Please Print in Ink or Type.

Office Sought or Held (include district or circuit number, if applicable) Mayor Lads Address Check box if reporting new address	Party/Ballot Affiliation ne Number	Total Number of in Report		Amended Daily Report
Summary of activity since last filed report				
1 Beginning balance (ending balance from previous filing	g)		1	978.82
Cash Contributions		1		
2a Itemized cash contributions (total from Form 2)	2a 30	00.00		
2b Non-itemized cash contributions	2b			
2c Total cash contributions (add lines 2a and 2b)			2c -	3000.00
In-Kind Contributions		L.,		20000
3a Itemized in-kind contributions (total from Form 3)	3a			
3b Non-itemized in-kind contributions	3b		AN 3 B	
3c Total in-kind contributions (add lines 3a and 3b)	3c			
Receipts from Other Sources		20130 Shelb	206000052 y Chty Ju	dge of Probate: AL
4a Itemized Receipts from Other Sources (total from Form	4) 4a /5	00.00 02/06	/2013 12:	11:48 PM FILED/CERT
4b Non-itemized Receipts from Other Sources	4b			
4c Total receipts from other sources (add lines 4a and 4b)		4	c ,	500.00
Expenditures		<u></u>		
5a Itemized expenditures (total from Form 5)	5a 10	008.43		
5b Non-itemized expenditures	5b			
5c Total expenditures (add lines 5a and 5b)		5	C	1008.43
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5	5c)	<u> </u>		2420.39
Candidates for State Office and State Elected Officials: File the Candidates for County or Municipal Office and County and Mule Probate of the county in which the office is sought. As required by the Alabama Fair Campaign Practices Act, I hereby		fficials: File this	ary of Sta report with	te. In the Judge of
ittached report(s) and the information contained herein are rue and correct and that this information is a full and complete that the tatement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Candidate or Elected Official Date	e 03 day o	year 2013 Marcho	My co	mmission expires

RECEIVED
FEB 04 2013

lames W. Fuhrmeister ludge of Probate

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qo ECTED

FORM 2: Contributions OFFICIAL

received by candidate

official

W

FORM REVISED 9.2.2011 NAME OF CANDIDATE OR ELECTED OFFICIAL: かれる Þ (INCLUDE FULL NAME) Drouge Care P5500.20-145 When total contributions from a single source exceed \$100.00, the FCPA re DO NOT LIST in-kind contributions or loans on this form. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZI TOTAL **B**sU <u>a</u> quires 4 77 oms CONTRIBUTIONS ယ ntributions and **Business** or 유 Corporation for those listings CONTRIBUTION (CHECK ONE) Individual from PAC that Other source Returned N. T. S. ថ be PAGE DATE itemized. RIBU EVED ONTRIBUTION S AMOUNT 000

> 20130206000052710 2/5 \$.00 Shelby Cnty Judge of Probate, AL 02/06/2013 12:11:48 PM FILED/CERT

TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

ontributions received ĥq candidate elected

FORM 3: In-Kind Co When total contributions from a single source exceed DO NOT LIST cash or loans OFFICIAL: exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

Use Forms 2 and 4 for those listings. official

on this form.

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3/5 \$ 0															
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
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Shelby Cnty Judge of Probate: AL 02/06/2013 12:11:48 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PRAC ICES ACT CAMPAIGN FINANCE REPORT CANDIDATE/ELECTED

CANDIDATE OR ELECTED Receipts est, sources

OFFICIAL:

FORM REVISED 9.2.2011 (INCLUDE FULL NAME) When total contributions ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind a single Source exceed \$100.00, 읶 Interest contributions on this FORM RECEIPT Loan Other FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE form. **GUARANTORS** THIS BLOCK IF I quires Use Fo Forms all contributions TOTAL 3 for those RECEIPTS from that source to be itemized. Lending listings. Institution RECEIPT SOURCE (CHECK ONE) PAC THIS Individual Business PAGE Other (mo./di 20130206000052710 4/5 \$ 00 Shelby Cnty Judge of Probate, AL 02/06/2013 12:11:48 PM FILED/CERT

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Shelby Chty	Judge of Probate AL

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TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

CANDIDATE TED OFFICIAL: b official: Dandidate or elected Melle ficial



total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures õ that recipient be iter

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AMOUNT EXPENDITURE	EXPENDITURE (mo./day/yr.)	Transportation OTHER BRIEF BRIEF	Loan Repayment Lodging	Food Fundraising	Contribution	Advertising Consultants/ Polling	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		NUTION	HECK ONE)	6			1		