

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL PRE-ELECTION REPORT SUMMARY FORM 1



20100526000166810 1/5 \$.00
Shelby Cnty Judge of Probate, AL
05/26/2010 09:52:40 AM FILED/CERT

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MAY 24 2010

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official NICKE JAMES GASPEAS		Political Party/Ballot Affiliation REP	
Office Sought or Held (include district or circuit number, if applicable) BOARD OF EDUCATION PLACE 2 SHELBY CO			
Address ☐ Check box if reporting new address 141 LAKE FOREST WAY			
City MAYLENE	State AL	ZIP Code 35114	Telephone Number 205.685.5975

Type of Election
(check one)☒ Primary Election☐ Primary Runoff☐ General Election☐ Special Election☐ Municipal Election☐ Municipal Runoff Election

Type of Report (check one)

☒ 10-5 Day Pre-Election Report☐ 50-45 Day Pre-Election Report☐ Amended Pre-Election ReportCHECK ONE OF THE ABOVE BOXES TO INDICATE
WHICH TYPE OF REPORT IS BEING AMENDED

Election Date

1 JUNE 2010

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	0
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	0	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)	4	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$742.80	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	742.80	
6	Ending balance (add lines 1, 2c, & 4; subtract line 5c)	6	-742.80	

Sworn to and subscribed before me this 24th day of
May of the year 2010. My commission expires
the 27th day of October of the year 2013.

Signature of Notary Public

Print Notary's Name

KEITH T. ATWELL

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

Nicke Gaspeas**5/24/2010**

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: NICK E JAMES GASPERS PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
NONE								
TOTAL CASH CONTRIBUTIONS THIS PAGE								0

FORM REVISED 10.29.99

TOTAL CASH CONTRIBUTIONS THIS PAGE



20100526000166810 2/5 \$.00
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FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: NICKIE JAMES GASPERS

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
NONE																	

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

FORM 4: RECEIPTS FROM OTHER SOURCES

NAME OF CANDIDATE / ELECTED OFFICIAL: NICK E JAMES GASPERS

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
NONE												
FORM REVISED 10.29.99					TOTAL RECEIPTS THIS PAGE							

20100526000166810 4/5 \$.00
Shelby Cnty Judge of Probate, AL
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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

GASPER

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
MINUTEMAN PRESS	438 1ST STREET SW ALABASTER, AL 35007	X								Business CARDS	4/14/10	\$64.80
"	"	X								"	4/30/10	64.80
"	"	X								SIGNS	4/29/10	313.20
SHELBY County REPORTER	P.O. BOX 947, 115 NORTH MAIN STREET, COLUMBIANA, AL	X								NEWSPAPER ADS	5/4/10	300 on
FORM REVISED 10.29.99	TOTAL EXPENDITURES THIS PAGE											\$742.

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