



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

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AUG 17 2012

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Print Form

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

James W. Fuhrmeister  
Judge of Probate

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James W. Fuhrmeister  
Judge of Probate



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Shelby Cnty Judge of Probate, AL  
08/20/2012 09:47:29 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Leslie Zenne S</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>City Council of Alabaster, AL Ward 3</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>112 Runnymede</b>			
City <b>Maylene</b>	State <b>AL</b>	ZIP Code <b>35114</b>	Telephone Number <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.

Total Number of Pages in Report




## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	-525.68
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<input checked="" type="checkbox"/>	
2b	Non-itemized cash contributions	2b	<input checked="" type="checkbox"/>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<input checked="" type="checkbox"/>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<input checked="" type="checkbox"/>	
3b	Non-itemized in-kind contributions	3b	<input checked="" type="checkbox"/>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<input checked="" type="checkbox"/>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<input checked="" type="checkbox"/>	
4b	Non-itemized Receipts from Other Sources	4b	<input checked="" type="checkbox"/>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<input checked="" type="checkbox"/>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<input checked="" type="checkbox"/>	
5b	Non-itemized expenditures	5b	<input checked="" type="checkbox"/>	
5c	Total expenditures (add lines 5a and 5b)	5c	<input checked="" type="checkbox"/>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		-525.68

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.

Signature of Candidate or Elected Official **[Signature]** Date **8-17-12**

Sworn to and subscribed before me this **17th** day of **August** of the year **2012**. My commission expires the **8th** day of **May** of the year **2016**.

Signature of Notary Public **[Signature]**

Print Notary's Name **Lisa Traywick Morgan**