



Shelby Cnty Judge of Probate, AL 08/13/2012 08:40:38 AM FILED/CERT

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

RECEIVED AUG 10 2012

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Please Print in Ink or Type.						•	
Name of Candidate or Elected Official Political Part  Coesso Millian Vichols  Political Part	y/Balk	ot Affiliation	<u></u>	nthly	ck one	Amende	ed Monthly
Office Sought or Held (include district or circuit number, if applicable)	^		لي	ekly		Amende	ed Weekly
Address Check box if reporting new address		t Le	For Monthly I Month in which	-	3		
234 Beaver Creek Place	,		report is filed.				······································
City State ZIP Code Telephone N	<u> </u>	·	For Weekly R Date of Friday	in the		3121	1.
401 ham Al 35124			week in which report is filed.	the		)(5)	15
	····		Total Number				
Summary of activity since last filed report		••••••••••••••••••••••••••••••••••••••	Pages in Rep	Ort			· · · · · · · · · · · · · · · · · · ·
1 Beginning balance (ending balance from previous filing)							gram (
Cash Contributions	1			1		<u>30</u> .	77
2a Itemized cash contributions (total from Form 2)	2a	<u> </u>	······································	7			
2b Non-itemized cash contributions	2b		<del>1***</del>	-			
2c Total cash contributions (add lines 2a and 2b)	20	<u></u>	<del>-,18</del>	20		<del>,</del>	<del>'', ' ' </del>
In-Kind Contributions	-			2c			
3a Itemized in-kind contributions (total from Form 3)	3a	T***	<del>, , , , , , , , , , , , , , , , , , , </del>	7			
3b Non-itemized in-kind contributions	3b		·	-			
3c Total in-kind contributions (add lines 3a and 3b)	3c			1			
Receipts from Other Sources		<u></u>	<del></del>	]			
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)		<u> </u>	······································	4c	<del></del>	······································	<del></del>
Expenditures	4				<del></del>	<del></del>	<del></del>
5a Itemized expenditures (total from Form 5)	5a	457	. \$20	]			
5b Non-itemized expenditures	5b						
5c Total expenditures (add lines 5a and 5b)				5c		<del>*************************************</del>	
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			<del></del>	6	2	. S 7	7_5
Candidates for State Office: File this report with the Office of the Si	470	ary of State.					
Candidates for County or Municipal Office: File this report with the	i dia	lgo of Proba	te of the count	у на w	hich th	re 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	m to	and subscri	bed before me year 20/	this _	/ <u>/</u>	ommissi	day of
Signature of Candidate or Elected Official Date  Signature Official Date	ture (	of Notary Public	Hass		<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·

Cindy Glass

Print Notary's Name

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## official elected 9 Expenditures by candidate K

IDATE OR ELECTED OFFICIAL: U OF



EXPENDITURE AMOUN itemized (mo./day/yr.) t recipient be PAGE GIVE BRIEF EXPLANATION OTHER tha S 5 EXPENDITURE expenditures EXPENDITURE Transportation Lodging Repayment PURPOSE OF E <u>=</u> rogu requires Fundraising TOTA Food Charitable Contribution Polling Consultants/ **pnisih9vbA** the Administrative 9 \$100 ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) When total expenditures to a single recipient exceed 000V 19 /BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) 011 PERSON/GROUP N 10.27 4 FORM REVISED 20120813000297080 2/2 \$.00

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