## RECEIVED

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

SEP 21 2012

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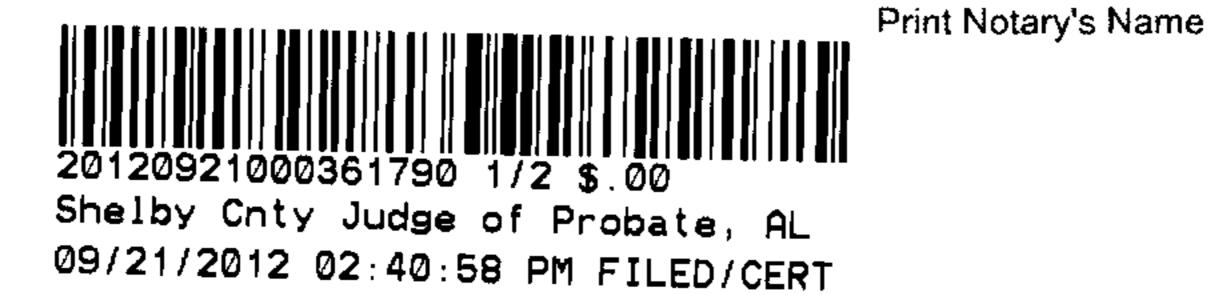
TCULIVE 2017

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

James W. Fuhrmeister Judge of Probate

|                                    | Please Print in Ink or Type.  |                                       |   | •  |
|------------------------------------|---|---------------------------------------|---|--|
| Nam                                |   | arty/Ballot Affiliation               | Type of Report (check                     | one)  Amended Monthly  |
|                                    | /Link Toward  |                                       | ☐ Weekly                                  | Amended Weekly   |
| Offic                              | e Sought or Held (include district or circuit number, if applicable)  |                                       | For Monthly Reports                       | · · · · · · · · · · · · · · · · · · ·  |
| Add                                | ress Check box if reporting new address   |                                       | Month in which the                        |  |
| , 133                              |   |                                       | report is filed.                          |  |
| City                               | 2524 Fuvest Calles C-1 State ZIP Code Tolophon  | o Number                              | For Weekly Reports  Date of Friday in the |  |
| City                               | 57e/retr Az 357147  |                                       | week in which the report is filed.        | 9/2/12   |
| <u> </u>                           |   |                                       | Total Number of<br>Pages in Report        | 2  |
| Sı                                 | ummary of activity since last filed report  |                                       |   |  |
| 1                                  | Beginning balance (ending balance from previous filing  | g)                                    | 1   | 457.15   |
| (                                  | 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  |  |
| <del> </del>                       | n-Kind Contributions  | · · · · · · · · · · · · · · · · · · · | <del>1</del>                              |  |
| 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 3b)   | 3c                                    |   |  |
|                                    | Receipts from Other Sources   |                                       |   |  |
| 4a                                 | Itemized Receipts from Other Sources (total from Form   | ı 4) 4a                               |   |  |
| 4b                                 | Non-itemized Receipts from Other Sources  | 4b                                    |   |  |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b  | )                                     | 4c  |  |
|                                    | Expenditures  |                                       |   |  |
| 5a                                 | Itemized expenditures (total from Form 5)   | 5a 129.0                              |   |  |
| 5b                                 | Non-itemized expenditures   | 5b /27.80                             | 4   |  |
| 5c                                 | Total expenditures (add lines 5a and 5b)  |                                       | 5c 2                                      | 56.34  |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line   | 5c)                                   | · 1 1                                     | 200.31   |
| Cai                                | ndidates for State Office: File this report with the Office of the  | e Secretary of Stat                   | €.  |  |
| Cai                                | ndidates for County or Municipal Office: File this report with  | n the Judge of Prob                   | ate of the county in wh                   | nich the office is sought.   |
| sweattac<br>true<br>state<br>infor | ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required mation during the applicable period of time. | Soplembos th                          | of May of the                             | A 15t day of  My commission expires  le year 2016.  Magain  Ma |

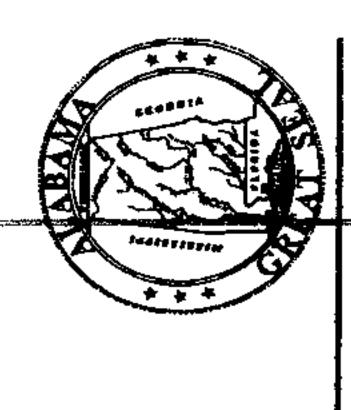
FORM REVISED 9.2.2011



FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECT ALABAMA

## elected official Ö Expenditures by candidate

ME OF CANDIDATE OR ELECTED OFFICIAL: KIKK PONDE



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that

|          |                        | TURE<br>FTURE  | 3   | INSTRUMENTAL LATER |     |          | mammer no lein olea lankaa |                      | 1. 52.2 ) . 1° 22' (1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | 3                     |
|----------|------------------------|--|---|--------------------|-----|----------|----------------------------|----------------------|---|-----------------------|
| 5        |                        | AMO  | 125.  |                    |     |          |                            |                      |   | 62/                   |
|          |                        | DATE OF<br>EXPENDITURE<br>(mo./day/yr.)                          | 9/11/2  |                    |     |          |                            |                      |   | AGE                   |
|          | IRE                    | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION                            |   |                    |     |          |                            |                      |   | URES THIS F           |
|          | Ţ                      | Transportation   |   |                    |     |          |                            |                      |   | E                     |
| <u>.</u> | OF EXPEND<br>HECK ONE) | Podging  |   |                    |     |          |                            |                      |   | M<br>N                |
| <br>     | OF EX                  | Repayment<br>Repayment   |   |                    |     |          |                            |                      |   | EXP                   |
| ·<br> -  | OSE (CH                | Fundraising  |   |                    |     |          |                            |                      |   | 4L E                  |
| <b>-</b> | RP                     | Food   |   |                    |     |          |                            |                      |   | 01/                   |
|          | 2                      | Polling<br>noitudintno   |   |                    |     |          |                            |                      |   | <b> </b>              |
|          |                        | Consultants/   |   |                    |     |          |                            |                      |   |                       |
|          |                        | gnisinevbA   |   |                    |     |          | •                          |                      |   |                       |
|          |                        | Administrative   |   |                    |     |          |                            |                      |   |                       |
|          |                        | ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | Branghan, # 35243<br>350 Grandenes Plan Suite 350 |                    |     |          |                            |                      |   |                       |
|          |                        | PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)  | Keller Willans Realty                             |                    | 201 | 20921000 | 361790 2                   | /2 \$.00<br>f Probat |   | FORM REVISED 9.2.2011 |

20120921000361790 2/2 \$.00 Shelby Cnty Judge of Probate, AL 09/21/2012 02:40:58 PM FILED/CERT