


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20120723000263320 1/5 \$ .00  
Shelby Cnty Judge of Probate, AL  
07/23/2012 01:18:56 PM FILED/CERT

**RECEIVED**
**JUL 20 2012**

 James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>DAVID LADEWIG</b>		Political Party/Ballot Affiliation <b>REP</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>PELHAM CITY COUNCIL PLACE 3</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>145 CEDAR COVE DR.</b>			
City <b>PELHAM</b>	State <b>AL</b>	ZIP Code <b>35124</b>	Telephone Number <b>[REDACTED]</b>

**Type of Report (check one)**

- ☐ Monthly      ☐ Amended Monthly  
☒ Weekly      ☐ Amended Weekly

**For Monthly Reports**

Month in which the report is filed.

**For Weekly Reports**

Date of Friday in the week in which the report is filed.

**7-20-2012**

Total Number of Pages in Report

**Summary of activity since last filed report**

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

**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]**  
Signature of Candidate or Elected Official

Date

Sworn to and subscribed before me this **20th** day of **July** of the year **2012**. My commission expires the **19th** day of **Oct** of the year **2014**.

**[Signature]**  
Signature of Notary Public  
**Paula Ann Sutton**  
Print Notary's Name

NOTARY  
PUBLIC



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** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

20120723000263320 2/5 \$.00  
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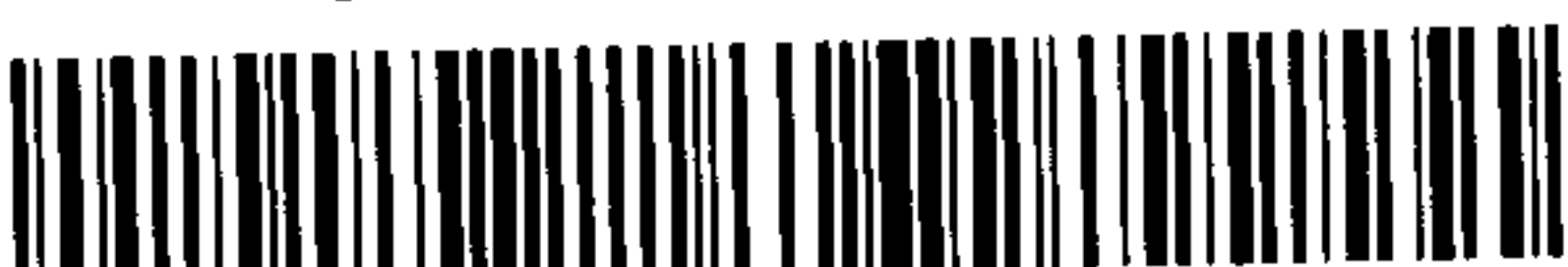
## NAME OF CANDIDATE OR ELECTED OFFICIAL:

**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM REVISED 10.27.2011

TOTAL RECEIPTS THIS PAGE



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**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)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

**DATE OF  
EXPENDITURE**  
(mo./day/yr.)

**AMOUNT  
OF  
EXPENDITURE**

**TOTAL EXPENDITURES THIS PAGE**

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