


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20120329000106940 1/4 \$.00
 Shelby Cnty Judge of Probate, AL
 03/29/2012 08:34:35 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Stanley Handley		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 ALA	ZIP Code 35051	Telephone Number 205669-4131

Type of Report (check one)

☒ Monthly
☐ Weekly

☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

MARCH

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	468.59
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	1000.00
2b	Non-itemized cash contributions	2b	—
2c	Total cash contributions (add lines 2a and 2b)	2c	1000.00
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	1743.50
4b	Non-itemized Receipts from Other Sources	4b	—
4c	Total receipts from other sources (add lines 4a and 4b)	4c	1743.50
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	676.00
5b	Non-itemized expenditures	5b	—
5c	Total expenditures (add lines 5a and 5b)	5c	676.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	2536.09

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
Stanley Handley

Date

3/27/12
 Sworn to and subscribed before me this **27th** day of **March** of the year **2012**. My commission expires the **10th** day of **February** of the year **2014**.

Signature of Notary Public

Print Notary's Name

Tracey B. King

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Stanisl Hadbony

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.

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		
Alabaster Optical	300 1st St North Alabaster Alabama 35007	X					3/26/12	\$100.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$100.00





FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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 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 [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business			Other
STANLEY HANDLEY	PO Box 828 Columbian AL 35051		X					X			11/24/12	800 ⁰⁰
STANLEY HANDLEY	PO Box 828 Columbian AL 35051		X					X			3/27/12	943 ⁵⁰
FORM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE										1743 ⁵⁰	



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STANLEY HARDLEY

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
ON TIME PROMOS	4665 Hwy 473 Shelby Ala 35143		X									3/2/12	126 ⁰⁰
Columbian Girls Softball	Columbian Ala 35051		X									3/8/12	250 ⁰⁰
Shelby Elem. School	19529 Hwy 145 Shelby Ala. 35143		X									3/8/12	100 ⁰⁰
Lamar Ads	201 31st St N. Bham, Ala 35202		X									3/12/12	200 ⁰⁰
		TOTAL EXPENDITURES THIS PAGE											\$ 676 ⁰⁰