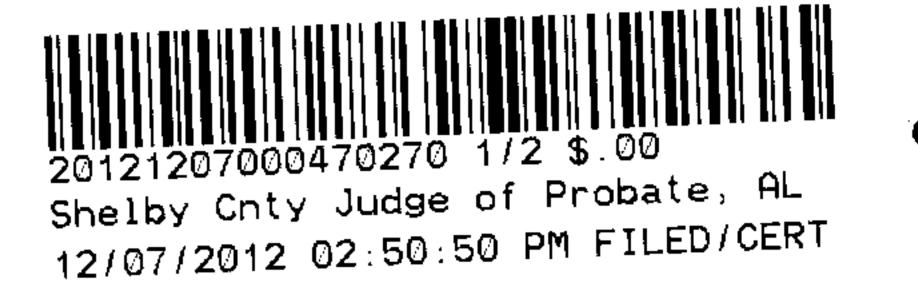
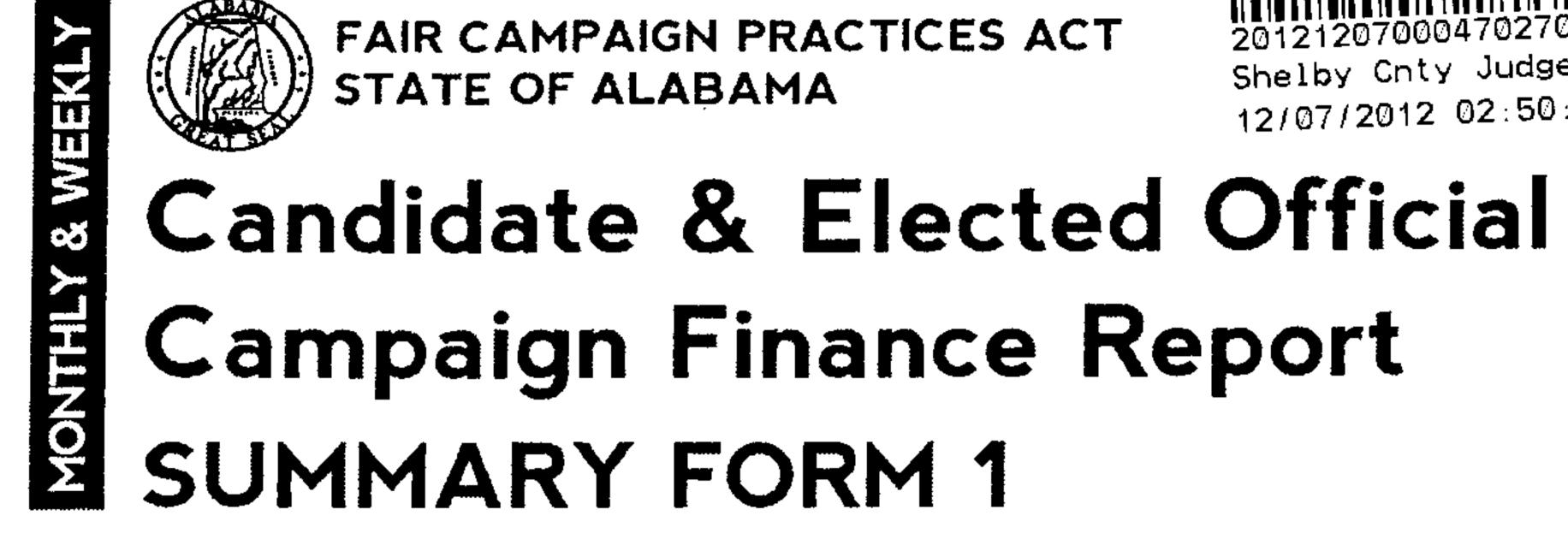
FORM REVISED 10.27.2011







RECEIVED

DEC 06 2012

James W. Fuhrmeister Judge of Probate

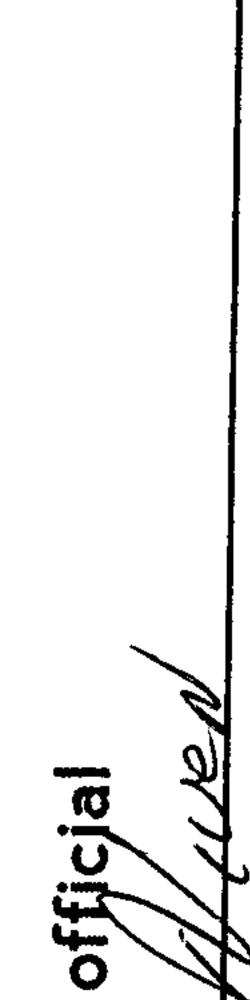
	Please Print in Ink or Type.								
Na	ame of Gandidate or Elected Official	olitical Party/	Ballot	Affiliation	Type o	f Repor			nded Monthly
	2 TAN //hee					Mon			ided Weekly
Office Sought or Held (include district of circuit number, if applicable)					<u> </u>	Wee	•		
Address 5 deadh a san address						o <mark>nthiy R</mark> in which	~		
Address Check box if reporting new address					report		_		
1204						eekly Re f Friday i	•		
City State ZIP Code Telephone Nur			mber >12	//57		n which t			3/0-/)
<u></u>	1965CH 17 15049	11/2/		461/	•	lumber	of		
					Pages	in Repo	rt		
S	summary of activity since last filed report								
1	Beginning balance (ending balance from previous	s filing)		E PROCESSO De Processo			1	1841	297
	Cash Contributions								<b>6</b> ,
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 I	Form 4)	4a						
4b	Non-itemized Receipts from Other Sources		4b						
4c	Total receipts from other sources (add lines 4a an	d 4b)					4c		
	Expenditures								
5a	Itemized expenditures (total from Form 5)		5a	184	6.9	7			
5b	Non-itemized expenditures		5b						
5c	Total expenditures (add lines 5a and 5b)						5c	184	6.97
6	Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)					6	$\dot{\mathcal{O}}$	
Ca	ndidates for State Office: File this report with the Office	of the Se	creta	ary of State.					
	ndidates for County or Municipal Office: File this repor			•		e count	y in wh	ich the offi	ce is sought.
<b>√</b> s r€	equired by the Alabama Fair Campaign Practices Act, I hereby	Swar	n to	and subscri	bed befo	ore me	this	40	day of
swe	ar or affirm to the best of my knowledge and belief that the								
	ched report(s) and the information contained herein are and correct and that this information is a full and complete	i in a		MY COMMI	SSION E	XPIRES	Apr 1,	2013 WAITERS	ssion expires
statement of all contributions, expenditures Carle Ather required									
nfo	mation during the applicable period of time.	Jerk.			KIN	dons	1		
<u>A</u>	1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Signa	ture	of Notary Publ	ic		}		
<b>Sign</b>	ature of Candidate or Elected Official Date		200			AI	Ider:	۶ ا	
	DEVISED 10 27 2011	Print I	Notar	y's Name					

Print Notary's Name

TED ELEC ಳ CANDIDATE REPORT AANCE CAMPAIGN FI CAMPAIGN PRACTICES ACT FAIR ALABAMA

## ORM 5: Expenditures by candidate or elected official

1E OF CANDIDATE OR ELECTED OFFICIAL:





itemized

that recipient be

\$

expenditures

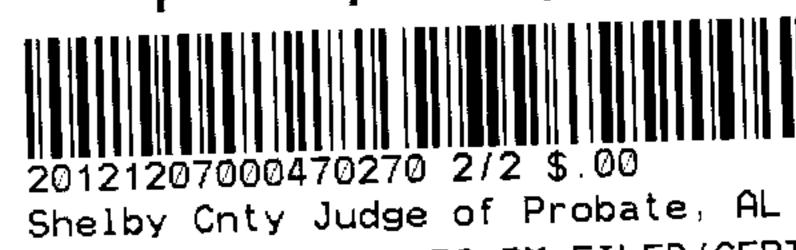
requires

the

00.00

When total expenditures to a single recipient exceed \$1

EXPENDITURE AMOUNT (mo./day/yr.) PAGE **THIS** GIVE BRIEF EXPLANATION 品 OTH EXPENDITURES PURPOSE OF EXPENDITURE (CHECK ONE) Transportation Lodging Repayment rosu Fundraising TOTA Food Charitable Contribution Polling Consultants **Advertising** Administrative ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) a PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) 2011 A FORM REVISED 10.27



12/07/2012 02:50:50 PM FILED/CERT