

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20161003000360160 1/3 \$.00
 Shelby Cnty Judge of Probate, AL
 10/03/2016 09:32:39 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Tony H Picklesimer</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>MAYOR - Chelsea</i>			
Address <input type="checkbox"/> 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> <i>[REDACTED]</i>

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor Monthly Reports
Month in which the
report is filed.For Weekly Reports
Date of Friday in the
week in which the
report is filed.Total Number of
Pages in Report

<i>9-30-16</i>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>3910.12</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>2100.00</i>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>2100.00</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		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>30.51</i>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<i>30.51</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>5979.61</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] *10-3-16*
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *3rd* day of *October* of the year *2016*. My commission expires the *11th* day of *September* of the year *2018*.

[Signature]
 Signature of Notary Public
Melody H. Winslett
 Print Notary's Name

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		
Bowden Oil Corp	PO Box 145 Sylvestria AL 35150	X					9/24/16	1000.00
James R Hogans	524 Liberty Rd Chester, AL 35043		X				9/28/16	150.00
Goodwyn Mills Carywood	2660 Eastchase Lane Suite 200 Montgomery AL 36117		X				8/20/16	250.00
A/A RedHorns PAC	522 Washington Ave Montgomery AL 36104			X			9/27/16	700.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								



Tony Ricklesmead

**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)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE**
(mo./day/yr.)

**AMOUNT
OF
EXPENDITURE**

Watched Supply

119 Atchison ON
Chelset, At 35043

8/13/16

Siga

30.51

20161003000360160 3/3 \$.00
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FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE