

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 Tony Picklesnick		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR			
Address ☐ Check box if reporting new address 108 LAKE CHASE DR			
City Chelsea	State AL	ZIP Code 35043	Telephone Number

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

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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 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

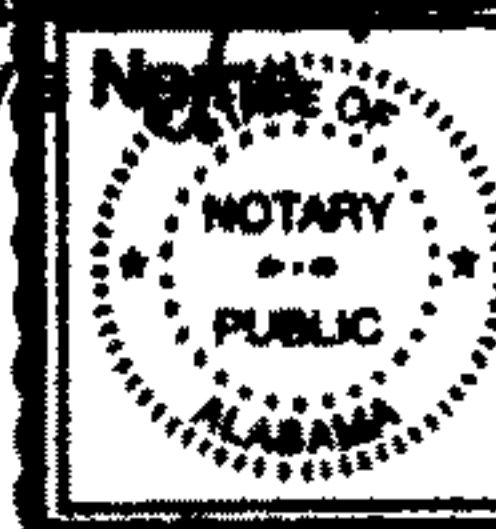
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official **Tony Picklesnick** Date **4-4-17**

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**.

Signature of Notary Public **Ashleigh N. Donaldson**

Print Notary **Ashleigh N. Donaldson**



ASHLEIGH N. DONALDSON
My Commission Expires
December 20, 2020

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
Cheser Park Lands	2700 Hwy 280 #425 Bham AL 35223	X					4/3/17	1000.00
Cheser Park Holdings	2700 Hwy 280 #425 Bham AL 35223	X					4/3/17	1000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								



20170504000154940 2/3 \$.00

USED 9.2.2011

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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 Wilmingtn DE 19850											1/25/17	1100.00
Chase	PO Box 15123 Wilmingtn, DE 19850											2/1/17	20.07
TOTAL EXPENDITURES THIS PAGE													

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