FAIR CAMPAIGN PRACTICES ACT

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

RECEIVED JUL 30 2012

James W. Fuhrmeister Judge of Probate

Shelby Cnty Judge of Probate, AL

Please Print in Ink or Type.	08/01/2012 02:35:44 PM		.
	Political Party/Ballot Affiliation	Type of Report (check Monthly	one) Amended Monthly
Jason Cerniglia	Republican	Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)			
Hoover City Council		For Monthly Reports Month in which the	
Address Check box if reporting new address		report is filed.	
2153 Clearbrook Rd		For Weekly Reports Date of Friday in the	
City State ZIP Code AL 35226	Telephone Number	week in which the report is filed.	7-27-12
55766		Total Number of	
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous	us filing)	1	641.80
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a		
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)		2c	0.00
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 Itemized Receipts from Other Sources (total from	n Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a	and 4b)	4c	0.00
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5c	0.00
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)	6	641.80
Candidates for State Office: File this report with the Offi	ice of the Secretary of Sta	ate.	
Candidates for County or Municipal Office: File this re			hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I here swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein true and correct and that this information is a full and complestatement of all contributions, expenditures, and other requirements of all contributions of time.	the are lete the 154 da ired Signature of Notary F	y of March of the Starry Public	. My commission expires
Signature of Candidate or Elected Official Date	1 JANIC.	e.K. Stact	

Print Notary's Name