



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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



20151005000347350 1/3 \$.00
Shelby Cnty Judge of Probate, AL
10/05/2015 09:14:23 AM FILED/CERT

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OCT - 2 2015

James W. Fulkner
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Tony Picklesimer</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>City Council</i>			
Address ☐ Check box if reporting new address <i>108 LAKE CHELSEA DRIVE</i>			
City <i>Chelsea</i>	State <i>AL</i>	ZIP Code <i>35043</i>	Telephone Number <i>[REDACTED]</i>

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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>520.94</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>1750.00</i>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>1750.00</i>	
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	<i>1000.00</i>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<i>1000.00</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>1270.94</i>	

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.

Tony Picklesimer 9-22-15
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 22 day of Sept of the year 2015. My commission expires the 22 day of April of the year 2018.

Signature of Notary Public

Print Notary's Name



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LABAMA 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: _____

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		
Ken Blocker	1091 Rockford Hwy Sylacauga AL 35150		X				8-28-15	50 00
Hoyt Picklesimer	3128 Chelset Park Ridge Chelset, AL 35043		X				8-19-15	500 00
Picklesimer Investments	108 Lake Chelset Ave Chelset AL 35043		X				8-20-15	500 00
David McMahon	1015811 7091e Ct Crosby TX 77532		X				8-30-15	100 00
National Water Service	10092 Hwy 280 Westover AL 35147		X				9-9-15	500 00
Danay L Wilkins	10 Love Oak Lane Jasper, AL 35504		X				8-27-15	100 00
Michael H Strong	201 Office Park Drive Suite #220 Birmingham, AL 35223		X				9-15-15	1000 00
TOTAL CASH CONTRIBUTIONS THIS PAGE								

NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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**

Learn Outdoor

920 6th Street S
Bham AL 35205

8-20-15

500

Lecture Outdoor

920 6th Street S
Bham, AL 35205

8-26-15

500

[illegible]

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FORM REVISED 9.2.2011

TOTAL EXPENDITURES THIS PAGE