11/07/2012 02:47:00 PM FILED/CERT

OR OFFICIAL USE ONLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.					
Name of Candidate or Elected Official Political Party			t Affiliation	Type of Report (effeck one)		
S FAR MILLON			Monthly		_	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)				☐ Wee	ekly	Amended Weekly
11Anor				For Monthly F Month in which	-	m + 1
Address Check box if reporting new address				report is filed.		(Kappe
	<u> </u>			For Weekly Re Date of Friday	•	
Cit	State ZIP Code Telephone Nu	mber		week in which		
Coses July				report is filed. Total Number	of	
				Pages in Report		
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1	1846.97
	Cash Contributions					
2a	Itemized cash contributions (total from Form 2)	2a				
2b	Non-itemized cash contributions	2b				
2c	Total cash contributions (add lines 2a and 2b)				2c	
	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a				
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)	1				
4b	Non-itemized Receipts from Other Sources	4b				
4c	Total receipts from other sources (add lines 4a and 4b)				4c	
Expenditures						
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)				5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	84697
Car	didates for State Office: File this report with the Office of the Se	creta	ary 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.						

Sworn to and subscribed before me this 3/00

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 on mplete statement of all contributions, expenditures, and other contributions, expenditures, and other contributions. information during the applicable period of time AR

Signature of Cangidate of Elected Official PUBLIC

ONTHE AVE ALARYMONT HASSEN expires MY COMMISSION EXPIRES: Apr 1, 2013 day NOTED THRU NOTARY PURELLE UNDER WRITERS the Signature of Notary Aublic

Print Notary's Name

FORM REVISED 10.27.2011