

FILED IN OFFICE
PROBATE COURT
12/7/2016
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E.O.D. 12/7/2016
AUG 22 2016
ALAN L. KING
Judge of Probate
E.O.D.



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Print Form
THIS AREA FOR OFFICIAL USE ONLY

20160830000313950 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/30/2016 10:41:38 AM FILED/CERT

Name of Candidate or Elected Official
John Richard Patterson
Office sought or held (include title and jurisdiction, if applicable)
Mayor of Leeds
Address (Check box if reporting on address)
P.O. Box 155
City State ZIP Code Mailing Address
Leeds AL 35091

Type of Report (check one)
☐ Monthly
☒ Quarterly
☐ Annual/Monthly
☐ Annual/Quarterly
For Monthly Reports
Month in which this
report is filed
For Quarterly Reports
Date of Filing is the
month 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 0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 3380.00	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c 3380.00	
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	
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 0	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 3380.00	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c 3380.00	
6	Ending balance (add lines 1, 2c, & 4c. Then subtract line 5c)	6 0	

Candidate for State Office: I file this report with the Office of the Secretary of State
Candidate for County or Municipal Office: I 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
information reported 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 reporting period of time.
R. Eric Patterson 8/19/16
Signature of Candidate or Elected Official Date

GIVEN to and subscribed before me this 19 day of
August of the year 2016. My commission expires
the 4th day of August of the year 2020.
R. Eric Patterson
Signature of Notary Public
R. Eric Patterson
Print Name of Notary

FORM 100-2016-03-01

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 these items.

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
		Significant or Cooperation	In-Kind	PAC	Other	Refused		
Patterson Pharmacy	7513 Parkway Dr. Lub. A	☒	☐	☐	☐	☐	5/15/16	500 ⁰⁰
John Parkinson	6680 Tenth Ave Lub. A	☒	☐	☐	☐	☐	6/15/16	2880 ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE							3380 ⁰⁰	

20160830000313950 3/5 \$.00
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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 cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

20160830000313950 5/5 \$.00
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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 FCRA 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 (mm/dd/yyyy)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consulting	Political	Postage	Printing	Travel	Transportation	Telephone	Other		
Scott Bowden	5118 Parkway Dr.	☒										7/25/16	291 ⁰⁰
Scott Bowden	5118 Parkway Dr. Leach Al 35089	☒										8/1/16	552 ⁰⁰
Leeds Tribune	1919 Canton Rd. South Huntsville, AL 35894		☒									8/15/16	225 ⁰⁰
H.S. Postmaster			☒									8/15/16	1812 ⁰⁰
Stanley Rose	1103 Capitol St Leeds AL 35089	☒										8/16/16	1000 ⁰⁰
TOTAL EXPENDITURES THIS PAGE													3380 ⁰⁰

FORM REVISED 10.27.2011