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AUG 08 2012

James W. Fuhrmeister
Judge of Probate

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James W. Fuhrmeister
Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20120806000287700 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/06/2012 03:21:38 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Robert S. Elliott		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Vestavia Hills City Council Place 4			
Address ☐ Check box if reporting new address P.O. Box 43273			
City Vestavia Hills, AL	State AL	ZIP Code 35243	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

For Weekly Reports

Date of Friday in the week in which the report is filed.

8/3/2012

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$2,283.52
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$1,550.00	
2b	Non-itemized cash contributions	2b	\$198.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1,748.00	
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 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	\$286.65	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$286.65	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$3,744.87	

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

Candidates for County or Municipal Office: 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.

Robert S. Elliott
Signature of Candidate or Elected Official

8/3/2012
Date

Sworn to and subscribed before me this 3rd day of Aug. of the year 2012. My commission expires the 17th day of Dec. of the year 2014.

Deanna Leigh Buford
Signature of Notary Public

Deanna Leigh Buford
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

 NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert S. Elliott

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		
Andrew Pitts	1112 Edenton Street, Birmingham, AL 35242		X				7/27/2012	\$1,250.00
Gentry Estes	176 Spring Lake Drive, Athens, GA 30605		X				78/2/2012	\$150.00
Robert S. Elliott	4161 Riverview Cove, Vestavia Hills, AL 35243		X				7/27/2012	\$150.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$1,550.00

FORM REVISED 10.27.2011


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NAME OF CANDIDATE OR ELECTED OFFICIAL:	Robert S. Elliott
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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)											SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

FORM REVISED 10.27.2011



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NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert S. Elliott

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 GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.27.2011				TOTAL RECEIPTS THIS PAGE									

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