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FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 27 2012

James W. Fuhrmeister

Please Print in Ink or Type.				adde of Liobals				
	Name of Candidate or Elected Official Revin Olen Braxton Brand Political Party/		t Affiliation	Type of Report (check of Monthly		Amend	one)	
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.		L	lea vveekiy	
City	169 Tangleweel Drive State ZIP Code Telephone Nu Alabaster A1, 35007	mber		For Weekly R Date of Friday week in which report is filed.	in the	/ /	27,2012	
				Total Number Pages in Rep				
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)	: : : 說:			1 ,	504.3	8	
	Cash Contributions							
2a	Itemized cash contributions (total from Form 2)	2a						
2b	Non-itemized cash contributions	2b	\$.25	00				
2c	Total cash contributions (add lines 2a and 2b)				2c	# 250		
	In-Kind Contributions					HOSO		
3a	Itemized in-kind contributions (total from Form 3)	3a	L					
\vdash	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	Ø)		7			
	Non-itemized Receipts from Other Sources	4b						
	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		/				
5c	Total expenditures (add lines 5a and 5b)	·			5c			
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	1529	. 38	
Car	ndidates for State Office: File this report with the Office of the Se	cret	ary of State			17		
	ndidates for County or Municipal Office: File this report with the				ty in wl	hich the offic	e is sought.	
swea attac true state infor	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete the ment of all contributions, expenditures, and other required matien during the applicable period of time.	W 2	g of the	bed before me year 232		. My commiss	•	

Print Notary's Name