

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

APR 30 2012

James W. Fuhrmeister
Judge of Probate
 20120501000149520 1/2 \$.00
 Shelby Cnty Judge of Probate, AL
 05/01/2012 08:33:28 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 <input type="checkbox"/> Check box if reporting new address PO Box 828			
City Columbiana	State ALA.	ZIP Code 35051	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports

Month in which the
report is filed.**April**

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	2536.09
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	—	
2b	Non-itemized cash contributions	2b	—	
2c	Total cash contributions (add lines 2a and 2b)	2c	—	
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	—	
4b	Non-itemized Receipts from Other Sources	4b	—	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	—	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1432.00	
5b	Non-itemized expenditures	5b	—	
5c	Total expenditures (add lines 5a and 5b)	5c	1432.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1104.09	

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
[Signature]

Date

4/30/12
 Sworn to and subscribed before me this **30th** day of
April of the year **2012**. My commission expires
 the **1st** day of **March** of the year **2016**.

 Signature of Notary Public
Kimberly Melton

 Print Notary's Name
Kimberly Melton

**FORM 5: Expenditures by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: Stanley Handley

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient 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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
4 Imprint	101 Commerce St. PO Box 320 DSHKesh W 35490	X										4/26/12	352 ⁰⁰
Sign Graphics	670 Hwy 70 Columbia AL 35051	X										4/26/12	1080 ⁰⁰
TOTAL EXPENDITURES THIS PAGE												1432 ⁰⁰	



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