



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

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

RECEIVED

THIS AREA FOR OFFICIAL USE ONLY

AUG 06 2012

James W. Fuhrmeister
Judge of Probate

*SUBMITTED TO AMEND
7/6/12 TO COMPLY WITH
WEEKLY REPORTING
REQUIREMENT BEGINNING
7/6*

Date Covered by Report

1

7/6/12

☒ Amended Daily Report

WEEKLY

Total Number of Pages
in Report

5

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	-
2b	Non-itemized cash contributions	2b	-
2c	Total cash contributions (add lines 2a and 2b)	2c	.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	GOLF CART LEASE
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	750.00
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	750.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	750.00
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	750.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	332.69

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James W. Fuhrmeister
Judge of Probate

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

Date

8/2/12

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

Signature of Notary Public

Rita L Cooner
Print Notary's Name



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 2: Contributions received by candidate or elected official

Revised for
7/6/12 Report

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		
Answers to comply with weekly reporting requirement from 7/6/12 TOTAL CASH CONTRIBUTIONS THIS PAGE								- 0 -

201208060000286290 2/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/06/2012 12:46:28 PM FILED/CERT

FORM REVISED 9.2.2011

FORM 3: In-Kind Contributions received by candidate or elected official

David Miller

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

ADDRESS

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

NATURE OF CONTRIBUTION
(CHECK ONE)

SOURCE
(CHECK ONE)

Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other
----------------	-------------	-------------------------	-----------	------	------	----------------	-------	--------------------------	------------	-----	-------

**DATE
CONTRIBUTION
RECEIVED**
(mo./day/yr.)

**AMOUNT
OF
CONTRIBUTION**

SOUTH AND GOLF
CARTS

100 JANE ST
VINCENT AL 35128

7/5/12

6-
Lear of

20120806000286290 3/5 \$.00
Shelby Cnty Judge of Probate, AL
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Amended to comply with weekly reporting

FORM REVISED 9.2.2011



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

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 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			
David Miller	P.O. Box 934 Leeds, NC		☒		David Miller P.O. Box 934 Leeds, NC 27504				☒			7/2/12	750.00
Amounts before this date reported on 7/31 Report Amended to comply with weekly					TOTAL RECEIPTS THIS PAGE						750.00		

FORM REVISED 9.2.2011

Amounts before this date reported on 731 Report
Total receipts this page
Amounts to compare with weekly

Reporting Requirements starting 7/6/12

20120806000286290 4/5 \$.00
Shelby Cnty Judge of Probate, AL
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FORM 5: Expenditures by 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
Litmanth Companies	PO Box 96030 Baton Rouge LA 70896		✓									7/2/12	750.00
Report Approved to comply with weekly Reporting		TOTAL EXPENDITURES THIS PAGE											

20120806000286290 5/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/06/2012 12:46:28 PM FILED/CERT

FORM REVISED 9.2.2011

FORM REVISED 9.2.2011

Report Attached to comply
with weekly Reporting

RMNT. GRADUATE ARCADE
STARTED ON 7/31/2021

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Shelby Cnty Judge of Probate, AL
08/06/2012 12:46:28 PM FILED/CERT