

ALABAMA FAIR CAMPAIGN PRACTICES ACT
CANDIDATE / ELECTED OFFICIAL
ANNUAL REPORT
SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY

20160219000052780 1/14 \$.00
Shelby Cnty Judge of Probate, AL
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FEB 19 2016

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 <input type="checkbox"/> Check box if reporting new address 2117 King Charles Circle			
City Alabaster	State Alabama	ZIP Code 35007	Telephone Number 205 663 1801

Type of Report (check one)

- ☒ Annual Report for Year 2015
☐ 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 19th day of February of the year 2016. My commission expires the 6th day of March of the year 2017.

Cindy Glass
Signature of Notary Public
Cindy Glass
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.

Robert Hicks
Signature of Candidate or Elected Official
Date 2-19-16

FORM 2: CONTRIBUTIONS

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

[illegible]

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 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		
								\$0.00

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$0.00

FORM 2: CONTRIBUTIONS

PAGE _____ OF _____

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				

(INCLUDE FULL NAME)

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP)

**SOURCE
OF CONTRIBUTION**
(CHECK ONE)

Business or Corporation

Individual

PAC

Other

Returned

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

**AMOUNT
OF
CONTRIBUTION**

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\$0.00

FORM 3: IN-KIND CONTRIBUTIONS

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]

FORM 4: RECEIPTS FROM OTHER SOURCES

NAME OF CANDIDATE / ELECTED OFFICIAL:

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]

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FORM 5: EXPENDITURES

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

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

PAGE _____ OF _____

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

[illegible]

FORM 5: EXPENDITURES

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

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

PAGE _____ OF _____

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

[illegible]

FORM 5: EXPENDITURES

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

PAGE _____ OF _____

PURPOSE OF EXPENDITURE
(CHECK ONE)

[illegible]

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FORM 5: EXPENDITURES

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

PAGE _____ OF _____

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[illegible]

FORM 5: EXPENDITURES

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NAME OF CANDIDATE / ELECTED OFFICIAL: _____

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[illegible]