

THIS AREA FOR OFFICIAL USE ONLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20120904000334080 1/5 \$.00
Shelby Cnty Judge of Probate, AL
09/04/2012 03:10:33 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Richard Ernie Patterson		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Leeds			
Address ☐ Check box if reporting new address P.O. Box 155			
City Leeds	State AL	ZIP Code 35094	Telephone Number 205-891-1111

Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.

**August 31
2012**

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	2160.89
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	1000.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	1100.00	
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	- 0 -	
5b	Non-itemized expenditures	5b	- 0 -	
5c	Total expenditures (add lines 5a and 5b)	5c	- 0 -	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	3260.89	

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. Ernie Patterson **8/31/12**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **31st** day of **August** of the year **2012**. My commission expires the **19th** day of **April** of the year **2016**.

Norma J. Patterson
Signature of Notary Public

NORMA J. PATTERSON
Print Notary's Name



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		
		TOTAL EXPENDITURES THIS PAGE											

FORM REVISED 10.27.2011

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