FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Shelby Cnty Judge of Probate, AL

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5/19 13 2012

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

Offic	e Sought of Held (include district or circuit number, if applicable)	Ballot Affiliation	Type of Report (check	Amended Monthly
Offic	e Sought of Held (include district or circuit number, if applicable)		Monthly	Amended Working
Offic	e Sought of Held (include district or circuit number, if applicable)		Mackly	Amended Weekly
Addr			Weekly	Amended Weekly
Addr	Cit. Council District 4		For Monthly Reports	
Address		Month in which the report is filed.		
8316 Parkway Dr. Svite 104			For Weekly Reports	
City State ZIP Code Telephone Numbe		mber	Date of Friday in the week in which the	9/14/12
Leeds, Al. 35094			report is filed.	111911
			Total Number of Pages in Report	
Su	mmary of activity since last filed report			(中国) 學科 成为作为
1	Beginning balance (ending balance from previous filing)		1	75.34
• (	Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)		2c	- 0
[ ]	n-Kind Contributions		·	• •
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3с	Total in-kind contributions (add lines 3a and 3b)	3c		
F	Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)		4c	
E	xpenditures			
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		<u> </u>
5c	Total expenditures (add lines 5a and 5b)		5c	O
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	75.34

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

Candidates for State Office: File this report with the Office of the Secretary of State.

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

day of

Print Notary's Name

**FORM REVISED 9.2.2011**