Print Form

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

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DEC 01 2015
James W. Fuhrmeister
Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20151202000411430 1/3 $.00
Shelby Cnty Judge of Probate, AL
12/02/2015 09:24:59 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
THOMAS DALE NEUENDORF	N/A
Office Sought or Held (include district or circuit number, if applicable)	
MAYOR OF CHELSEA	
Address ☐ Check box if reporting new address	
P.O. BOX 293	
City / **State** / **ZIP Code**	**Telephone Number**
CHELSEA / AL / 35043	[redacted]

Type of Report (check one)

- ☒ Monthly
- ☐ Amended Monthly
- ☐ Weekly
- ☐ Amended Weekly

For Monthly Reports Month in which the report is filed: NOV. 2015

For Weekly Reports Date of Friday in the week in which the report is filed:

Total Number of Pages in Report: 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	905.50
	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	1000.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	-0-		
3b	Non-itemized in-kind contributions	3b	-0-		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	-0-		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	-0-		
4b	Non-itemized Receipts from Other Sources	4b	-0-		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	0.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	250.00		
5b	Non-itemized expenditures	5b	-0-		
5c	Total expenditures (add lines 5a and 5b)			5c	250.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	1655.50

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 — Date: 11-1-15

Sworn to and subscribed before me this 1st day of December of the year 2015.

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: March 6, 2017
BONDED THRU MERCHANTS BONDING CO. (MUTUAL)

My commission expires the _____ day of _____ of the year _____.

Becky C. Landers
Signature of Notary Public

Becky C. Landers
Print Notary's Name

FORM REVISED 10.27.2011

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: THOMAS DALE NELLENDORF

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		
THOMAS DALE NELLENDORF	51 CROSSBROOK CIRCLE CHELSEA, AL 35043		X				11/16/15	1000.00
	TOTAL CASH CONTRIBUTIONS THIS PAGE							

FORM REVISED 9.2.2011

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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: THOMAS DALE NEUENDORF

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
NEW ADVERTISING	11579 CHELSEA ROAD CHELSEA, AL 35043		X									11/23/15	250.00
	TOTAL EXPENDITURES THIS PAGE												