



Political Action Committee

Campaign Finance Report

SUMMARY FORM 1A

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JUL 24 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) Alabaster Professional Fire Fighters Association Political Action Committee		Acronym for PAC APFAPAC	
Address (as appears on Statement of Organization) ☐ Check box if reporting new address P.O. Box 2303			
City Alabaster	State AL	ZIP Code 35007	Telephone Number (205) [REDACTED]

Calendar Year covered by this report.

2011☐ Amended Annual Report☐ Termination Report

Total Pages in Report Include this page in your count.

5**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

1	Beginning balance (ending balance from previous filing)		1	* 4,737.79
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	* 4,730.00	
2b	Non-itemized cash contributions	2b		
2c	Non-itemized employee payroll contributions	2c		
2d	Total cash contributions (add lines 2a, 2b and 2c)	2d	* 4,730.00	
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	Total itemized receipts from other sources (total from Form 4)	4a	* 22.95	
4b	Total non-itemized receipts from other sources	4b		
4c	Total itemized receipts from other sources (add lines 4a and 4b)	4c	* 22.95	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	0	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	* 9,490.74	

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	4,737.79
8	Total cash contributions for year	8	4,730.00
9	Total in-kind contributions for year	9	
10	Total receipts from other sources for year	10	22.95
11	Total expenditures for year	11	0
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	9,490.74
13	Total campaign debt (total debt owed as of December 31)	13	0

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.

Sworn to and subscribed before me this 24th day of July of the year 2012. My commission expires the 6th day of March of the year 2013.

Cindy Glass
Signature of Notary Public

Cindy Glass
Print Notary's Name

[Signature]
Signature of Chairperson or Treasurer of Political Committee

07-24-12
Date



FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Alabaster Professional Firefighters Association Political Action Committee

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Alabaster Professional Firefighters Association Alabaster Professional	P.O. Box 2303 Alabaster, AL 35007				X		04-19-11	\$ 1,720.00
Firefighters Association Alabaster Professional	P.O. Box 2303 Alabaster, AL 35007				X		06-13-11	\$ 1,290.00
Firefighters Association Alabaster Professional	P.O. Box 2303 Alabaster, AL 35007				X		09-26-11	\$ 1,720.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$ 4,730.00

FORM REVISED 9.2.2011



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NAME OF POLITICAL ACTION COMMITTEE:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
FORM REVISED 9.2.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															

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