



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 13 2012

James W. Fuhrmeister
Judge of Probate

20120713000250820 1/4 \$.00
Shelby Cnty Judge of Probate, AL
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Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Stanley Hardley</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>Mayor of Columbiana</u>			
Address ☐ Check box if reporting new address <u>PO Box 828</u>			
City <u>Columbiana</u>	State <u>Ala</u>	ZIP Code <u>35051</u>	Telephone Number <u>[REDACTED]</u>

Type of Report (check one)

☐ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

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	<u>788.00</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<u>951.00</u>
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>951.00</u>
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	<u>0</u>
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	<u>1118.88</u>
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>1118.88</u>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<u>120.12</u>

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 7/13/12

Sworn to and subscribed before me this 13th day of July of the year 2012. My commission expires the 8th day of May of the year 2016.

Signature of Notary Public Lisa Traywick Morgan

Print Notary's Name Lisa Traywick Morgan



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Stacy Hendley

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		
Jim & Peggy Lee	5271 Chilton Rd Calera AL 35040		X				7/8/12	500 ⁰⁰
Cooper Spirey	PO Box 1208 Columbia AL 35051		X				7/8/12	200 ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								700 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
Shirley Huddy	PO Box 828 Columbia AL 35051		X									251 ⁰⁰
TOTAL RECEIPTS THIS PAGE											251 ⁰⁰	

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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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		
Sign Graphics	670 Hwy 70 Columbiana Ala 35051		X									1118'88
TOTAL EXPENDITURES THIS PAGE												1118'88



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