



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 06 2012

James W. Fuhrmeister
Judge of Probate



20120806000286280 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/06/2012 12:46:27 PM FILED/CERT

Please Print in Ink or Typ

Name of Candidate or Elected Official David Miller		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR OF LEEDS			
Address ☐ Check box if reporting new address PO BOX 934			
City Leeds	State AL	ZIP Code 35094	Telephone Number [REDACTED]

Date Covered by Report

7/13/12

☒ Amended Daily Report

weekly

Total Number of Pages
in Report

[REDACTED]

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	332.69
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	200.00
2b	Non-itemized cash contributions	2b	
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	Smithland car
3b	Non-itemized in-kind contributions	3b	
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	0
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	0
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	532.69

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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, I hereby 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 or Elected Official **[Signature]** Date **8/2/12**

Sworn to and subscribed before me this **3rd** day of **August** of the year **2012**. My commission expires the **27th** day of **November** of the year **2014**.

Signature of Notary Public **[Signature]**
Print Notary's Name **Rita L. Cooney**



FORM 2: Contributions received by candidate or elected official

Amended for
7/13/12

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Harold + Robbie West	Forest Drive Leeds AL 35094		✓				7/10/12	100.00
CHAD ANDERSON	7015 RONA RD Leeds AL 35094		✓				7/12/12	100.00
PROMONUDY REPORTED 7/31 AMENDED REPORT TO COMPLY WITH WEEKLY REPORTING RQMT.								200.00

Answered for

7/13/2



FORM 4: Receipts from Other Sources¹ loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

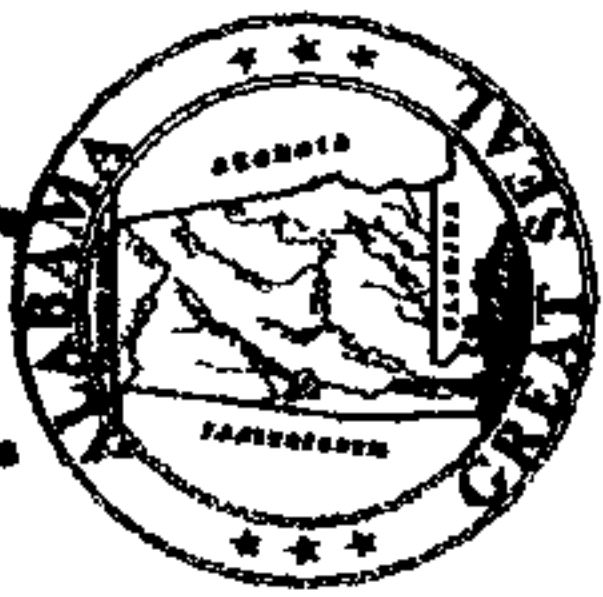
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
TOTAL RECEIPTS THIS PAGE											0	

FORM REVISED 9.2.2011



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7/13/12



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & E

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
		TOTAL EXPENDITURES THIS PAGE										0	

FORM REVISED 9.2.2011

