

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20120103000000500 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
01/03/2012 10:27:22 AM FILED/CERT

**RECEIVED**
**DEC 29 2011**

 James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

|                                                                                                                       |             |                                    |                                  |
|-----------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|----------------------------------|
| Name of Candidate or Elected Official<br>Teresa M. Nichols                                                            |             | Political Party/Ballot Affiliation |                                  |
| Office Sought or Held (include district or circuit number, if applicable)<br>Council Member, City of Pelham, AL 35124 |             |                                    |                                  |
| Address <input type="checkbox"/> Check box if reporting new address<br>234 Beaver Creek Parkway                       |             |                                    |                                  |
| City<br>Pelham AL 35124                                                                                               | State<br>AL | ZIP Code<br>35124                  | Telephone Number<br>205-733-1295 |

## Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

## For Monthly Reports

Month in which the report is filed.

December 2011

## For Weekly Reports

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

Total Number of Pages in Report

5

## Summary of activity since last filed report

|                                    |                                                               |    |        |
|------------------------------------|---------------------------------------------------------------|----|--------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | \$0.00 |
| <b>Cash Contributions</b>          |                                                               |    |        |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | \$0.00 |
| 2b                                 | Non-itemized cash contributions                               | 2b | \$0.00 |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | \$0.00 |
| <b>In-Kind Contributions</b>       |                                                               |    |        |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | \$0.00 |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | \$0.00 |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | \$0.00 |
| <b>Receipts from Other Sources</b> |                                                               |    |        |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | \$0.00 |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | \$0.00 |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | \$0.00 |
| <b>Expenditures</b>                |                                                               |    |        |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | \$0.00 |
| 5b                                 | Non-itemized expenditures                                     | 5b | \$0.00 |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | \$0.00 |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | \$0.00 |

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

12/29/11

Date

Sworn to and subscribed before me this 29th day of December of the year 2011. My commission expires the 7th day of October of the year 2013.

Signature of Notary Public

Thomas R. Seale

Print Notary's Name

## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE &amp; ELECTED OFFICIAL



# FORM 2: Contributions received by candidate or elected official

**Teresa M. Nichols**

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

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

[illegible]







# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Teresa M Nichols

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
| n/a                                                                   |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       | 0.00                                    |                             |