\$0.00

\$20.00

20121003000377180 1/1 \$.00

20121003000377180 171 \$.00 Shelby Cnty Judge of Probate, AL 10/03/2012 09:10:17 AM FILED/CERT OFFICIAL USE ONLY

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OCT 01 2012

James W. Fuhrmeister

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

		Please Print in In	k or Type.								
					/Ballot Affiliation		Type of Report (check of Monthly		ck one) Amended Mo	nthiv	
Jeffrey M. Denton							•	<u> </u>	•		
Office Sought or Held (include district or circuit number, if applicable)							✓ Weekly		Amended We	ekiy	
Chelsea City Council Place 4						For Monthly I Month in which		-	s 09/30/2012		
Address						report is filed.		2	0373072012		
P.O. Box 581							For Weekly Reports Date of Friday in the				
Chelsea		State AL	ZIP Code 35043				week in which the report is filed.		09/28/2012	09/28/2012	
							Total Number Pages in Repo		1		
S	ummary of activity sir	nce last file	d report								
1	Beginning balance (end	balance (ending balance from previous filing)				\$	20.00				
	Cash Contributions						· · · · · · · · · · · · · · · · · · ·	•	•		
2a	Itemized cash contribut	ions (total fro	om Form 2)		2a		\$0.00				
2b	Non-itemized cash con	tributions			2b		\$0.00				
2c	Total cash contributions	s (add lines 2	2a and 2b)					2c		\$0.00	
In-Kind Contributions											
3a	Itemized in-kind contrib	utions (total	from Form	3)	3a		\$0.00				
3b	Non-itemized in-kind co	ontributions			3b		\$0.00				
3c	Total in-kind contributio	ns (add lines	3a and 3b)	3c		\$0.00				
	Receipts from Other S	ources									
4a	temized Receipts from Other Sources (total from Form 4)			4a		\$0.00					
4b	Non-itemized Receipts	from Other S	Sources		4b		\$0.00		•		
4c	Total receipts from other	er sources (a	dd lines 4a	and 4b)				4c		\$0.00	

Candidates for State Office: File this report with the Office of the Secretary of State.

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

5a

5b

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.

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Non-itemized expenditures

Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this	27th day of
September of the year 2012	My commission expires
the day of JUNE of	the year _ Zo14
S.	1 au
Signature of Notary Public	
JAMES E	id Z

\$0.00

\$0.00

Expenditures