

CANDIDATE / ELECTED OFFICIAL

ANNUAL REPORT

SUMMARY FORM 1A

20110128000029740 1/5 \$.00
Shelby Cnty Judge of Probate, AL
01/28/2011 09:57:31 AM FILED/CERT

Please Print in Ink or Type.

RECEIVED
JAN 27 2011
James W. Fuhrmeister
Judge of Probate

Name of Candidate or Elected Official Rick Shepherd		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Shelby County Commission District 8			
Address ☐ Check box if reporting new address 328 Graystone Glen Circle			
City Hoover	State AL	ZIP Code 35242	Telephone Number 20 [REDACTED]

Type of Report (check one)

☒ Annual Report for Year **2010**☐ 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	45.72
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	45.72

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	45.72
8	Total cash contributions for year	8	0
9	Total in-kind contributions for year	9	0
10	Total receipts from other sources for year	10	0
11	Total expenditures for year	11	0
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	45.72
13	Total campaign debt (total debt owed as of December 31)	13	9775.00

Sworn to and subscribed before me this **26th** day of **January** of the year **2011**. My commission expires the **23rd** day of **June** of the year **2013**.

Kimberly W. Hock
Signature of Notary Public
Kimberly W. Hock
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.

Rick Shepherd
Signature of Candidate or Elected Official
1-26-11
Date

FORM 3: IN-KIND CONTRIBUTIONS

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				

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

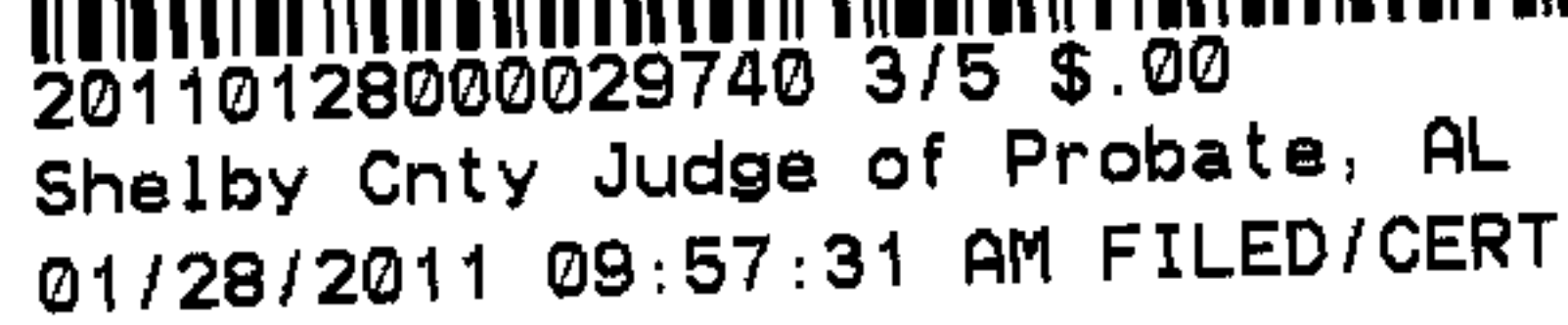
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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
FORM REVISED 10.29.99		TOTAL CASH CONTRIBUTIONS THIS PAGE					ϕ	

FORM REVISED 10.29.99

TOTAL CASH CONTRIBUTIONS THIS PAGE

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

FORM 4: RECEIPTS FROM OTHER SOURCES

NAME OF CANDIDATE / ELECTED OFFICIAL: Rick Shepherd

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) ENDORISING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			

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

FORM 5: EXPENDITURES

Rick Shepherd

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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		
		TOTAL EXPENDITURES THIS PAGE											0

FORM REVISED 10.29.99