



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20120719000258910 1/5 \$.00
Shelby Cnty Judge of Probate, AL
07/19/2012 12:59:26 PM FILED/CERT

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JUL 19 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Richard Eric Patterson</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Mayor of Leeds</i>			
Address ☐ Check box if reporting new address <i>P.O. Box 155</i>			
City <i>Leeds</i>	State <i>AL</i>	ZIP Code <i>35094</i>	Telephone Number

Date Covered by Report

*7-1-12
to 7-30-12*

☐ Amended Daily Report

Total Number of Pages
in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<i>1018⁰⁰</i>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<i>2150⁰⁰</i>
2b	Non-itemized cash contributions	2b	<i>792⁰⁰</i>
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>2942⁰⁰</i>
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	<i>2787⁰⁰</i>
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>2787⁰⁰</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>1173⁰⁰</i>

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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.

R. Eric Patterson
Signature of Candidate or Elected Official

Date

Sworn to and subscribed before me this *18th* day of *July* of the year *2012*. My commission expires the *12th* day of *May* of the year *2015*.

Pamela A. Holloway
Signature of Notary Public

Pamela A. G. Holloway
Print Notary's Name

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

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.

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		
Patterson Pharmacy	7813 Parkway Drive, AL	☒	☐	☐	☐	☐	7/16/12	2000 ⁰⁰ —
Frank Spencer	1242 Lake Forest Circle Hoover, AL 35244	☒	☐	☐	☐	☐	7/16/12	1000 ⁰⁰ —
Eight Donations	Various	☐	☒	☐	☐	☐	7/12-7/16	792 ⁰⁰ —
Lance Bell	200 Highland Blvd Pell City, AL 35135	☐	☒	☐	☐	☐	7/14/16	150 ⁰⁰ —
TOTAL CASH CONTRIBUTIONS THIS PAGE								2992 ⁰⁰ —



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FORM REVISED 9.2.2011

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FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Richard Eric Patterson

When total contributions from a single source exceed \$100.00, the FCRA requires all contributions from that source to be itemized.
DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																- 0 -	

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