr.) PAGE <u>p</u> 2 SIH. <u>3</u> Retumed SOURCE CONTRIBUTION (CHECK ONE) that sou 4 for those listings CONTRIBUTIONS Other PAC from Individual When total contributions from a single source exceed \$100.00, the FCPA requires all contributions DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for P Corporation Business or CASH CITY, STATE, AND ZIP) TOTAL ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY STATE ILL NAME) CONTRIBUTOR (INCLUDE FULL NAM FORM REVISED 10.27.201

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