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AUG 02 2012

James W. Fuhrmeister Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.					
Name of Candidate or Elected Official Political F		Ballot	Affiliation Type of Repor	•	
GEORGE MERCE		· · · · · · · · · · · · · · · · · · ·	Mon Wee	•	Amended Monthly
Office Sought of Held (include district or circuit number, if applicable)				•	Amended Weekly
Address Check box if reporting new address			For Monthly R Month in which	-	
			report is filed.	.	
City State ZIP Code Telephone Number			For Weekly Re Date of Friday	-	2-2-12
VOSTAVIA HII/E A/ 2501			week in which report is filed.	the	
		Total Number	of		
			Pages in Repo	ort	ONE
Summary of activity since last filed repo		\$000.00.00			
1 Beginning balance (ending balance from p	revious filing)			1	-41,50
Cash Contributions	 				
2a Itemized cash contributions (total from For	m 2)	2a	0		
2b Non-itemized cash contributions	· · · · · · · · · · · · · · · · · · ·	2b	0		
2c Total cash contributions (add lines 2a and	2b)			2c	0
In-Kind Contributions					
3a Itemized in-kind contributions (total from F	orm 3)	3a	0		
3b Non-itemized in-kind contributions		3b	0		
3c Total in-kind contributions (add lines 3a and 3b)		3с	0		
Receipts from Other Sources		**************************************			
4a Itemized Receipts from Other Sources (total from Form		4a	0		
4b Non-itemized Receipts from Other Sources	S	4b	0		
4c Total receipts from other sources (add line	s 4a and 4b)			4c	0
Expenditures					
5a Itemized expenditures (total from Form 5)		5a	0		
5b Non-itemized expenditures		5b	0		
5c Total expenditures (add lines 5a and 5b)				5c	0 41
6 Ending balance (add lines 1, 2c, & 4c, then s	subtract line 5c)			6	8-1,50
Candidates for State Office: File this report with the	ne Office of the Se	ecreta	ary of State.	· · · · ·	
Candidates for County or Municipal Office: File to	this report with the	e Jud	ge of Probate of the count	y in wl	nich the office is sought.
As required by the Alabama Fair Campaign Practices Act	t, I hereby Swo	rn to	and subscribed before me	this	day of
swear or affirm to the best of my knowledge and belief that the			of the year		My commission expires
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		, ,	day of	UI (N	e year
information during the applicable period of time.	2-2-1				1
			of Notary Public	····································	
Signature of Candidate or Elected Official Date	le 				!

Print Notary's Name