


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**
MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20161003000361530 1/4 \$.00
 Shelby Cnty Judge of Probate, AL
 10/03/2016 02:47:43 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official THOMAS DALE NEULENDORF		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) MAYOR OF CHELSEA			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 293 HOME 51 CROSSBROOK CIRCLE			
City CHELSEA	State AL	ZIP Code 35043	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly
For 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

Month in which the report is filed.	
Date of Friday in the week in which the report is filed.	9-30-2016
Total Number of Pages in Report	4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1092.97
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	200.00	
2b	Non-itemized cash contributions	2b	-0-	
2c	Total cash contributions (add lines 2a and 2b)	2c	200.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	-0-	
3b	Non-itemized in-kind contributions	3b	-0-	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	-0-	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	2500.00	
4b	Non-itemized Receipts from Other Sources	4b	-0-	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	2500.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	2178.86	
5b	Non-itemized expenditures	5b	38.50	
5c	Total expenditures (add lines 5a and 5b)	5c	2217.36	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1575.61	

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 **[Signature]** Date **10-3-16**

Sworn to and subscribed before me this **5th** day of **October** of the year **2016**. My commission expires the **28th** day of **March** of the year **2020**.

Signature of Notary Public **Deborah L. Horton**

Print Notary's Name **Deborah Lynn Horton**

FORM 2:

DO NOT LIST in-kind contributions or loans on this form. See Form 990-B, line 12. If you receive all contributions from that source to be itemized.

TOTAL CASH CONTRIBUTIONS THIS PAGE**CONTRIBUTOR**
(INCLUDE FULL NAME)

ADDRESS

(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

**SOURCE
OF CONTRIBUTION
(CHECK ONE)**

Business or Corporation
Individual
PAC
Other
Returned

**DATE
CONTRIBUTION
RECEIVED
(mo./day/yr.)**

**AMOUNT
OF
CONTRIBUTION**

JEFFREY M. DEUTON

124 DUSTY DRIVE

BIRMINGHAM, AL 35242



9-24-16

200.00



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NAME OF CANDIDATE OR ELECTED OFFICIAL:

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

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
MAGIC CITY FACE ART	3201 CHICKASAW LAKE BIRMINGHAM, AL 35242		X								FACE PAINTING AT CHICKASAW LAKE	9-24-16	200.00
SMITH PRINTING CO.	P. O. BOX 37 LEEDS, AL 35094		X								MARLOWE FLYERS	9-26-16	1978.86
TOTAL EXPENDITURES THIS PAGE													2178.86

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