

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Shelby Cnty Judge of Probate, AL

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AUG 1 0 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.			
Name of Candidate or Elected Official LLS e Zemne 5	Political Party/Ballot Affiliation	Type of Report (check Monthly	one)
Office Sought or Held (include district or circuit number, if applicable)	1~J3	For Monthly Reports Month in which the report is filed.	Amended Weekly
City State ZIP Code AL 35114	Telephone Number	For Weekly Reports Date of Friday in the week in which the report is filed.	8-10-12
		Total Number of Pages in Report	
Summary of activity since last filed report	···		
1 Beginning balance (ending balance from previo	ous filing)	1 _	525.66
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	8
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3	3) 3a 5	5	
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 fro	m Form 4) 4a 🖎		
4b Non-itemized Receipts from Other Sources	4b 80	······································	
4c Total receipts from other sources (add lines 4a		4c	4
Expenditures		<u> </u>	
5a Itemized expenditures (total from Form 5)	5a &		
5b Non-itemized expenditures	5b &		
5c Total expenditures (add lines 5a and 5b)		5c	8
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)	6	-525.68
Candidates for State Office: File this report with the Off Candidates for County or Municipal Office: File this re	port with the Judge of Proba	te of the county in wh	
As required by the Alabama Fair Campaign Practices Act, I here swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein true and correct and that this information is a full and complete the statement of all contributions, expenditures, and other requirement of all contributions, expenditures, and other requirement of during the applicable period of time. Signature of Capelidate or Elected Official Date	the are day of the lete red	year 2012. of Octoor of the well with the second s	My commission expires year 2013
FORM REVISED 10.27.2001 20120810000295910 1/1 \$.00	Print Notary's Name	n T. Ander	