Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

MAY 1 9 2014

James W. Fuhrmeister Judge of Probate

Please Print in Ink or Type.			
Office Sought or Held (include district or circuit number, if applicable)	EPUBLICAN And	Type of Report (check Monthly Weekly	one) Compared Monthly Compared Meekly
SUPERINTENDENT - SHECBY COUNTY Address Check box if reporting new address 534 CALOWEU MILL GROLE		For Monthly Reports Month in which the report is filed. For Weekly Reports	
City BIRMINGHAM, At 35242	ephone Number	Date of Friday in the week in which the report is filed. Total Number of	5-16-14
Cure man of optivity pipes loot filed man out		Pages in Report	
Summary of activity since last filed report 1 Beginning balance (ending balance from previous	filing)	1	
Cash Contributions	1111197		
2a Itemized cash contributions (total from Form 2)	2a		
2b Non-itemized cash contributions	2h		-
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		270 1/1 \$.00
3c Total in-kind contributions (add lines 3a and 3b)	3c	20140522000156	270 1/1 \$.00
Receipts from Other Sources			dge of Probate, AL 56:43 PM FILED/CERT
4a Itemized Receipts from Other Sources (total from F	Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and	d 4b)	4c	0
Expenditures	· · · · · · · · · · · · · · · · · · ·		
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures ·	5b	· _ · · · · · · · · · · · · · · · · · ·	
5c Total expenditures (add lines 5a and 5b)		5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)	6	0
Candidates for State Office: File this report with the Office	of the Secretary of State		
Candidates for County or Municipal Office: File this repor	*		ich 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. Signature of Candidate or Elected Official Date	Sworn to and subscitude of the day	ribed before me thise year <u>2014</u> ofof the olic	My commission expires year 20/6

Print Notary's Name