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

RECEIVED SEP 28 2012

James W. Fuhrmeister

| | | JL | lage of Probate |
|--|------------------------|---|-----------------------------|
| Please Print in Ink or Type. | | T | |
| Name of Candidate or Elected Official Political Party | /Ballot Affiliation | Type of Report (character) Monthly | ieck one) Amended Monthly |
| Office Sought or Held (include district or circuit number, if applicable) | | Weekly | Amended Weekly |
| And Man ~ | | For Monthly Repo | rts |
| Address Check box if reporting new address | | Month in which the report is filed. | 1-20-12 |
| City State ZIP Code Telephone Nu | | For Weekly Report Date of Friday in the | i |
| City State ZIP Code Telephone Nu | THUCH 1 | week in which the report is filed. | |
| 100000 | | Total Number of | |
| | | Pages in Report | |
| Summary of activity since last filed report | | | |
| 1 Beginning balance (ending balance from previous filing) | | 1 | 2538.97 |
| Cash Contributions | | | |
| 2a Itemized cash contributions (total from Form 2) | 2a /00 | 2000 | |
| 2b Non-itemized cash contributions | 2b | | |
| 2c Total cash contributions (add lines 2a and 2b) | | 2c | 100000 |
| 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 3b) | 3c | | |
| 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 | 0 |
| Expenditures | | | |
| 5a Itemized expenditures (total from Form 5) | 5a / (, G, | 2,00 | |
| 5b Non-itemized expenditures | 5b | | |
| 5c Total expenditures (add lines 5a and 5b) | | <u>5c</u> | 1692,00 |
| 6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | 6 | 1846.97 |
| Candidates for State Office: File this report with the Office of the Se | cretary of State. | | |
| Candidates for County or Municipal Office: File this report with the | Judge of Probat | e of the county in | which the office is sought. |
| As required by the Alabama Fair Campaign Practices Act, I hereby Swor | rn to and subscrib | ed before me this | 28th day of |
| swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained the fair formation and that this information is a full contained to the state of the st | Tenchestine | year 20/2 | My commission expires |
| true and correct and that this information is a full and complete the | day of | of | the year |
| true and correct and that this information is a full and complete the statement of all contributions, expenditures Cand other required information during the applicable period of time. | 1 | 1 (// | 2 |
| The supplicative period of time. | () LEW | <u> </u> | 1/1/20 |
| Signature of Candidate of Efected Official O UBL Date S | ature of Notary Police | | - _ |
| | KA A YY. | / / / / | 1 1100 |

FORM REVISED 10.27.2011

Print Notal STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Apr 1, 2013 BONDED THRU NOTARY PUBLIC UNDERWRITERS

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Contributions received by candidate or elected official

CANDIDATE OR ELECTED OFFICIAL:

| 16MM EC | IS PAGE | HI SN | OITO | RIBC | TOTAL CASH CONT | FORM REVISED 10.27.2011 |
|-------------------------------|---|----------------------|-----------------|---------------------------|---|----------------------------|
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| 09280003 by Cnty 8/2012 | | | | | | |
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| 600.00 | 20-0 | | | | 3 Shados Creek Rhu 3500 | They The |
| 500,00 | 6 Ja 6 | | | | 5300 Cahaba River Rel 5 Maria | Cheser Play May Ma |
| CONTRIBUTION | CONTRIBUTION RECEIVED (mo./day/yr.) | Other Returned | PAC | Corporation Individual | (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | (INCLUDE FULL NAME) |
| | | CE BUTION ONE) | SOURC DNTRIE | OF CC | | |
| | e to be itemized. | nat source istings. | om th | tions fr 4 for th | ons from a single source exceed \$100.00, the FCPA requires all contributed NOT LIST in-kind contributions or loans on this form. Use Forms 3 and | When total contribution DC |