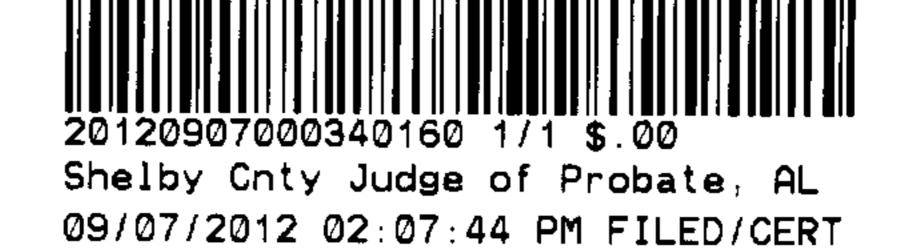
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FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA



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

RECEIVED

SEP 06 2017

James W. Fuhrmeister Judge of Probate

| Please Print in Ink or Type.   |                                   |                                      |                          |
|--|-----------------------------------|--------------------------------------|--------------------------|
|  | olitical Party/Ballot Affiliation | Type of Report (check                | one)  Compared Monthly   |
| Town PICKLESINER   |                                   | Weekly                               | Amended Weekly           |
| Office Sought or Held (include district or circuit number, if applicable)  |                                   | For Monthly Reports                  |                          |
| Address   Oheck box if reporting new address   |                                   | Month in which the                   | July 12                  |
| 1578 TANA MIUL   |                                   | report is filed.  For Weekly Reports |                          |
|  | elephone Number                   | Date of Friday in the                |                          |
| Columbiant AC 35051  |                                   | week in which the report is filed.   |                          |
|  |                                   | Total Number of Pages in Report      |                          |
| Summary of activity since last filed report  |                                   | rayes in report                      |                          |
| 1 Beginning balance (ending balance from previous  | s filing)                         | 4                                    | -760.00                  |
| Cash Contributions   | <u>5 mm/9/</u>                    |                                      |                          |
| 2a Itemized cash contributions (total from Form 2)   | 22                                |                                      |                          |
| 2b Non-itemized cash contributions   | 2h                                |                                      |                          |
| 2c Total cash contributions (add lines 2a and 2b)  | ZU                                | 2c                                   |                          |
| In-Kind Contributions  |                                   | 120                                  |                          |
| 3a Itemized in-kind contributions (total from Form 3)  | 3a                                |                                      |                          |
| 3b Non-itemized in-kind contributions  | 3h                                |                                      |                          |
| 3c Total in-kind contributions (add lines 3a and 3b)   | 30                                |                                      |                          |
| Receipts from Other Sources  |                                   |                                      |                          |
| 4a Itemized Receipts from Other Sources (total from  | Form (1) (12)                     |                                      |                          |
| 4b Non-itemized Receipts from Other Sources  | 4b                                |                                      |                          |
| 4c Total receipts from other sources (add lines 4a a   |                                   | 4c                                   |                          |
| Expenditures   |                                   |                                      |                          |
| 5a Itemized expenditures (total from Form 5)   | 5a                                |                                      |                          |
| 5b Non-itemized expenditures   | 5b                                |                                      |                          |
| 5c Total expenditures (add lines 5a and 5b)  |                                   | 5c                                   |                          |
| 6 Ending balance (add lines 1, 2c, & 4c, then subtract   | t line 5c)                        | 6 -                                  | 790.00                   |
|  |                                   |                                      |                          |
| Candidates for State Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office: File this report with the Office Candidates for County or Municipal Office Candidates for Candidate |                                   |                                      | ich the office is sought |
|  |                                   | cribed before me this                | 1 1-1-                   |
| As required by the Alabama Fair Campaign Practices Act, I heret swear or affirm to the best of my knowledge and belief that the  | ·                                 | ••••                                 | day of                   |
| attached report(s) and the information contained herein at   | re                                | he year                              | My commission expires    |
| statement of all contributions, expenditures, and other require  | ine day                           | OF PULL OF THE                       | year // C                |
| information during the applicable period of time.  |                                   | X 5                                  | Roma!                    |
| 1 m / mn 7-3/-1  | Signature of Notary Pu            | iblic /                              |                          |
| Signature of Candidate or Elected Official Date  | 1///                              | 1-7/                                 | · MA .                   |
|  | UMAIL                             |                                      | J' - 1/ J                |

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