

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

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James W. Fuhrmeister Judge of Probate

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Shelby Cnty Judge of Probate, AL 07/30/2012 09:10:18 AM FILED/CERT Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Amended Weekly √Weekly Office Sought or Held (include district or circuit number, if applicable) Address Check box if reporting new address For Monthly Reports Month in which the report is filed. 262 Church 56. For Weekly Reports Date of Friday in the ZIP Code Telephone Number Harsons)/e AL week in which the report is filed. **Total Number of** Pages in Report Summary of activity since last filed report 500.00 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) 2c **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) 4C **Expenditures** Itemized expenditures (total from Form 5) Non-itemized expenditures 629.22 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, Thereby
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	r Elected	Official	Date	

Sworn to and	d subscribed before me this	_day of
July	of the year <u>2012</u> . My commiss	sion expires
he 271	may of Generated of the year J	013
	Atribut 1	1
Signature of N	Notary Public	
	KRIST T. AMELL	1

Print Notary's Name

## AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECT

## or elected official Expenditures by candidate

ME OF CANDIDATE OR ELECTED OFFICIAL:

total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized When

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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDI RESS SH( P.O. BOX,	Administrative gnisinevbA	Consultants/ Polling	Charitable Contribution	poo∃	Fundraising 5	Repayment [	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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