

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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James W. Fehrmeister Judge of Probate

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Shelby Cnty Judge of Probate, AL 02/08/2016 03:46:39 PM FILED/CERT Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Monthly Amended Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) County Commission District 4 She/64 For Monthly Reports Month in which the report is filed. For Weekly Reports Date of Friday in the State ZIP Code Telephone Number Je5/4016 week in which the report is filed. Total Number of Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) **In-Kind Contributions** 3a Itemized in-kind contributions (total from Form 3) 3a| 3b Non-itemized in-kind contributions 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 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) 5b Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) Candidates for State Office: File this report with the Office of the Secretary of State. Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which 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

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T. Morgan

Print Notary's Name

ABAMA AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE 89

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FORM Shelby Cnty Judge of Probate; AL REVISED 02/08/2016 03:46:39 PM FILED/CERT (INCLUDE FULL NAME) 9 N 2011 When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND TOTAL ZIP) CASH CONTRIBUTIONS Business or QF Corporation SOURCE CONTRIBUTION (CHECK ONE) Individual PAC Other SIHT Returned ONTRIBUTION PAGE DATE

FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/EL TED OFFICIAL

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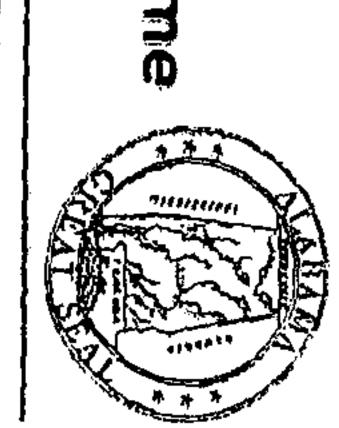


20160208000040600 3/5 \$.00 Shelby Cnty Judge of Probate: AL 02/08/2016 03:46:39 PM FILED/CERT FORM REVISED CONTRIBUTOR (INCLUDE FULL NAME) 9.2.2011 ADDRESS SHOULD INCLUDE (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) utions from a single s cash or loans 9 this form. Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising Use Consultants/ Polling orms N-KIND Equipment Food and Rent CONTRIBUTIONS for Transportation those Other Business/ listings Corporation SOURCE (CHECK ONE) Individual PAC **THIS** Other PAGE RECEIVED NTRIBUTION DATE ${\mathcal O}$

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CITY, STATE, AND ZIP) DO NOT LIST cash from a single source or in-kind contributions exceed OF RECEIPT Interest Loan \$100.00, Other on this form [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] the COMPLETE GUARANTORS requires THIS BLOCK IF I Use Forms 2 Ś <u>a</u>[contributions and 3 for those 0 from that source Lending Institution listings. RECEIPT SOURCE (CHECK ONE) PAC Individual
 The state of the Business be itemized. Other (mo./day/yr.) RECEIPT AMOUNT

FORM REVISED

9.2.2011

TOTAL

RECEIPTS

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AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE

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When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| FORM REVISED 9.2.2011 | |) She | 60208000 Iby Cnty 08/2016 | Judge of | Probate | , AL /CERT | Hone Cast | PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) | |
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| TOTAL EXPENDITURES THIS | | | | | | | | Administrative Advertising Consultants/ Polling Contribution Food Fundraising Loan Repayment Lodging Transportation EXPLANATION | PURPOSE OF EXPENDITURE (CHECK ONE) |
| PAGE | | | | | | | 3/6/ | EXPENDITURE (mo./day/yr.) | |
| 419 | | | | | | | 414 | AMOUNT OF EXPENDITURE | |