


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

20120813000297070 1/3 \$.00  
Shelby Cnty Judge of Probate, AL  
08/13/2012 08:40:37 AM FILED/CERT

MONTHLY &amp; WEEKLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 10 2012

James W. Fuhrmeister  
Judge of Probate

AUG 10 2012

Please Print in Ink or Type.

James W. Fuhrmeister  
Judge of Probate

|                                                                                                                 |                    |                                |                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>James E Phillips (Jr)</b>                                           |                    | Political Party or Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Pelham City Council Place 4</b> |                    |                                |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>1216 DAVID DRIVE</b>                  |                    |                                |                                       |
| City<br><b>Pelham</b>                                                                                           | State<br><b>AL</b> | ZIP Code<br><b>35124</b>       | Telephone Number<br><b>[REDACTED]</b> |

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.August 10th  
2012Total Number of  
Pages in Report

3

## Summary of activity since last filed report

|                                    |                                                               |    |            |
|------------------------------------|---------------------------------------------------------------|----|------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | 12000      |
| <b>Cash Contributions</b>          |                                                               |    |            |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | \$1,000.00 |
| 2b                                 | Non-itemized cash contributions                               | 2b |            |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c |            |
| <b>In-Kind Contributions</b>       |                                                               |    |            |
| 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 |            |
| <b>Receipts from Other Sources</b> |                                                               |    |            |
| 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 |            |
| <b>Expenditures</b>                |                                                               |    |            |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a |            |
| 5b                                 | Non-itemized expenditures                                     | 5b |            |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | 6.95       |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | 114.05     |

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

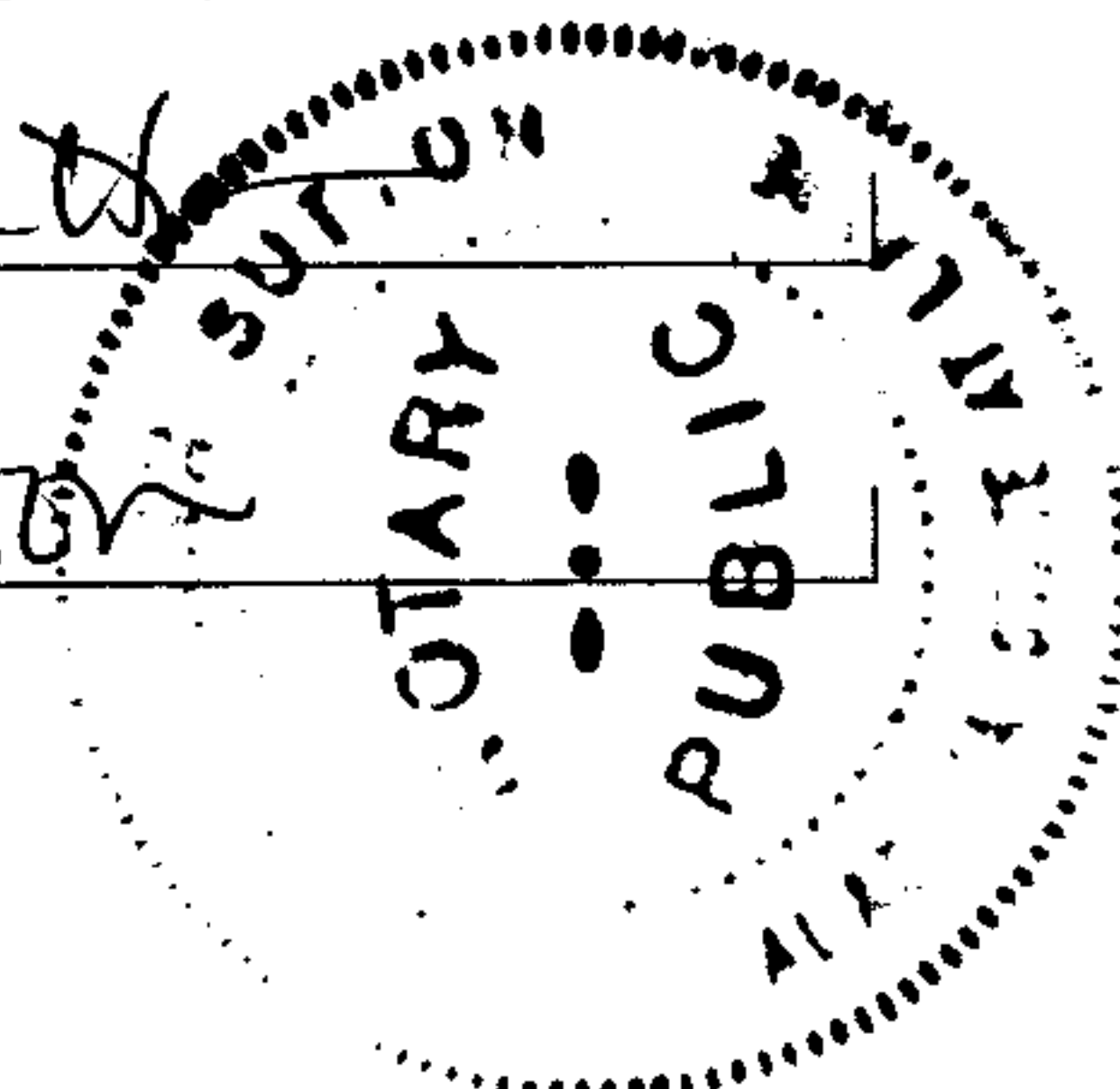
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

**James E Phillips**  
Signature of Candidate or Elected Official  
Date **8-10-12**

Sworn to and subscribed before me this **10th** day of  
**August** of the year **2012**. My commission expires  
the **19th** day of **Oct** of the year **2014**.

**Paula Ann Sutton**  
Signature of Notary Public  
**Paula Ann Sutton**  
Print Notary's Name











# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: James E PhillipsSim

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |                                       |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|-----------------------------------------|-----------------------------|---------------------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation |                                         |                             | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |
| Jim Phillips                                                          | 1216 Davis Dr. Pelham AL 35124                                                  | <input checked="" type="checkbox"/>   |             |                         |                            |      |             |                   |         |                |                                         | 8/3/12                      | \$6.95                                |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |                                       |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         | \$6.95                      |                                       |

FORM REVISED 10.27.2011

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