

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA



20120904000334040 1/5 \$.00
Shelby Cnty Judge of Probate, AL
09/04/2012 03:10:29 PM FILED/CERT

Print Form

OR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

SEP 04 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 <i>[REDACTED]</i>

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor 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*August 24,
2012*

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<i>1173⁰⁰ + 787⁸⁹</i>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<i>200</i>
2b	Non-itemized cash contributions	2b	<i>- 0 -</i>
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>200</i>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>[REDACTED]</i>
3b	Non-itemized in-kind contributions	3b	<i>[REDACTED]</i>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>[REDACTED]</i>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>[REDACTED]</i>
4b	Non-itemized Receipts from Other Sources	4b	<i>[REDACTED]</i>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>- 0 -</i>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<i>- 0 -</i>
5b	Non-itemized expenditures	5b	<i>- 0 -</i>
5c	Total expenditures (add lines 5a and 5b)	5c	<i>- 0 -</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>2160⁸⁹</i>

*1173⁰⁰
Should have
been added
from org*

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.

R Eric Patte *8/24/12*
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *24* day of
August of the year *2012*. My commission expires
the *49th* day of *April* of the year *2016*.

Norma J. Patterson
Signature of Notary Public

Noema J. Patterson
Print Notary's Name

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



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: *Richard E. E. E. E.*

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		
<i>Debbie & Sam Perillo</i>	<i>1407 Montevilla Rd. Leeds, AL 35094</i>		☒					<i>200.00</i>
TOTAL CASH CONTRIBUTIONS THIS PAGE								<i>200.00</i>

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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 FCPA 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	

