Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



James W. Fuhrmeister Judge of Probate



Please Print in lnk or Type.	Shelby Cnty 09/14/2012	Judge of Pro 12:59:30 PM F	ILED/CERT		
Name of Candidate or Elected Official	Political Party/	Ballot Affiliation	Type of Report		one) Amended Monthly
JUANITA J. CHAMPION			Moni	•	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)			I	·	
Cource			For Monthly R Month in which	-	
Address Check box if reporting new address			report is filed.		
P.O. BOX 247			For Weekly Re Date of Friday	-	
City State ZIP Code				he	8/10/12
CHELSEA A/ 35043		report is filed. Total Number of		of	
			Pages in Repo	rt	
Summary of activity since last filed report					
1 Beginning balance (ending balance from previ	ious filing)			1	715.28
Cash Contributions			<u></u>	4	
2a Itemized cash contributions (total from Form 2	2)	2a			
2b Non-itemized cash contributions		2b	,		
2c Total cash contributions (add lines 2a and 2b)			2c	0	
In-Kind Contributions				•	
3a Itemized in-kind contributions (total from Form 3)		3a			
3b Non-itemized in-kind contributions	3b				
3c Total in-kind contributions (add lines 3a and 3l	3с				
Receipts from Other Sources	<u>-</u>			-	
4a Itemized Receipts from Other Sources (total from the state of the s	om Form 4)	4a			
4b Non-itemized Receipts from Other Sources		4b	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
4c Total receipts from other sources (add lines 4a	a and 4b)			4c	<u>ا</u>
Expenditures				· · · · · · · · · · · · · · · · · · ·	
5a Itemized expenditures (total from Form 5)		5a			
5b Non-itemized expenditures		5b			
5c Total expenditures (add lines 5a and 5b)				5c	0
6 Ending balance (add lines 1, 2c, & 4c, then subt	tract line 5c)			6	715.28
Candidates for State Office: File this report with the O			ite.		
Candidates for County or Municipal Office: File this	report with the	Judge of Pro	bate of the count		
As required by the Alabama Fair Campaign Practices Act, I he swear or affirm to the best of my knowledge and belief the attached report(s) and the information contained herein true and correct and that this information is a full and comstatement of all contributions, expenditures, and other requireformation during the applicable period of time.	at the nare plete the uired	sept of day	the year Dold	<u>) </u>	My commission expires year <u>1013</u> .
Leavita J. Commence 19/9/	/2 Sign	ature of Notary P	ublic		<u>, , , , , , , , , , , , , , , , , , , </u>

FORM REVISED 10.27.2011

Print Notary's Name