



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 31 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official JIM STRICKLAND		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) COLUMBIANA CITY COUNCIL ... DISTRICT 3			
Address ☐ Check box if reporting new address P.O. BOX 500			
City COLUMBIANA	State AL	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.For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

WEEK ENDING 8-31-12
2

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1,060.62
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		0
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		0
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		500.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		560.62

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

 8-31-12

Date

Sworn to and subscribed before me this 31st day of August of the year 2012. My commission expires the 8th day of May of the year 2012.

Signature of Notary Public

 Lisa Traywick Morgan

Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jim Strickland

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					
Beth Strickland	P.O. Box 500 Columbiana 35051											✓			8-27-12	500.00
TOTAL EXPENDITURES THIS PAGE													500.00			