

ALABAMA FAIR CAMPAIGN PRACTICES ACT
CANDIDATE / ELECTED OFFICIAL
ANNUAL REPORT
SUMMARY FORM 1A

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Shelby Cnty Judge of Probate, AL
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JUN 30 2010

James W. Fuhrmeister
Judge of Probate

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

Type of Report (check one)

☐ Annual Report for Year _____

☒ Termination Report

☐ Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)	1	[-742.80]
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	0
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	0
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6	[-742.80]

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	
8	Total cash contributions for year	8	
9	Total in-kind contributions for year	9	
10	Total receipts from other sources for year	10	
11	Total expenditures for year	11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	
13	Total campaign debt (total debt owed as of December 31)	13	

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

Signature of Notary Public

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.

Nick Gasper
Signature of Candidate or Elected Official

6/29/10
Date

FORM REVISED 10.29.99

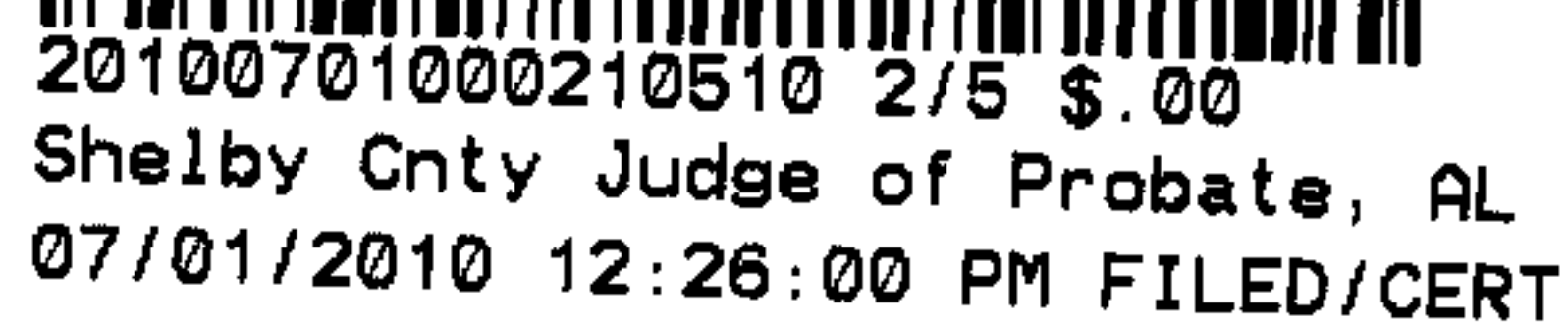
ANNUAL REPORT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

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		
N/A								
TOTAL CASH CONTRIBUTIONS THIS PAGE								



FORM 3: IN-KIND CONTRIBUTIONS

GAS PERS

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		
N/A															

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FORM 4: RECEIPTS FROM OTHER SOURCES

GASPER

SOURCE OF RECEIPT
(INCLUDE FULL NAME)

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX,
CITY, STATE, AND ZIP)

**COMPLETE THIS BLOCK IF RECEIPT
IS A LOAN**

GUARANTORS

[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]

FORM OF RECEIPT

Interest	Loan	Other
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RECEIPT SOURCE
(CHECK ONE)

Lending Institution	PAC	Individual	Business	Other
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DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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FORM REVISED 10.29.99

TOTAL RECEIPTS THIS PAGE



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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Nick James GASPERS

OF

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
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
N/A													
					</								

