A FOR OFFICIAL USE ONLY

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

				<b>∀</b> 4,
	Please Print in Ink or Type.	Pollot Affiliation	Type of Report (check	one)
Nan	ne of Candidate on Elected Official  Political Party/I  ON S  Political Party/I  ON S	Ballot Affiliation	Monthly	* Amended Monthly
Offic	ce Sought or Held (include district or circuit number, if applicable)	)	Weekly	Amended Weekly
	Dace 5 - City Comelle	<i></i>	For Monthly Reports  Month in which the	
Add	ress Check box if reporting new address		report is filed.	
	DO BOX 399		For Weekly Reports  Date of Friday in the	17 AUG 12
City	State ZIP Code Telephone Nui	mber	week in which the report is filed.	
			Total Number of Pages in Report	
S	ummary of activity since last filed report		- ageo in respons	
1	Beginning balance (ending balance from previous filing)		1	. 5000
	Cash Contributions			V/
2a		2a		
<del></del>	Non-itemized cash contributions	2b		
	Total cash contributions (add lines 2a and 2b)		2c _	
	In-Kind Contributions		F	RECEIVE
	Itemized in-kind contributions (total from Form 3)	3a		RECEIVED
	Non-itemized in-kind contributions	3b		AUG 20 2012
	Total in-kind contributions (add lines 3a and 3b)	3c	Jan	les W. Fub-
	Receipts from Other Sources			les W. Fuhrmeister Udge of Probate
-	Itemized Receipts from Other Sources (total from Form 4)	4a		
	Non-itemized Receipts from Other Sources	4b		
	Total receipts from other sources (add lines 4a and 4b)		4c	
	Expenditures		<u> </u>	
5a	Itemized expenditures (total from Form 5)	5a		
	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	
6			6	000
Са	ndidates for State Office: File this report with the Office of the So	ecretary of S	tate.	) e
	ndidates for County or Municipal Office: File this report with the			nich the office is sought.
			bscribed before me this	
swe	ar or affirm to the best of my knowledge and belief that the		of the year <u>2012</u> .	
	ched report(s) and the information contained herein are and correct and that this information is a full and complete the	0	lay of And of th	e vear 30/4
state	cificite of all optimibations, experience, and other, 949, ou			_
info	rmation during the applicable period of time.	The	Le 4. Ke	Mest
5		ature of Motary	Public	
Sigr	nature of Candidate or Elected Official Date	I BING	P. Volla	
FOR	M REVISED 10 27 2011	t Nøtary's Name	e / / / / /	<u> </u>