**REA FOR OFFICIAL USE ONLY** 

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

JUL 2 0 2012

PM FILED/CERT

E.O.D.

James W. Fuhrmeister Judge of Probate

OFFICE PROBATE COURT

JUL 18 20:2

ALAN L KING Judge of Probate

Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation **/**Monthly Amended Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Month in which the Address Theck box if reporting new address report is filed. For Weekly Reports Date of Friday in the ZIP Code Telephone Number 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 3b | Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) **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) 4C **Expenditures** Itemized expenditures (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) 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.

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

. 7	15	7
<i> </i>	-//	ーオク
		<b>-</b> (K)

Date

of the year

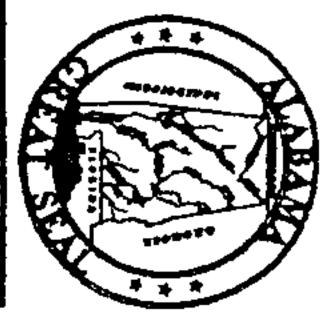
Sworn to and subscribed before me this 2012 My commission expires

Signature of Notary Public

Print Notary's Name

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Expend itures by candidate or elected of ficial 3



When total expenditures to a single recipient exceed \$100.00, the FC PA requires all expenditures to that recipient be i temized.

700	AGE	URES THIS P	(PENDIT	$\mathbf{Y}$	AL E	101					FORM REVISED 10.27.2011
5										OTERS TERS	MY COMMISSION EXPIRES: Aug 15, 2 BONDED THEU NOTARY PUBLIC UNDERWA
201207230 Shelby Cn											
00263740 ty Judge 2 01:39:2											
2/2 \$.00 of Proba											
ote, AL											
350 4 GD	7-17-12							7	<	8118 PARKWAY DR	SCOTT BOUNES
56.00								7	-	3509	LOWES HABBUARE,
4,00	7-12-2									8 118 PARKWAY DR	Scott Bowden Sisi
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Charitable Contribution Food	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	OF EXPENDITURE HECK ONE)	F EXP	OSE C	PURP					