


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160808000280570 1/2 \$.00
 Shelby Cnty Judge of Probate, AL
 08/08/2016 11:47:28 AM FILED/CERT

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>Mayor - Chelsea</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>256</i>

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.*7-29-16*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>5037.64</i>
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	<i>0</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	<i>0</i>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<i>965.33</i>
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>0</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>5037.64</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 *8-1-16*
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *1st* day of *Aug.* of the year *2016*. My commission expires the *27th* day of *May* of the year *2020*.

Walter E Thomas
 Signature of Notary Public

Walter E Thomas
 Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
Post Net	60 chelsea Corners chelsea AL 35043		X								Full Page Ad	7/29/16	871.59
TOTAL EXPENDITURES THIS PAGE													

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