



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

20121003000377150 1/5 \$.00
Shelby Cnty Judge of Probate, AL
10/03/2012 09:10:14 AM FILED/CERT

FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

OCT 01 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official David Miller		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR OF Leeds			
Address ☐ Check box if reporting new address PO BOX 934			
City Leeds	State AL	ZIP Code 35094	Telephone Number [REDACTED]

Date Covered by Report

9-28-12

☐ Amended Daily Report

Total Number of Pages
in Report

5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 863.47
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 2000.00	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c 2000.00	
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a 0	
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 0	
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 19.20	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c 19.20	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 2844.27	

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.
Candidates for County or Municipal Office and County and Municipal Elected Officials: File this report with the Judge of Probate of the county in which the office is sought.

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 of Candidate or Elected Official **David Miller** Date **9-28-12**

Sworn to and subscribed before me this **28th** day of **Sept.** of the year **2012**. My commission expires the **27th** day of **July** of the year **2014**.

Signature of Notary Public **Rita L. Cooner**

Print Notary's Name **Rita L. Cooner**



FORM 2: Contributions received by candidate or elected official

9-28-12

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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 loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
HAROLD W. RAPP	100 Village ST Birmingham AL 35242		✓				9-25-12	2000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								2000.00



FORM 3: In-Kind Contributions received by candidate or elected official

9-28-12

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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 loans on this form. Use Forms 2 and 4 for those listings.

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/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other							
Southern Golf Cart Rentals	100 Trent St Vineyard AL 35178				✓															
Joe's Gym	watermark goods shopping center Spawill St		✓																	sign salary on 11/12/12
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															0					





FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan	Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
USPS	Post office Leeds AL 35094	☒											9-21-12	19.20
TOTAL EXPENDITURES THIS PAGE												19.20		



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