FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Shelby Cnty Judge of Probate, AL 11/08/2013 01:26:21 PM FILED/CERT



Signature of Candidate or Elected Official

FORM REVISED 10.27.2011

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

NLY

NOV 08 2013

James W. Fuhrmoint

						Judge of Probate
Please Print in Ink or Type.						
M	Candidate or Elected Official Candidate or Elected Official Political Party/ Light or Held (include district or circuit number, if applicable)	Ballot A	iliation	Type of Report Mort	nthly	Amended Monthly Amended Weekly
Address Check box if reporting new address				For Monthly For Month in which report is filed. For Weekly R	n the	September 2013
City State ZIP Code Telephone Num 35147		nber	Date of Friday		in the the	
				Pages in Rep		
	most nieu report					
1 Be	ginning balance (ending balance from previous filing)				Arrow	24.71
Cas	h Contributions	† †				
2a Iter	mized cash contributions (total from Form 2)	2a	4		; ;	
2b No	n-itemized cash contributions	2b	(<u></u>	·	
2c Tot	tal cash contributions (add lines 2a and 2b)	 			2°C	<u></u>
in-K	find Contributions				<u> </u>	
3a Itei	mized in-kind contributions (total from Form 3)	3a				
3b No	n-itemized in-kind contributions	3b	شک	······································	<u>-</u>	
3c Tot	tal in-kind contributions (add lines 3a and 3b)	3c		<u> </u>	-	
Receipts from Other Sources						
4a Ite	mized Receipts from Other Sources (total from Form 4)	4a	بر			
4b No	n-itemized Receipts from Other Sources	4b	<u> </u>			
4c Tot	tal receipts from other sources (add lines 4a and 4b)				4c	2
Exe	enditures					
5a Ite	mized expenditures (total from Form 5)	5a	2			
5b No	n-itemized expenditures	5b		}		
5c Tot	al expenditures (add lines 5a and 5b)			· · · · · · · · · · · · · · · · · · ·	5c	0
6 En	ding balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	24.71
	The state of the s	creta	ry of State			
	duran Misse of the report on the		•		ity in whi	ch the office is sought.
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 complete statement of all contributions, expenditures, and other required information during the applicable period of time. Sworn to and subscribed before me this 21 day of the year 20,13 My commission expires the d						

Signature of Matary Public

Print Notary's Name