

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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mes W. Fuhrmeister Judge of Probate

| Shelby Cnty Judge of Probate, AL<br>06/24/2013 04:07:08 PM FILED/CERT   |                                    |   |                                     |
|---|------------------------------------|---|-------------------------------------|
| Please Print in Ink or Type.  |                                    |   |                                     |
| Name of Candidate or Elected Official  Office Sought or Hold (include district or circuit pumber, if applicable)      | Political Party/Ballot Affiliation | Type of Report (check Monthly Weekly  | one) Amended Monthly Amended Weekly |
| Address Check box if reporting new address  | ver                                | For Monthly Reports  Month in which the report is filed.                                  | 2013                                |
| 250 McLaughlin Lane   |                                    | For Weekly Reports  |                                     |
| City State ZIP Code Westover AL 35147   | Telephone Number                   | Date of Friday in the week in which the report is filed.  Total Number of Pages in Report |                                     |
| Summary of activity since last filed report   |                                    |   |                                     |
| 1 Beginning balance (ending balance from previous   | aus filing)                        | 4   | 7, 1 -11                            |
| Cash Contributions  | ous iiiiig)                        |   | <u> </u>                            |
| 2a Itemized cash contributions (total from Form 2)  | 2a C                               |   |                                     |
| 2b Non-itemized cash contributions  | 2b 2b                              |   |                                     |
| 2c Total cash contributions (add lines 2a and 2b)   |                                    | 2c  |                                     |
| In-Kind Contributions   | · · · · · · · · · · · · · · · ·    | [2C]  |                                     |
| 3a Itemized in-kind contributions (total from Form  | 3) 3a -4                           | 2   |                                     |
| 3b Non-itemized in-kind contributions   | 3b                                 |   |                                     |
| 3c Total in-kind contributions (add lines 3a and 3b   |                                    |   |                                     |
| Receipts from Other Sources   |                                    |   |                                     |
| 4a Itemized Receipts from Other Sources (total from   | 2m Form 4) 4a                      |   |                                     |
| 4b Non-itemized Receipts from Other Sources   | 4b                                 | 4   |                                     |
| 4c Total receipts from other sources (add lines 4a  |                                    | 4c  |                                     |
| Expenditures  |                                    |   |                                     |
| 5a Itemized expenditures (total from Form 5)  | 5a                                 |   |                                     |
| 5b Non-itemized expenditures  | 5bE                                |   |                                     |
| 5c Total expenditures (add lines 5a and 5b)   |                                    | 5c  | 0                                   |
| 6 Ending balance (add lines 1, 2c, & 4c, then subtr   | ract line 5c)                      | 6   | 24.71                               |
| Canadates of the Miss of a transfer of the Of   | fice of the Secretary of Stat      | e   |                                     |
| Cantadates of the misting pai Office the miste  |                                    |   | ich the office is sought.           |
| As required by the Alabama Fair Campaign Practices Act, I he  |                                    | cribed before me this   |                                     |
| swear or affirm to the best of my knowledge and belief that   |                                    | he year $20/3$  |                                     |
| attached report(s) and the information contained herein true and correct and that this information is a full and comp | olete the little                   | of April of the   |                                     |
| statement of all contributions expenditures, and other requ   | ired Wile Wile                     | or the  | year <u>VUI</u> .                   |
| information during the applicable period of time.   | $\Delta M$                         | 4-1/  | į                                   |
| Signature of Notary Public  Signature of Notary Public  |                                    |   |                                     |
| Signature of Objective or Elected Official  Date  Shell ME  Lac M.  |                                    |   |                                     |
| FORM REVISED 10.27 2011   | Print Notary's Name                | Li-take Kili  |                                     |