FORM REVISED 10.27.2011

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

THIS AREA FOR OFFICIAL USE ONLY

08/06/2012 0 Please Print in Ink or Type.	1:49:57 PM FIL	ED/CERT	
Name of Candidate or Elected Official Political Party/E	Ballot Affiliation	Type or Report (check	
JAMES E PHILLIPS (Jim)	<u></u>	Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)		Weekly	Amended Weekly
J'Eldon City Comac	<u> </u>	For Monthly Reports Month in which the	
Address Check box if reporting new address		report is filed.	<u> </u>
1216 DAUID DRILLE		For Weekly Reports Date of Friday in the	D. M. C. 1 289
City State ZIP Code Telephone Nur	ا کرن ح	week in which the	Hugust
121hm Ai 35124		report is filed. Total Number of	20,2
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filing)		1	Z0.00
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	
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	<u> </u>	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4)	4a	•	
4b Non-itemized Receipts from Other Sources	4b		
4c 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	3
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	412000
Candidates for State Office: File this report with the Office of the Sa	ecretary of State		
Candidates for County or Municipal Office: File this report with the			nich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby Syc	rn to and subsc	ribed before me this ≤	day of
swear or affirm to the best of my knowledge and belief that the \mathcal{K}			. My commission expires
attached report(s) and the information contained herein are true and correct and that this information is a full and complete the	()MY)	of Octow of the	2014
statement of all contributions, expenditures, and other required	_	_	.444***********
information during the applicable period of time.	Tollul	ullune	Me W
	ature of Notary Put	tic .	
Signature of Candidate or Elected Official Date	Mula	Inn Outh	977

Print Notary's Name