

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL
PRE-ELECTION REPORT

SUMMARY FORM 1

20100528000169770 1/5 \$.00
Shelby Cnty Judge of Probate, AL
05/28/2010 10:33:20 AM FILED/CERT

RECEIVED

MAY 27 2010

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official David Nichols		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Board of Education, Place #1			
Address ☐ Check box if reporting new address P.O. Box 1031			
City Pelham	State AL	ZIP Code 35124	Telephone Number 205-447-5287

Type of Election
(check one)

- ☒ Primary Election
☐ Primary Runoff
☐ General Election
☐ Special Election
☐ Municipal Election
☐ Municipal Runoff Election

Election Date

June 1, 2010

Type of Report (check one)

- ☐ 10-5 Day Pre-Election Report
☒ 50-45 Day Pre-Election Report
☐ Amended Pre-Election Report

CHECK ONE OF THE ABOVE BOXES TO INDICATE
WHICH TYPE OF REPORT IS BEING AMENDED

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1500 \$1500 on
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$1500 0
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1500
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	N/A
3b	Non-itemized in-kind contributions	3b	N/A
3c	Total in-kind contributions (add lines 3a and 3b)	3c	N/A
Receipts from Other Sources			
4	Total receipts from other sources (total from Form 4)	4	N/A
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$3099.60
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$3,099.60
6	Ending balance (add lines 1, 2c, & 4; subtract line 5c)	6	-\$1599

Sworn to and subscribed before me this 27th day of May of the year 2010. My commission expires the 6th day of March of the year 2013.

Cindy Glass

Signature of Notary Public

Cindy Glass

Print Notary's Name

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.

David Nichols

Signature of Candidate or Elected Official

5/27/10

Date

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

David Nichols

PAGE

2 OF 4

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		
FORM 3 FILED NOV 10 2010 CLERK OF SUPERIOR COURT Gerald Nichols	2040 N. Cahaba Dr. Vestavia AL P.O. Box 701 Helena, AL		☒				4/10	\$400.00
Sonny Penhale			☒				4/15/10	\$200.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								0

FORM REVISED 10.29.99

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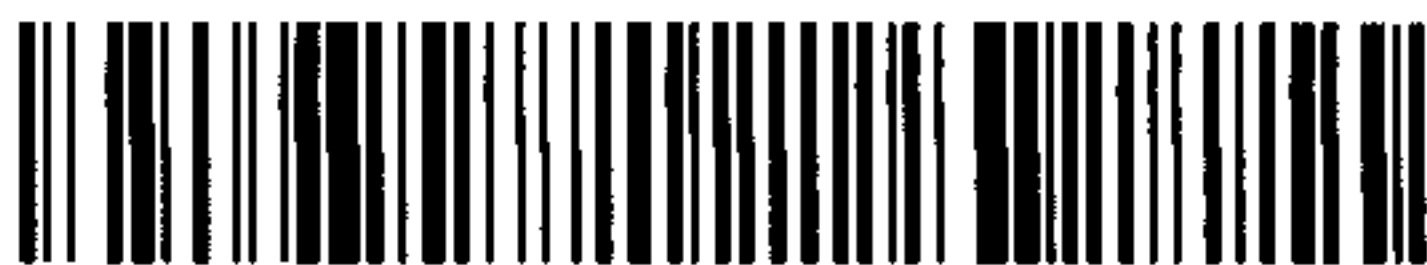
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
NONE															
Donor Name															
James D. Nichols	2040 N. Lakeland Dr. Vestavia		✓												\$44.10
Sonny Penhale	P.O. Box Helena, AL 35080		✓												\$200
	DN														DN
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE												0	



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

FO

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													



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