Signature of Candidate of Ziected Official

FORM REVISED 10/27.2011

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JAN 1 4 2013

James W. Fuhrmeister
Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20130115000019550 1/1 \$.00

Shelby Cnty Judge of Probate: AL 01/15/2013 09:26:45 AM FILED/CERT

Please Print in Ink or Type.			
Name of Candidate or Elected Official Political Par	ty/Ballot Affiliation	Type of Report (check	
Mack MELanhin	14	Monthly Weekly	Amended Monthly Amended Weekly
Office Sought or Held (include district or circuit number, if applicable) Address Check box if reporting new address		For Monthly Reports Month in which the	December
7 7 10		report is filed.	
City State ZIP Code Telephone N	Number	For Weekly Reports Date of Friday in the	
Westover AU 35747205-6]	week in which the report is filed.	
$\frac{\sqrt{\sqrt{3}\sqrt{3}\sqrt{3}}}{\sqrt{3}\sqrt{3}}$		Total Number of	<u> </u>
		Pages in Report	
ast Hed epor			
1 Beginning balance (ending balance from previous filing)		1	24.71
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	4
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a _		
3b Non-itemized in-kind contributions	3b -6		
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	40		
4c Total receipts from other sources (add lines 4a and 4b)		4c	-0
Expenditures		<u> </u>	
5a Itemized expenditures (total from Form 5)	5a –		
5b Non-itemized expenditures	5b C	}	
5c Total expenditures (add lines 5a and 5b)		5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c		6	24.71
	a manager of the		
Constitutions	·	a. of the county in whic	ch the office is sought.
ittached report(s) and the information contained herein are rue 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.	day of	of the	My commission expires
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	nature of Natary Public	< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Date |

Print Notary's Name