Print Form

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160926000351920 1/3 $.00
Shelby Cnty Judge of Probate, AL
09/26/2016 01:55:24 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Tony Picklesimer	
Office Sought or Held (include district or circuit number, if applicable)	
Mayor - Chelsea	
Address ☐ Check box if reporting new address	
108 Lake Chelsea Drive	
City / **State** / **ZIP Code**	**Telephone Number**
Chelsea / AL / 35043	256 [redacted]

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports Month in which the report is filed: 9-23-16

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	6658.10
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0		
2b	Non-itemized cash contributions	2b			
2c	Total cash contributions (add lines 2a and 2b)			2c	0
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	1000.00		
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	1000.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	2747.98		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	2747.98
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	3910.12

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 — 9-23-16
Signature of Candidate or Elected Official — Date

Sworn to and subscribed before me this 23 day of Sept 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 REVISED 10.27.2011

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 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		
Southern Nameplate & Sign	1510 4th Ave N Bess AL 35020		X								Signs	9/15/16	645.98
Vail Ins Agency	5291 Valleydale Rd Vhm AL 35242		X								Bill Board	9/15/16	102.00
Chase	PoBox 15123 Wilmington, DE 19850		X			X	X				VISA Bill	9/21/16	2000.00
FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE												

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

FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
P. Hs Media	5520 Hwy 280 Suite 2 Bham 35242		X											Video Prod	1000.00
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

FORM REVISED 10.27.2011