



# Candidate & Elected Official

## Campaign Finance Report

### SUMMARY FORM 1

**RECEIVED**

AUG 22 2012

 James W. Fuhrmeister  
 Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>George T. Parker (Tal)</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>City Council of Helena Place 1</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>3014 Long Leaf Lane</b>			
City <b>Helena</b>	State <b>AL</b>	ZIP Code <b>35080</b>	Telephone Number <b>[REDACTED]</b>

## Type of Report (check one)

- ☐ Monthly  
☒ Weekly  
☐ Amended Monthly  
☐ 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

<b>8/24/12</b>

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>572.157</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<b>0</b>	
2b	Non-itemized cash contributions	2b	<b>0</b>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>0</b>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>	
3b	Non-itemized in-kind contributions	3b	<b>0</b>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>0</b>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>0</b>	
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>0</b>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>0</b>	
5b	Non-itemized expenditures	5b	<b>0</b>	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>0</b>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>572.157</b>	

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 **8/20/12**

Sworn to and subscribed before me this **20** day of **August** of the year **2012**. My commission expires the **20** day of **July** of the year **2013**.

Signature of Notary Public **[Signature]**  
 Print Notary's Name **Jeff Stevens**

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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		
TOTAL CASH CONTRIBUTIONS THIS PAGE								

FORM REVISED 10.27.2011

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