

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

OCT 26 2012

James W. Fuhrmeister  
Judge of Probate
 20121030000416080 1/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
 10/30/2012 10:40:01 AM FILED/CERT

Please Print in Ink or Type.

|                                                                                                                       |       |                                                  |                                |
|-----------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------|--------------------------------|
| Name of Candidate or Elected Official<br>Jim Fuhrmeister                                                              |       | Political Party/Ballot Affiliation<br>Republican |                                |
| Office Sought or Held (include district or circuit number, if applicable)<br>Judge of Probate, Shelby County, Alabama |       |                                                  |                                |
| Address <input type="checkbox"/> Check box if reporting new address<br>PO Box 46                                      |       |                                                  |                                |
| City<br>Columbiana, AL 35051                                                                                          | State | ZIP Code                                         | Telephone Number<br>[REDACTED] |

## Type of Report (check one)

- ☐ Monthly      ☐ Amended Monthly  
☒ Weekly      ☐ Amended Weekly

## For Monthly Reports

Month in which the report is filed.

## For Weekly Reports

Date of Friday in the week in which the report is filed.

Oct. 26, 2012

Total Number of  
Pages in Report

5

## Summary of activity since last filed report

|                                    |                                                               |    |         |
|------------------------------------|---------------------------------------------------------------|----|---------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | 5285.56 |
| <b>Cash Contributions</b>          |                                                               |    |         |
| 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    |
| <b>In-Kind Contributions</b>       |                                                               |    |         |
| 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    |
| <b>Receipts from Other Sources</b> |                                                               |    |         |
| 4a                                 | Itemized Receipts from Other Sources (total from 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 4b)       | 4c | 0.00    |
| <b>Expenditures</b>                |                                                               |    |         |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | 0.00    |
| 5b                                 | Non-itemized expenditures                                     | 5b | 0.00    |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | 0.00    |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | 5285.56 |

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.

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      Date 10/26/12

Sworn to and subscribed before me this 26th day of October of the year 2012. My commission expires the 10th day of February of the year 2014.

Signature of Notary Public  
 Tracy B. Hingst  
 Print Notary's Name

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



# FORM 2: Contributions received by candidate or elected official

# JIM FUHRMEISTER

NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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.**

[illegible]

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



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

**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

**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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |                                                   |                              |
| N/A                                |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |
|                                    |                                                                                 | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |             |                         |           |      |      |                |       |                          |            |     |       | 0.00                                              |                              |



201210300000416080 3/5 \$.00  
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FORM REVISED 10.27.2011



