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

20170504000154940 1/3 $.00
Shelby Cnty Judge of Probate, AL
05/04/2017 11:06:08 AM 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	
Address ☐ Check box if reporting new address	
108 Lake Chelsea Dr	
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. MAR '17

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	1979.61
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	5000.00		
2b	Non-itemized cash contributions	2b			
2c	Total cash contributions (add lines 2a and 2b)			2c	5000.00
	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	
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1120.07		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	1120.07
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	5859.54

Candidates for State Office: File this report in 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 — Signature of Candidate or Elected Official

4-14-17 — Date

Sworn to and subscribed before me this 14th day of April of the year 2017. My commission expires the 20th day of December of the year 2020.

Ashleigh N. Donaldson — Signature of Notary Public

Ashleigh N. Donaldson — Print Notary's Name

NOTARY PUBLIC ALABAMA
ASHLEIGH N. DONALDSON
My Commission Expires
December 20, 2020

FORM REVISED 10.27.2011

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

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		
Alabama Builders	PO Box 241305 Montgomery AL 36124			X			1/20/17	2000.00
Logan Real Estate Holdings	350 Hallman Hill East #408 Bham AL 35209	X					4/3/17	500.00
TBR INK	5300 Cahaba River Rd #200 Bham AL 35243	X					4/3/17	500.00
Chelsea Park Lands	2700 Hwy 280 #425 Bham AL 35223	X					4/3/17	1000.00
Chelsea Park Holdings	2700 Hwy 280 #425 Bham AL 35223	X					4/3/17	1000.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: _____

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Chase	Po Box 15123 Wilmington DE 19850										Mult charges	1/25/17	1100.00
Chase	Po Box 15123 Wilmington, DE 19850										Multi. Charges	2/17/17	20.07

TOTAL EXPENDITURES THIS PAGE