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Shelby Cnty Judge of Probate, AL
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Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

James W. Fuhrmeister

Name of Candidate or Elected Official BRIAN L. SKELTON		Political Party/Ballot Affiliation Judge of Probate	
Office Sought or Held (include district or circuit number, if applicable) HOOVER CITY COUNCIL PLACE 6			
Address ☐ Check box if reporting new address 1005 HIGHLAND GATE COURT			
City HOOVER	State AL	ZIP Code 35244	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.Total Number of
Pages in Report**8-10-12****5**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	7000.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	1000.00
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	1000.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	0
3b	Non-itemized in-kind contributions	3b	0
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	0
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	0
5c	Total expenditures (add lines 5a and 5b)	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	8000.00

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.

Sworn to and subscribed before me this 7th day of August of the year 2012. My commission expires the 1st day of October of the year 2012.

Elaine B. Horton
Signature of Notary Public

ELAINE B. HORTON
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Brian L. Skelton

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		
FRANK BAREFIELD, JR. PAMELA D. BAREFIELD	1306 WAKEFIELD ROAD BHAM, AL 35242		✓				8-6-12	1000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								1000.00

