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Candidate & Elected Official Campaign Finance Report

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James W. Fuhrmeister Judge of Probate

SUMMARY FORM 1

Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly N/A Jeffrey M. Denton Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) Chelsea City Council, Place 4 For Monthly Reports Month in which the Check box if reporting new address report is filed. Вох Р.О. 581 For Weekly Reports Date of Friday in the Telephone Number ZIP Code 09/07/2012 City State week in which the 35043 Chelsea AL report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) \$20.00 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a \$0.00 Non-itemized cash contributions \$0.00 Total cash contributions (add lines 2a and 2b) \$0.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a \$0.00 Non-itemized in-kind contributions \$0.00 Total in-kind contributions (add lines 3a and 3b) 3c \$0.00 Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a \$0.00 Non-itemized Receipts from Other Sources 4b \$0.00 Total receipts from other sources (add lines 4a and 4b) \$0.00 **Expenditures** Itemized expenditures (total from Form 5) \$0.00 5a Non-itemized expenditures \$0.00 Total expenditures (add lines 5a and 5b) \$0.00 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) \$20.00 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. Sworn to and subscribed before me this 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 internation is a fund complete

information during the applicable period

statement of all contributions, expenditures, and oper required

Signature of Notary Public

MY COMMISSIONEXPIRES

the

Print Notary's Name

FORM REVISED 10.27.2011