MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA



20120/23000263340 1/3 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2012 01:18:58 PM FILED/CERT OFFICIAL USE ONLY



JUL 20 2012 James W. Fuhrmeister Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

٠.	Please Print in Ink or Type.		Time of Bonort (shock)	ono)
		Ballot Affiliation	Type of Report (check of Monthly	Amended Monthly
	JAMES E Phillips (JM)		Weekly	Amended Weekly
Offi	ce Sought or Held (include district or circuit number, if applicable) Polyage Couve:		For Monthly Reports	
Add	Telan City Couve: Iress Check box if reporting new address		Month in which the report is filed.	
	1216 DAVID DRIVE	_	For Weekly Reports	<u></u>
City	JANA TO COMPANY TO COM	mber 285	Date of Friday in the week in which the	July 20, 2012
	Pelham AL 35724		report is filed.	July 1000
			Total Number of Pages in Report	3
S	ummary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1	Ø FIRST FOI
	Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 42	5-64	
2b	Non-itemized cash contributions	2b	i i i i i i i i i i i i i i i i i i i	
2c	Total cash contributions (add lines 2a and 2b)		2c	42500
<u></u>	In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
	Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)		4c	
	Expenditures			
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
	Total expenditures (add lines 5a and 5b)	and a paper of the second seco	5c	42500
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	0
	ndidates for State Office: File this report with the Office of the Se			
Cá	ndidates for County or Municipal Office: Elle this report with the			
\sr	equired by the Alabama Fair Campaign Practices Act, I hereby Swo	rn to and subscri	ibed before me this	
we atta	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	. ^/ \	$\frac{2012}{2}$	My commission expires year 20 14
rue	and correct and that this information is a full and complete the	JUNE day o	of the	year 20.17
	ement of all contributions, expenditures, and other required mation during the applicable period of time.			HATARY C
-,	() 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ation of Michael Burk	ic Why M	AL I
Sigr	ature of Candidate or Elected Official Date) A I I A	" Si. HM _	NBING

Print Notary's Name

ABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED

Contribut ions received by candidate 9

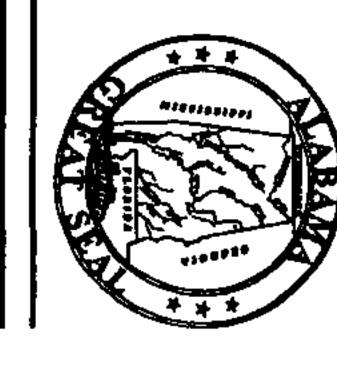
NAME OF CANDIDATE OR ELECTED When total contributions from a single source exceed \$100.00, the FCPA requires OFFICIAL AMES all contributions from that source

DO NOT LIST in-kind contributions or loans on this form.

Use Forms 3 and 4 for those listings.

to be

itemized.



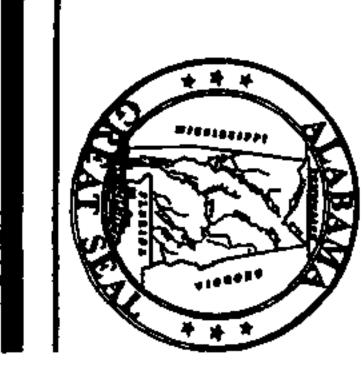
425.0	IIS PAGE	Ī		UTIO	ITRIB	TOTAL CASH CON	FORM REVISED 10.27.2011
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	general to				,		
	my Jack	_					
			_				
2 14.72 cm / Daves	1-20-12		Me			1216 DAVID DRIVE Pelhan, AC 35124	7 2. Car
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Business or Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BCX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	1	O _N	RCE RBUTI (ONE)	SOU!	OF CC		

20120723000263340 2/3 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2012 01:18:58 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED

Expenditures by candidate or elected

NAME OF CANDIDATE OR ELECTED OFFICIAL:



When total expenditures to a single recipient exceed \$100.00, the expenditures to that recipient be itemı zed.

405.00	PAGE	EXPENDITURES THIS F	ND	PE	E	Ĭ	T _C					FORM REVISED 10.27.2011
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0 3/3 \$												
					<u> </u>							
					<u> </u>							
# 125, oc	7.20,12				·····						524 WACKERB Bland	7
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Food Fundraising	Charitable Contribution	Consultants/ Polling Charitable	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	NDTU	XPEN (ONE)	HECK	POSE	PUR			 		

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