



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

WEEKLY & MONTHLY

Political Action Committee Campaign Finance Report SUMMARY FORM 1

RECEIVED
OCT 01 2012
James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) Alabaster Professional Firefighters Association Political Action Committee		Acronym for PAC APFAPAC	
Address (as appears on Statement of Organization) ☐ Check box if reporting new address P.O. Box 2303			
City Alabaster	State AL	ZIP Code 35007	Telephone Number (205) [REDACTED]

Type of Report (check one)

☒ Monthly
☐ Weekly

☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.

September-2012

For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$ 1,308.37
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$ 1,260.00	
2b	Non-itemized cash contributions	2b	0	
2c	Non-itemized employee payroll contributions	2c	0	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	\$ 1,260.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a	0	
4b	Total non-itemized receipts from other sources	4b	0	
4c	Total receipts from other sources (total from Form 4)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$ 2,500.00	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	\$ 2,500.00	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	\$ 68.37	

Sworn to and subscribed before me this 15th day of Oct of the year 2012. My commission expires the 5th day of March of the year 2014.

Marty B. Handlon
Signature of Notary Public

Printed Name of Notary Public

MARTY B. HANDLON
MY COMMISSION EXPIRES
MARCH 5, 2014

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 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.

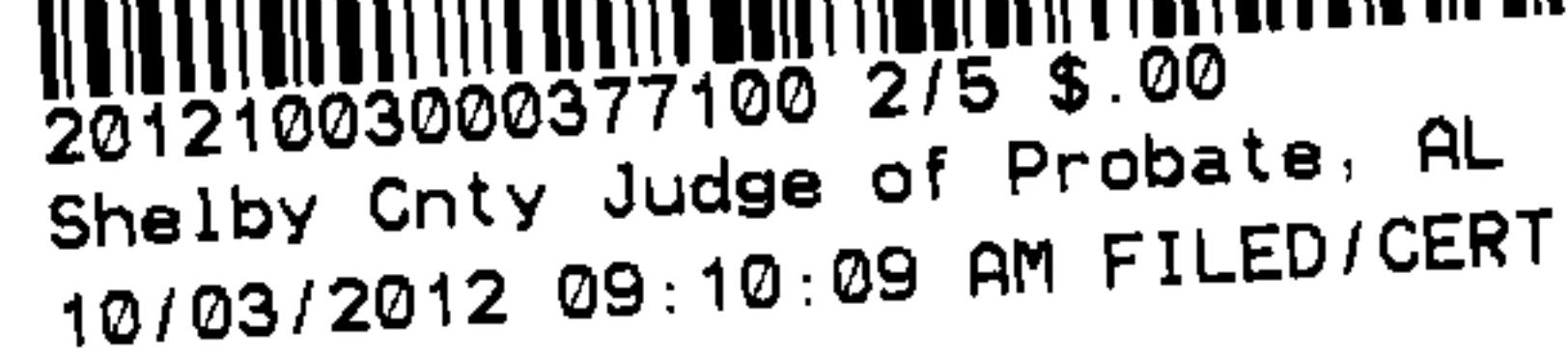
[Signature]
Signature of Chairperson or Treasurer of Political Committee

10-01-12
Date



20121003000377100 1/5 \$.00
Shelby Cnty Judge of Probate, AL
10/03/2012 09:10:09 AM FILED/CERT

RM REVISED 10.27.2011



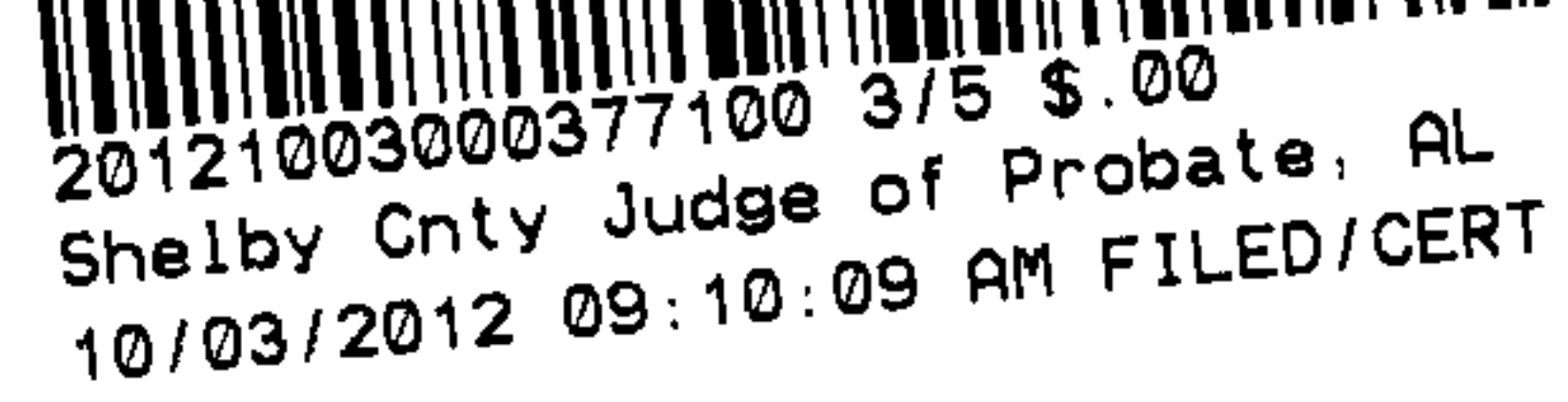
FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE:

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

DO NOT LIST IN-KIND CONTRIBUTIONS OR DEPOSITS ON THIS FORM (Use Form 3 & 3-A for those listings)									
CONTRIBUTOR INCLUDE FULL NAME	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR R.D., BOX, CITY, STATE AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)						DATE CONTRIBUTION RECEIVED (MM/DD/YYYY)	AMOUNT OF CONTRIBUTION
		Individual	Business	Union	Government	Other	Refund		
Alabaster Professional Firefighters Association	P.O. Box 2303 Alabaster, AL 35007					X		09-10-12	\$ 1,260.00
								TOTAL CASH CONTRIBUTIONS THIS PAGE	\$ 1,260.00

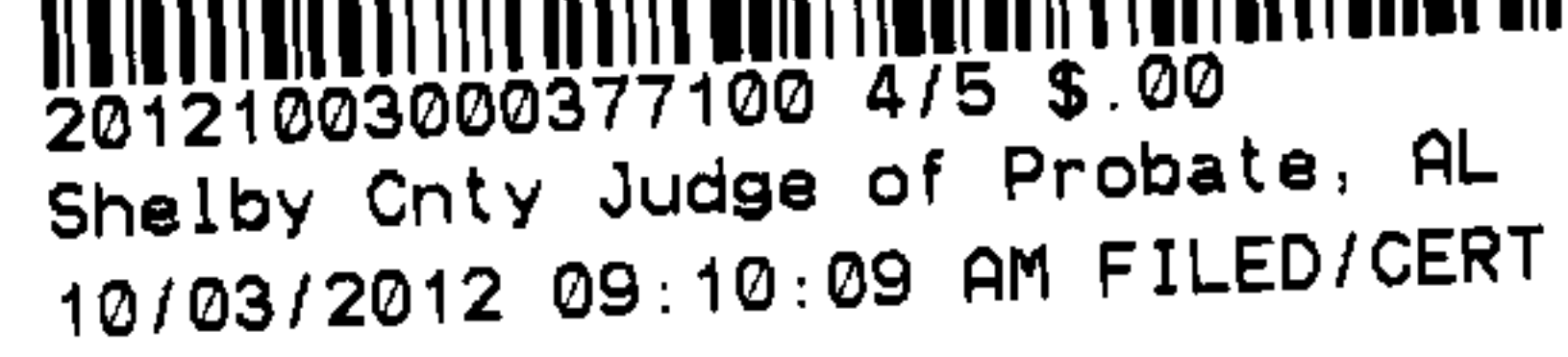
FORM REVISED 10-27-2011

**FORM 3: In-Kind Contributions** received by political action committee

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Felling	Equipment	Food	Rent	Transportation	Other	Business (not a corporation)	Corporation	Individual	Other				
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															0		

FORM REVISED 10/27/2011

0



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF POLITICAL ACTION COMMITTEE:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

