


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

MONTHLY &amp; WEEKLY

# 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 Nicklesime</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</i>	State <i>AL</i>	ZIP Code <i>35043</i>	Telephone Number <i>[REDACTED]</i>

## 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.

*Tony Nicklesime*  
 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*.

*Walter E Thomas*  
 Signature of Notary Public

*Walter E Thomas*  
 Print Notary's Name





NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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**

[illegible]

**FORM REVISED 10.27.2011**

TOTAL EXPENDITURES THIS PAGE

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

**DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

[illegible]

20160815000289440 3/3 \$.00  
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TOTAL CASH CONTRIBUTIONS THIS PAGE