08/09/2012 01:57:36 PM FILED/CERT

A FOR OFFICIAL USE ONLY

#### RECEIVED

AUG 09 2017

James W. Fuhrmeister Judge of Probate

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.							
Nar	ne of Candidate or Elected Official	Political Party/B	allot A	Affiliation		port (check ( Monthly	one)  Amended Monthly
	secral. tacker (Tal)	· · · · · · · · · · · · · · · · · · ·	·		LJ	Veekly	Amended Weekly
Offi	ce Sought or Held (include district or circuit number, if applicable)				For Month	-	
Add	ress Check box if reporting new address				Month in w	nich the	
					report is file		[
SO/4 LONG Leat Lane  City, 1 State ZIP Code Telepho			her		For Weekly Date of Fric	_	
City	lelena AL 3,080 a	relephone rituin	1001		week in who	ed.	8/10/12
					Total Numl Pages in R		2
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous	s filing)			_	1	(443.067
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)		2a	1			
2b	Non-itemized cash contributions		2b	4	<del></del>		
2c	Total cash contributions (add lines 2a and 2b)					2c	4
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	)	3a	-0			
3b	Non-itemized in-kind contributions		3b	7			
3c	Total in-kind contributions (add lines 3a and 3b)		3c	4			
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from	Form 4)	4a	4	<b>)</b> —		
4b	Non-itemized Receipts from Other Sources		4b		<del></del>	:	
4c	Total receipts from other sources (add lines 4a au	nd 4b)				4c	-0
	Expenditures						
5a	Itemized expenditures (total from Form 5)		5a	<99	.597		
5b	Non-itemized expenditures		5b	-0	,		
5c	Total expenditures (add lines 5a and 5b)					5c	(99.597
6	Ending balance (add lines 1, 2c, & 4c, then subtract	ct line 5c)				6	542.65
Ca	ndidates for State Office: File this report with the Office	e of the Se	creta	ary of State			
Ca	ndidates for County or Municipal Office: File this repo	ort with the	Jud	ge of Proba	ate of the co	ounty in wh	ich the office is sought.
	equired by the Alabama Fair Campaign Practices Act, I hereb	•	n to		ibed before		<u>8</u> day of
	ear or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein a	405	of the	e year Zo	717	My commission expires	
true and correct and that this information is a full and complete th				day (	MOISSION E	XPIRES GLUM	29,2613
statement of all contributions, expenditures, and other required information during the applicable period of time.							
U	Windali 1					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Sia	nature of Candidate or Elected Official Date	Signa	ature	of Notary Pub	olic -3		
-· <b>ઝ</b> '		1	_ \/	タレ /	Louis		1

Print Notary's Name

# & ELE CANDIDATE FOR - CAMPAIGN FINANCE REPORT CAMPAIGN PRACTICES ACT ABAMA

### official elected Ö andidate þĝ received Contributions X



NME OF CANDIDATE OR ELECTED OFFICIAL:

CONTRIBUTION **AMOUNT** from that source to be itemized. PAGE THIS Returned CONTRIBUTION (CHECK ONE) listings. CONTRIBUTIONS Other SOURCE **DYC** thos **Isubivibul** requires all contributions ę OF Corporation 4 Business or 3 and Use Forms ASH ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) C on this form TOTAL the When total contributions from a single source exceed \$100.00, DO NOT LIST in-kind contributions or loans CONTRIBUTOR (INCLUDE FULL NAME) 10.27.20 FORM REVISED 20120809000293910 2/3 \$ 00

20120809000293910 2/3 \$.00 Shelby Cnty Judge of Probate, AL 08/09/2012 01:57:36 PM FILED/CERT

ಳ Ш REPORT NCE CAMPAIGN FIN AMPAIGN PRACTICES ACT FAIR ALABAMA

# offici ס 0 candidate Expenditures by

E OF CANDIDATE OR ELECTED OFFICIAL:

one Ti Parker (Tall)



EXPENDITURE that recipient be itemized (mo./day/yr.) **SIHL** FR GIVE BRIEF EXPLANAT OTH S 2 RE expenditures PURPOSE OF EXPENDITURE (CHECK ONE) ENDIT Transportation Lodging EXP Repayment rosu ਛ requires Pundraising | Food 5 Contribution Charitable **FCPA** Polling Consultants/ gnisih9vbA the Administrative total expenditures to a single recipient exceed \$100.00, a. ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZI PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) FORM REVISED 10.27.2011 When

Shelby Cnty Judge of Probate, AL

08/09/2012 01:57:36 PM FILED/CERT