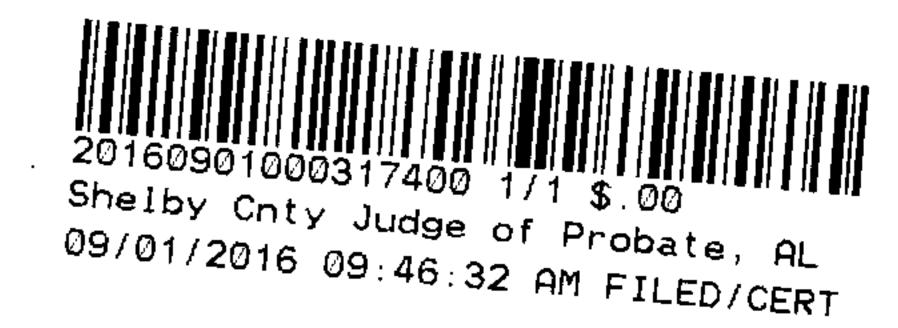


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly REPUBLICAN Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) COMNISSION DISTRICT For Monthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the Telephone Number ZIP Code City week in which the 35051 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** 2a Itemized cash contributions (total from Form 2) 2b Non-itemized cash contributions **2**b 2c Total cash contributions (add lines 2a and 2b) **2**c **In-Kind Contributions** 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** Itemized Receipts from Other Sources (total from Form 4) 4a 4b Non-itemized Receipts from Other Sources 4c Total receipts from other sources (add lines 4a and 4b) 4c Expenditures 5a Itemized expenditures (total from Form 5) **5**a 5b Non-itemized expenditures 5b 5C Total expenditures (add lines 5a and 5b) 6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) Candidates for State Office: Tie tors record who the Office of the Sepretary of State Candidates for County or Municipal Office: File this report with the Judge of Propate of the county in which the office is sought

FORM REVISED 10.27.2011

information during the applicable period of time.

Signature of Candidate of Elected Official

