

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160602000189550 1/3 \$.00  
 Shelby Cnty Judge of Probate, AL  
 06/02/2016 12:08:19 PM FILED/CERT

Please Print in Ink or Type.

RECEIVED

JUN 02 2016

James W. Fuhrmeister  
Judge of Probate

Name of Candidate or Elected Official <b>THOMAS DALE NEUENDORF</b>		Political Party/Ballot Affiliation <b>N/A</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>MAYOR OF CHELSEA</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>PO BOX 293</b>			
City <b>CHELSEA</b>	State <b>AL</b>	ZIP Code <b>35043</b>	Telephone Number <b>[REDACTED]</b>

## Type of Report (check one)

- ☒ Monthly      ☐ Amended Monthly  
☐ Weekly      ☐ Amended Weekly

For Monthly Reports  
Month in which the report is filed.**MAY 2016**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	<b>38.50</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>3000.00</b>
2b	Non-itemized cash contributions	2b	<b>-0-</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>3000.00</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>-0-</b>
3b	Non-itemized in-kind contributions	3b	<b>-0-</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>-0-</b>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>-0-</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>-0-</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>-0-</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>1401.14</b>
5b	Non-itemized expenditures	5b	<b>-0-</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>1401.14</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>1637.36</b>

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: **[Signature]**  
 Date: **6-2-16**

Sworn to and subscribed before me this **2nd** day of **June** of the year **2016**. My commission expires the **22nd** day of **April** of the year **2018**.

Signature of Notary Public: **Jessica L. Holland**

Print Notary's Name: **Jessica L. Holland**





# FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: THOMAS DALE NEUENDORF

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 NEUENDORF	51 CROSSBROOK CIRCLE CHELSEA, AZ 35043		X				5/3/2016	1000.00
THOMAS DALE NEUENDORF			X				5/23/2016	2000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								3000.00



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**FORM 5: Expenditures by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: THOMAS DALE NEUBERGER

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- BILLBOARD RENT	11579 CHELSEA ROAD CHELSEA, AL 35043		X									5/4/2016	432.00
POSTER AT 106 ICE CREAM BANQUET	60 CHELSEA CORNERS CHELSEA, AL 35043		X									5/4/2016	169.47
CITY OF CHELSEA COMM. CENTER RENT	P.O. 111 CHELSEA, AL 35043	X									FOR 3 FEARS TO BE HELD IN JUNE '16	5/10/2016	450.00
NETBRANDS MEDIA BUTTONS + STICKERS	14550 BEECHMONT ST, HOUSTON, TX		X									5/10/2016	229.96
VISTAPRINT 26' BANNERS	VISTAPRINT.com INTERLUT PRINTING COMPANY		X									5/25/2016	119.71
TOTAL EXPENDITURES THIS PAGE												1401.14	