



DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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SEP 10 2012

James W. Fuhrmeister
Judge of Probate



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Shelby Cnty Judge of Probate, AL
09/10/2012 03:04:19 PM FILED/CERT

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 [REDACTED]

Date Covered by Report

9-7-12

☐ 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	1516.31
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	1000.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	1000.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
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	120.82	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	120.82	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	2495.41	

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: **[Signature]** Date: **9/7/12**

Sworn to and subscribed before me this **Sept.** of the year **2012**. My commission expires the **27th** day of **July** of the year **2014**.

Signature of Notary Public: **[Signature]**
Print Notary's Name: **Rita L. Cooner**



FORM 2: Contributions received by candidate or elected official

9-7-12

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 BUILDERS	PO BOX 241305 MONTGOMERY AL 36124			✓			9/4/12	1000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								1000.00

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FORM 4: Receipts from Other Sources

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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

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FORM REVISED 9.2.2011

TOTAL RECEIPTS THIS PAGE

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