



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

20120820000309140 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/20/2012 02:16:03 PM FILED/CERT

REA FOR OFFICIAL USE ONLY

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AUG 20 2012

James W. Fuhrmeister
Judge of Probate

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official David Miller		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Leeds			
Address ☐ Check box if reporting new address Po Box 934			
City Leeds	State AL	ZIP Code 35094	Telephone Number

Date Covered by Report **8-17-12**

☐ Amended Daily Report

Total Number of Pages in Report **5**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	- 31.89
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	4000.00
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	4000.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	GOLF CART
3b	Non-itemized in-kind contributions	3b	
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	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	- 0 -
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	3120.92
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	847.39

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.

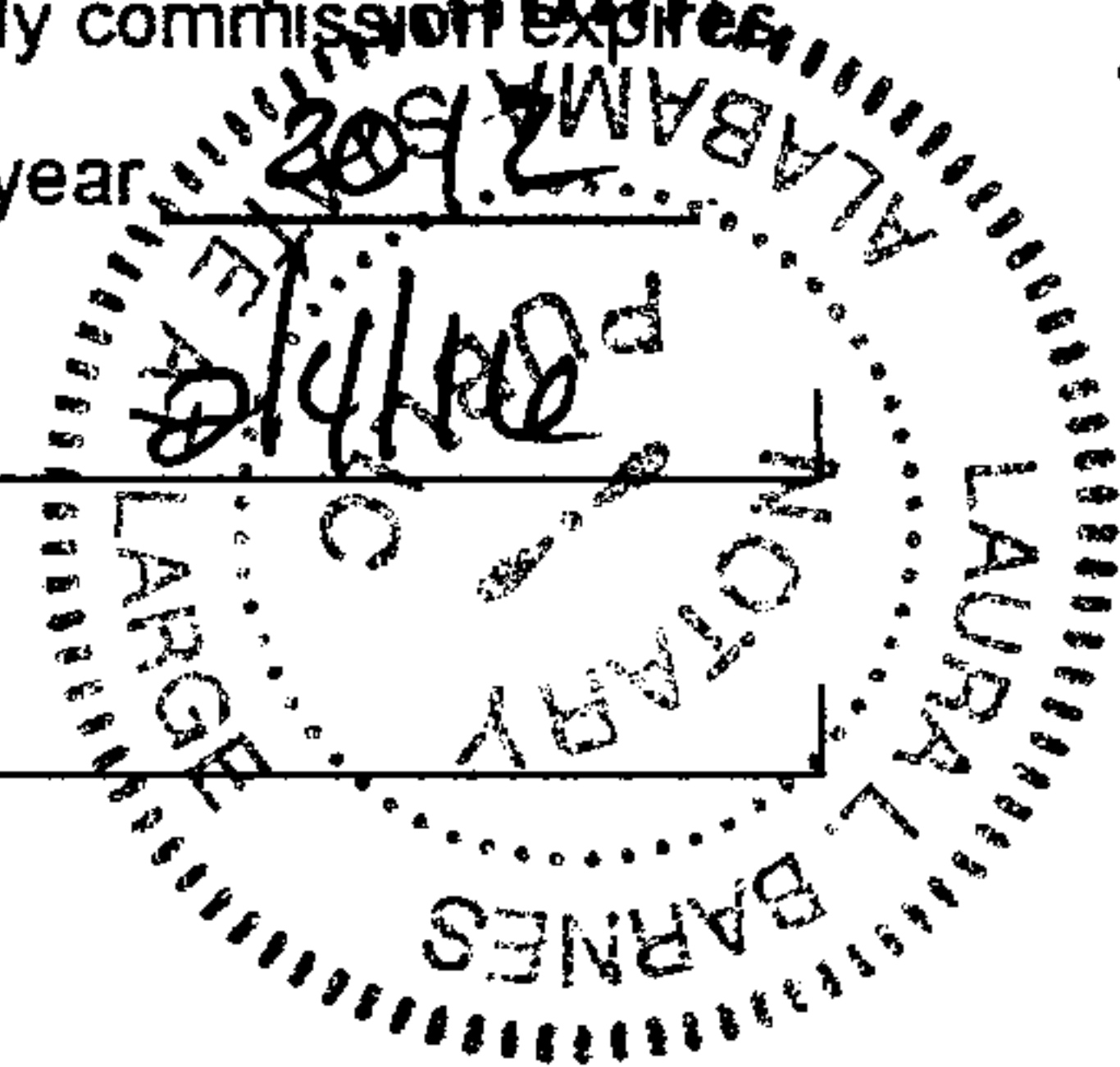
Candidates for County or Municipal Office and County and Municipal Elected Officials: File this report with the Judge of Probate of the county in which the office is sought.

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 **David Miller** Date **8-17-12**

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

Signature of Notary Public **Laura L Barnes**
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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		
Alabama Home Builders Association	PO BOX 241305 MONTGOMERY AL 36124			✓			9/4/12	1000.00
Alabama Economic Development PAC	1678 MONTGOMERY HIGHWAY 104 PMB 112 Birmingham AL 35216			✓			9/13/12	3000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								4000.00

17-12-12

David Miller

Contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be reported on this form. Use Forms 2 and 3 for those listings. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

**FORM 5: Expenditures by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
CASTWOOD PRINT	7825 CRESTWOOD BLVD		✓									8/13/12	120.82
AND COPY	614TH AL 35210												
HOYT LLC	P.O. BOX 43036 B' HAM AL 35243		✓										3000.00
TOTAL EXPENDITURES THIS PAGE												3120.82	

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