### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Shelby Cnty Judge of Probate, AL 07/23/2012 01:18:44 PM FILED/CERT

### RECEIVED

JUL 20 2012

James W. Fuhrmeister Judge of Probate

### Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

	Political Page 1	arty/Ballot /	Affiliation	Type of Repor	t (check d	one)	
Nam	ie di Carididate di Liccted Officiali	ai tyr Danot r		Mon	thly	Amended Month	ly
OFC	JIM STRICKLAND  - South to Hold (include district or circuit number if applicable)		· · · · · · · · · · · · · · · · · · ·	<b>▼</b> Wee	kly	Amended Week	у
	ce Sought or Held (include district or circuit number, if applicable)  COLUMBIANA CITY CONNEL DISTRICT :  ress Check box if reporting new address	3		For Monthly R Month in which report is filed.	eports		
	P.O. Box 500			For Weekly Re	•	THROUGH	<u> </u>
City	COLUMBIANA AL 35051 Telephone	e Number		Date of Friday week in which teport is filed.		7-20-12	
<del>,</del>				Total Number Pages in Repo		3	
Sı	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing	3)			1	74.42	•
(	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)	2a	2	50.00			
2b	Non-itemized cash contributions	2b					
2c	Total cash contributions (add lines 2a and 2b)				2c	250.00	
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a	-4	<u></u>			
3b	Non-itemized in-kind contributions	3b		· · · · · · · · · · · · · · · · · · ·			
3c	Total in-kind contributions (add lines 3a and 3b)	3с					
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form	(4) 4a	-6	<del>9</del> -			
4b	Non-itemized Receipts from Other Sources	4b					
4c	Total receipts from other sources (add lines 4a and 4b)				4c	-6-	
<u> </u>	Expenditures						

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.

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Non-itemized expenditures

5b|

mation during the applicable period of time.	12-20-1
//m / many	1-20-1
nature of Candidate or Elected Official	Date

Sworn to and subscribed before me this day of
July of the year 2012. My commission expires
the $\frac{24m_{day of}}{0}$ of the year $\frac{2013}{0}$ .
Att well
Signature of Notary Public
KRISTI T. ATWELL
Orint Notary's Nama

152.20

172.22

152.20

Print Notary's Name

# TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE δo ELECTED OFFICIAL

### NAME OF CANDIDATE Contribu Itions received by candidate 9 elected

ELECTED OFFICIAL: Sin FRICKLAND official

all contributions from that source to be itemize

250.00	IS PAGE	I I	SNO	)T(	RIBC	TOTAL CASH CONTR	FORM REVISED 10.27.2011
			<u></u>				
201207230 Shelby Cr 07/23/20							
nty Judge					<u></u>		
of Proba							
ate, HL							
				·			
250.00	7-17-12		<u> </u>			3170 Pelham Parkway Pelham, AL 35124 Y	Tim Strickland - Realty South
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) sines	(INCLUDE FULL NAME)
		NOI	RCE RONE)	SOUR ONTR	OF CC		
	to be itemized.	source ngs.	that listi	SOL MO.		ons from a single source exceed \$100.00, the FCPA requires all contributions NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for	When total contributi DC

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## ALABAMA FAIR CAMPAIGN PRACT AMPAIGN FINANCE REPORT ζο EL

### 下 の R 工 Material Expendit 05 fficial

NAME OF CANDIDATE OR ELECTE

When total expenditures

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single

recipient

exceed

<del>⇔</del>

100.00,

the

requires

<u>a</u>

expenditures

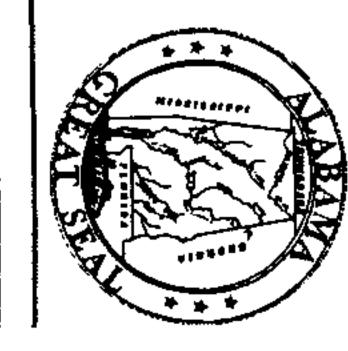
Ö

that

recipient

be

temized



FORM REVISED 10.27.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) DIXIE NOVELLA POSTMASTER PRINTING 1423 Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF E TOTAL Food Fundraising **EXPENDITURES** Loan EXPENDITURE CK ONE) Repayment Lodging Transportation PRINTIN AMPS SIHT 3 PAG KPENDI. (mo./da DA. 30 N EXPENDITURE 152 N Shelby Cnty Judge of Probate, AL

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