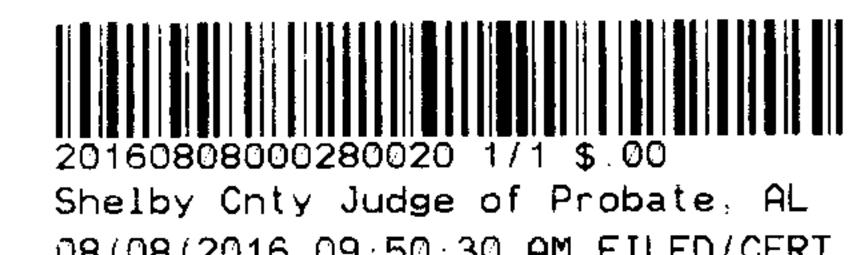


FAIR CAMPAIGN PRACTICES ACT

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



	SUMMARI FURNI			007007201	U US.JU	. SO MILLIPLOTOLINI
	Please Print in Ink or Type.	_ (*,	Table A Property	Type of Repor	t (check	one)
Name of Candidate or Elected Official Political Party/B			Cas	Mon	•	Amended Monthly Amended Weekly
-W	Office Sought or Held (include district or circuit number, if applicable)			Wee	ekly	
Shelby County Commission District Address Check box if reporting new address State ZIP Code Telephone Num Calesa At 35040			}	For Monthly Reports Month in which the report is filed. For Weekly Reports		Jane
			nber	1	Date of Friday in the week in which the	
				report is filed.		
· · · · · ·				Total Number		
				Pages in Rep) L	
S	ummary of activity since last filed report					- 1 V
1	Beginning balance (ending balance from previous	s filing)				316. = 1
	Cash Contributions	_			7	
	Itemized cash contributions (total from Form 2)		2a		_	
	Non-itemized cash contributions		2b		<u> </u>	
2c	Total cash contributions (add lines 2a and 2b)	<u>,</u>			2c	
	In-Kind Contributions	·····			_	
3a	Itemized in-kind contributions (total from Form 3)		3a			
3b	Non-itemized in-kind contributions		3b		_	
3c	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		4b			
4c	Total receipts from other sources (add lines 4a an	nd 4b)			4c	
	Expenditures				<u> </u>	
5a	Itemized expenditures (total from Form 5)	· · · · · · · · · · · · · · · · · · ·	5a			
	Non-itemized expenditures		5b			
5c		· · · · · · · · · · · · · · · · · · ·			5c	<u></u>
6	Ending balance (add lines 1, 2c, & 4c, then subtract	t line 5c)			6	216.24
				1. A.		
	ndidates for State Office: File this report with the Office ndidates for County or Municipal Office: File this repo				ty in we	nich the office is soug
						// 12
	equired by the Alabama Fair Campaign Practices Act, I hereby ar or affirm to the best of my knowledge and belief that the	. 4		scribed before me	-	ファ day of
atta	ched report(s) and the information contained herein are	e <i>111</i>	/ 1	the year <u>2/</u>		My commission expir
	and correct and that this information is a full and complete	410	284/ da	y of Much	of th	e year <u>2010</u>
	ement of all contributions, expenditures, and other required reaction during the applicable period of time.	u	<i>∧</i> ∩ <i>n</i>	1	-	, / -
 1	· / / / / / / / / / / / / / / / / /		H-ehr	nh Jyur	<u> </u>	482/00
 Siar	nature of Candidate or Elected Official Date	Signa	ature of Notary P		\ ,	
·J'			Debro	Ch LYNA	<u>) </u>	torton
	M REVISED 9 2 2011	Print	Notary's Name			