



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20111228000391670 1/5 \$.00
Shelby Cnty Judge of Probate, AL
12/28/2011 11:00:43 AM FILED/CERT

Please Print in Ink or Type.

RECEIVED

DEC 27 2011

James W. Fuhrmeister
Judge of Probate

Name of Candidate or Elected Official STANLEY Hurdley		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR of Columbiana			
Address ☐ Check box if reporting new address PO Box 828			
City Columbiana	State AL	ZIP Code 35051	Telephone Number 205 669 4131

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

December

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of
Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	200⁰⁰	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	200⁰⁰	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	1471.75	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	1471.75	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1203.16	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	1203.16	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	468.59	

Candidates for State Office: File this report with the Office of the Secretary of State.**Candidates for County or Municipal Office:** File this report with the Judge of Probate of the county in which the office is sought.

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 **[Signature]** Date **12/27/11**

Sworn to and subscribed before me this **27th** day of **December** of the year **2011**. My commission expires the **1** day of **March** of the year **2013**.

Signature of Notary Public **[Signature]**

Print Notary's Name **Kimberly Melton**

NAME OF CANDIDATE OR ELECTED OFFICIAL:

STANLEY Hendon

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL:

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL:

STZ-1 Hamilton

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM REVISED 9.2.2011

TOTAL RECEIPTS THIS PAGE

1471.75



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Stanley Handlen



**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**

Piggy M. 9/11

70
F
C
123
A
35051

Conductance Reagents

1065 mucky H₂O
35a16

Yusef Gedeon

670 Hwy 70
Columbia Ark 35051

FORM REVISED 9.2.2011

TOTAL EXPENDITURES THIS PAGE

120316



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