Total Number of



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

RECEIVED

JUL 26 2012

James W. Fuhrmeister Judge of Probate

07/27/2012 01:13:14 PM FILED/CERT Please Print in Ink or Type. туре от керогt (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports ounc. Month in which the Check box if reporting new address Address report is filed. For Weekly Reports Date of Friday in the Telephone Number ZIP Code State City week in which the report is filed. oover

Shelby Cnty Judge of Probate, AL

		Pages in Report			
Sı	ummary of activity since last filed report			• •	
1	Beginning balance (ending balance from previous filing)			1	600.00
Cash Contributions					
2a	Itemized cash contributions (total from Form 2)	2a	200.00		
2b	Non-itemized cash contributions	2b	0		
2c	Total cash contributions (add lines 2a and 2b)			2c	200.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0		
3b	Non-itemized in-kind contributions	3b		rimaliki M. Vyoni. M. Veliy	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0		
Receipts from Other Sources					
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b	0		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	<u> </u>
Expenditures					
5a	Itemized expenditures (total from Form 5)	5a			
5b	Non-itemized expenditures	5b	0		
5c	Total expenditures (add lines 5a and 5b)			5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	800.00

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 \_\_\_\_\_ ? 4411\_ day of As required by the Alabama Fair Campaign Practices Act, I hereby of the year 20/2. My commission expires 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 the day of statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary/Public Signature of Candidate of Elected Official Date 19MMON Print Notary's Name FORM REVISED 9.2.2011

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

## officia elected Contributions received by candidate りると

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source to be itemized

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from

requires all contributions

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4 for

CONTRIBUTION AMOUNT CONTRIBUTION RECEIVED (mo./day/yr.) PAGE E S Returned CONTRIBUTION (CHECK ONE) CONTRIBUTIONS Ofher SOURCE PAC Individual PO Corporation Business or Use Forms 3 and CASH CITY, STATE, AND ZIP) TOTAL on this form. ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, A loans When total contributions from a single source exceed \$1 DO NOT LIST in-kind contributions or 673 Wighland Lakes CONTRIBUTOR (INCLUDE FULL NAME) .2011 9.2 FORM REVISED

> 20120727000271840 2/2 \$.00 Shelby Cnty Judge of Probate, AL 07/27/2012 01:13:14 PM FILED/CERT