

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160815000289440 1/3 \$.00  
Shelby Cnty Judge of Probate, AL  
08/15/2016 09:43:37 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Tony Nicklesimer</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Mayor - Chelset</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>108 Lake Chelset Drive</i>			
City <i>Chelset AL</i>	State <i>AL</i>	ZIP Code <i>35043</i>	Telephone Number

Type of Report (check one)

- Monthly       Amended Monthly  
 Weekly       Amended Weekly

For Monthly Reports  
Month in which the report is filed.

*8-5-16*

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

Total Number of Pages in Report

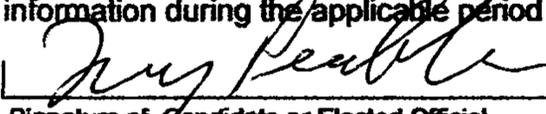
### Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>5037.64</i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<i>400.00</i>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>400.00</i>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>0</i>	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<i>189.54</i>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<i>189.54</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>5248.10</i>	

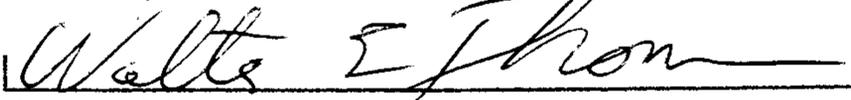
Candidates for State Office: File this report with the Office of the Secretary of State.

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.

  
 Signature of Candidate or Elected Official      *8-15-16*  
 Date

Sworn to and subscribed before me this 15<sup>th</sup> day of Aug of the year 2016. My commission expires the 5 day of 27 of the year 20.

  
 Signature of Notary Public

*Walter E Thomas*  
 Print Notary's Name

*\* VISA*

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

**FORM 5: Expenditures by 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			
<i>Market Supply</i>	<i>119 Attichosau Dr Chelset AL 35043</i>		<input checked="" type="checkbox"/>										<i>8/13/16</i>	<i>46.91</i>
<i>Chelset Food Shop</i>	<i>16534 Hwy 280 Chelset AL 35043</i>					<input checked="" type="checkbox"/>							<i>8/9/16</i>	<i>48.84</i>
<i>COSTCO</i>	<i>3650 SHELLEY ROAD HOOPER, AL 35244</i>					<input checked="" type="checkbox"/>							<i>8/3/16</i>	<i>93.74</i>
<b>TOTAL EXPENDITURES THIS PAGE</b>														

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# 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		
Goodwyn M. T's & Charwood Pte	NO 2660 ESTELTSE LNDE Suite 202 Montgomery 36117			X			8/3/16	250.00
Morris Collette	2125 Hickory Ridge/Cir Buxton, AL 35243		X				8/13/16	150.00
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								

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