



RECEIVED

SEP 27 2012

James W. Fuhrmeister Judge of Probate

day of Kawa bf the year 2014

Signature of Notary Public

Print Notary's Name

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.						
Nan	ne of Candidate or Elected Official Poli	itical Party/E	Ballot	Affiliation	Type of Report	t (che	ck one)
Jin	n Fuhrmeister Re	epublicar	n		Mon	thly	Amended Monthly
Offic	ce Sought or Held (include district or circuit number, if applicable)				☐ Wee	kly	Amended Weekly
	dge of Probate, Shelby County, Alabama				For Monthly R	•	s
Add	ress Check box if reporting new address	·			Month in which report is filed.	the	Sept., 2012
PC	Box 46				For Weekly Re	ports	
City	State ZIP Code Tele	ephone Nur	nber		Date of Friday i week in which t		
Со	lumbiana, AL 35051				report is filed.		
					Total Number Pages in Repo		5
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous	filing)				1	5315.56
	Cash Contributions] :				
2a	Itemized cash contributions (total from Form 2)		2a		0.00		
2b	Non-itemized cash contributions		2b		0.00	†	
2c	Total cash contributions (add lines 2a and 2b)					2c	0.00
	In-Kind Contributions					·	
3a	Itemized in-kind contributions (total from Form 3)		3a		0.00		
3b	Non-itemized in-kind contributions		3b		0.00		
3c	Total in-kind contributions (add lines 3a and 3b)		3c		0.00		
	Receipts from Other Sources					-	
4a	Itemized Receipts from Other Sources (total from F	Form 4)	4a		0.00		
4b	Non-itemized Receipts from Other Sources		4b		0.00		
4c	Total receipts from other sources (add lines 4a and	d 4b)				4c	0.00
	Expenditures					_	
5a	Itemized expenditures (total from Form 5)		5a		30.00		
5b	Non-itemized expenditures		5b		0.00		<u>-</u>
5c	Total expenditures (add lines 5a and 5b)					5c	45.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)		· 		6	5285.56
	ndidates for State Office: File this report with the Office						
Ca	ndidates for County or Municipal Office: File this report	t with the	Jud	ge of Prob	ate of the count	y in v	
	equired by the Alabama Fair Campaign Practices Act, I hereby	-			ribed before me	_	2111 day of
	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	M)Y/Y	My okth	e year 100		My commission expires

true and correct and that this information is a full and complete

statement of all contributions, expenditures, and other required

Date

information during the applicable period of time.

(Signature of Candidate or Elected Official

ALABAMA FAIR CAMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Contribu tions received by candidate 9 official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JIM FUHRMEISTER

When total contributions from a single source exceed \$100.00, the FCPA requires DO NOT LIST in-kind contributions or loans on this form. Use Fo Use Forms 3 and 4 for those listings. all contributions from that source to be itemized

0.00	THIS PAGE	•	SNO	ΣĬ	RIBC	TOTAL CASH CONTR	FORM REVISED 10.27.2011
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201209280 Shelby Cr 09/28/201	201209280 Shallow Car						
ity juage							
of Proba							
ate, AL							
							N/A
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		NON	RCE (ONE)	SOUF ONTR	OF CC)

ALABAMA FAIR CAMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT FOR ANDIDATE/ELEC TED **OFFICI**

In-Kind ontributions received рd candid late 9 P lected ficial

NAME OF CANDIDATE OR ELECTED OFFICIAL:

JIM FUHRMEISTER

CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source STRE ADDRESS (ADDRESS SHOULD INCLUDE FOR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or loans exceed \$100.00, on this form. Administrative the FCPA r NATURE OF CONTRIBUTION (CHECK ONE) Advertising Use F Consultants/ Polling requires orms Equipment Food and <u>a</u> Rent contributions ð Transportation those Other Business/ listings. from that Corporation SOURCE (CHECK ONE) Individual PAC source Other ð ONTRIBUT be DATE itemize 20120928000371160 3/5 \$.00 Shelby Cnty Judge of Probate, AL 09/28/2012 01:54:22 PM FILED/CERT

FORM REVISED 10.27.2011

TOTAL

4-KIND

CONTRIBUTIONS

THIS

PAGE



ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR 0 ANDIDATE/ELECTED OFFICIAL

下 の R 工 **4** Receipts from ther Sourc D S loai ns, interest, and other sources of

NAME OF CANDIDATE OR ELECTED OFFICIAL: JIM FUHRMEISTER

When total contributions from a single source exceed \$100.00, the FCPA

requires

all contributions

from

that

source

₽

be

itemized.

FORM REVISED 10.27.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) NA ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form 유 Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE **GUARANTORS** SIHT Use THIS BLOCK IF Forms TOTAL and RECEIPT ယ RECEIPTS for those Lending listings. Institution RECEIPT SOURC (CHECK ONE) PAC THIS Individual **Business** PAGE 20120928000371160 4/5 Other Shelby Cnty Judge of Probate, AL 09/28/2012 01:54:22 PM FILED/CERT (mo./day/yr.) RECEIVED 0.00

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

Expendit tures by candidate or elected <u>o</u> ficial

NAME OF CANDIDATE OR ELECTED OFFICIAL: JIM FUHRMEISTER



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

30.00	AGE	TURES THIS P.		Ĕ	EXPI	P	Ĭ.						FORM REVISED 10.27.2011
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	THA CUIA	20928000 lby Cnty				:			<u> </u>				
	Judge of	371160 5/							<u> </u>				
	Drobata	5 \$ 00											
	, AL CERT								•				
			į										
30.00	9/21/12							×				c/o Shelby Co. Sheriff Dept. McDow Rd	Toys for Needy Children
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Polling Charitable Contribution	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	TIQ.	XPEI ONE)	OSE OF EXPENDITURE (CHECK ONE)	OSE	PURP	-		1			