

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL

ANNUAL REPORT

SUMMARY FORM 1A

20140115000014610 1/14 \$.00
Shelby Cnty Judge of Probate, AL
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JAN 15 2014

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Hicks, Robert Birrell			Political Party/Ballot Affiliation Independent
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council			
Address ☐ Check box if reporting new address 2117 King Charles Circle			
City Alabaster	State Alabama	ZIP Code 35007	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Annual Report for Year 2013
- ☐ Termination Report
- ☐ Amended Annual Report for Year _____

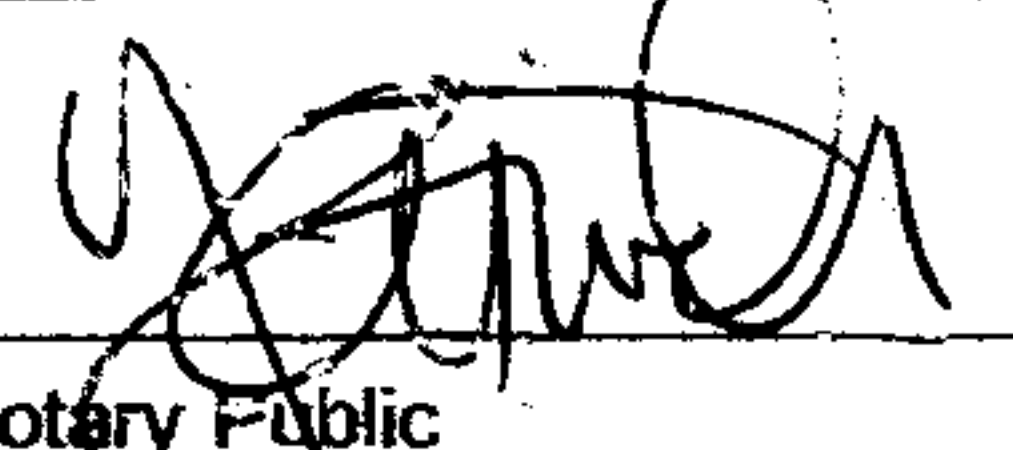
SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	(\$1,827.19)
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		\$0.00
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		\$0.00
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)	4		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6		(\$1,827.19)

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	(\$1,827.19)
8	Total cash contributions for year	8	
9	Total in-kind contributions for year	9	
10	Total receipts from other sources for year	10	
11	Total expenditures for year	11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	(\$1,827.19)
13	Total campaign debt (total debt owed as of December 31)	13	

Sworn to and subscribed before me this 15th day of January of the year 2014. My commission expires the 25th day of October of the year 2017.


Signature of Notary Public

KRISTIN T. ATWELL
Print Notary's Name

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

Date

FORM 2: CONTRIBUTIONS

PAGE OF

CONTRIBUTOR
(INCLUDE FULL NAME)

ADDRESS

**SOURCE
OF CONTRIBUTION
(CHECK ONE)**

Business & Corporate

Individual

PAC

Other

Returned

**DATE
CONTRIBUTION
RECEIVED**
(mo./day/yr.)

AMOUNT
OF
CONTRIBUTION

2117 King Charles Circle

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TOTAL CASH CONTRIBUTIONS THIS PAGE

00-05



20140115000014610 3/14 \$.00
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FORM 2: CONTRIBUTIONS

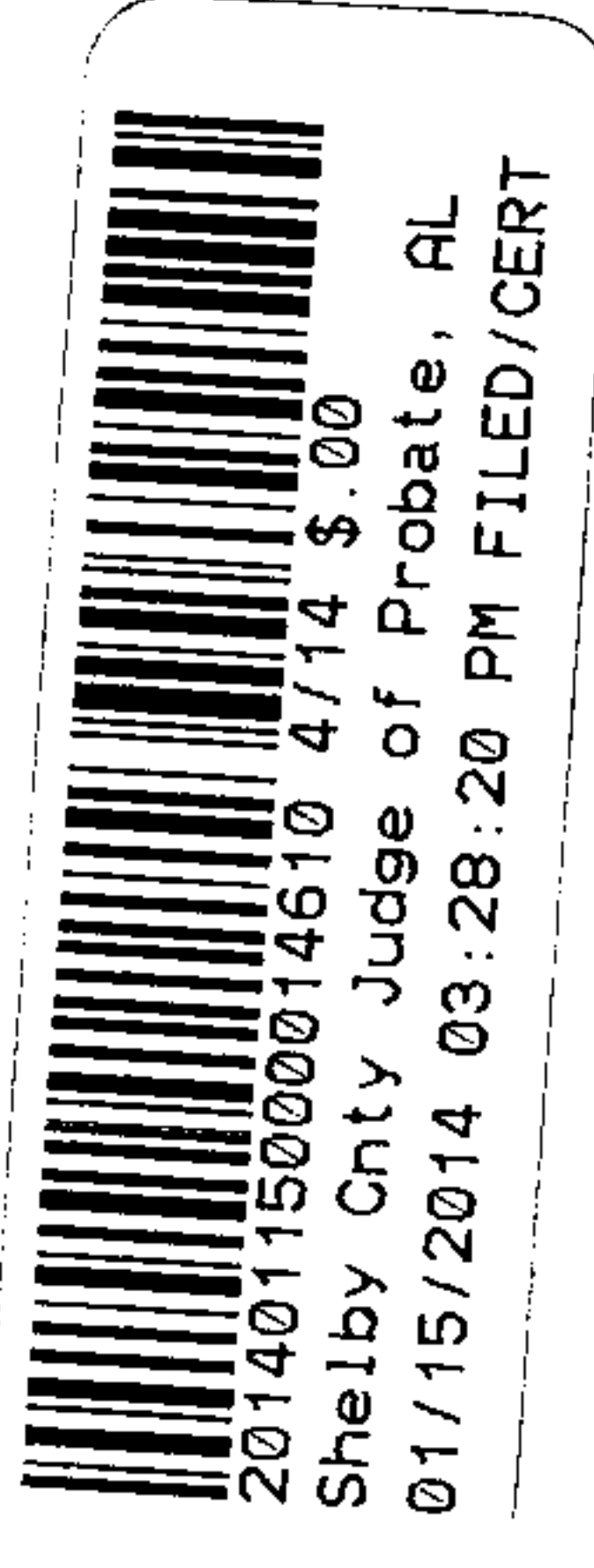
NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized **DO NOT LIST** in kind contributions or oans on this form Use Forms 3 and 4 for those istings

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		
FORM REVISED 10.29.99		TOTAL CASH CONTRIBUTIONS THIS PAGE						\$0.00

FORM 2: CONTRIBUTIONS



NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

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									\$0 . 00
									TOTAL CASH CONTRIBUTIONS THIS PAGE

FORM REVISED 10.29.99

FORM 2: CONTRIBUTIONS

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

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[illegible]

FORM 2: CONTRIBUTIONS

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NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

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		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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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		
FORM REVISED 10.29.99		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE												\$0.00	

[illegible]

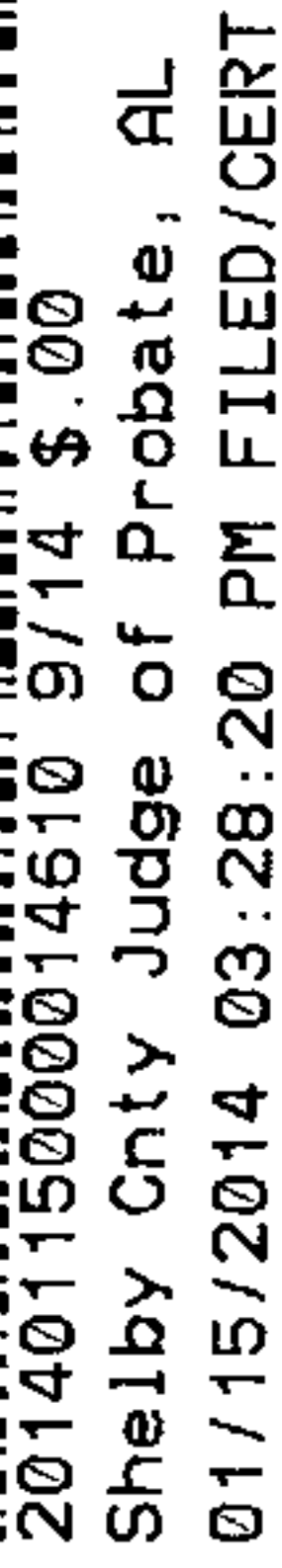
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NAME OF CANDIDATE / ELECTED OFFICIAL:

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		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
			</												



FORM 4: RECEIPTS FROM OTHER SOURCES

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

PAGE _____ OF _____

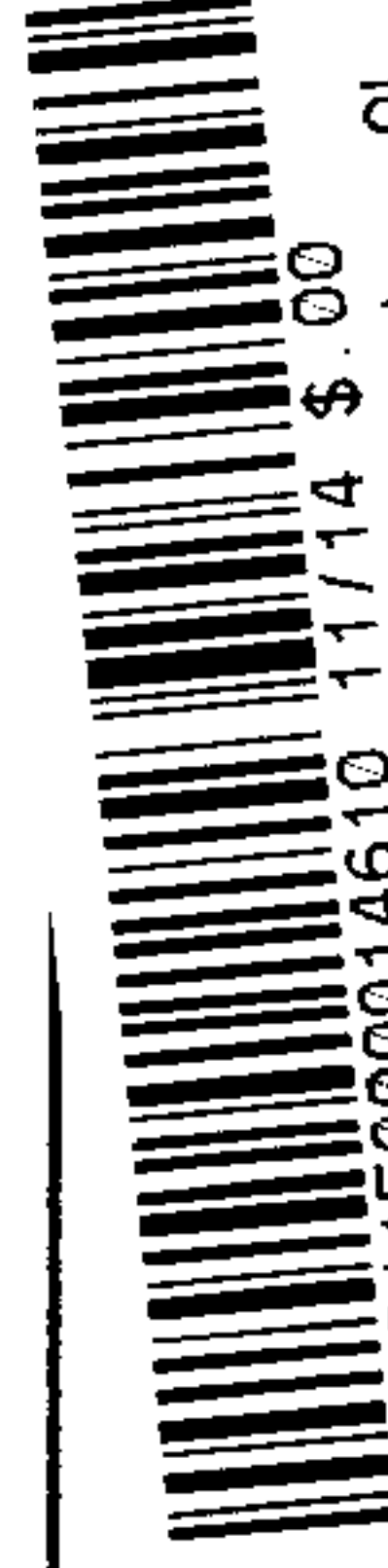
The FCPA requires that expenditures over \$100 be itemized.

[illegible]

FORM REVISED 10.29.99

TOTAL EXPENDITURES THIS PAGE

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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

[illegible]

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

[illegible]

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TOTAL EXPENDITURES THIS PAGE

\$0.00



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