



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Waiver of Report FOR CANDIDATES (OPTIONAL FORM)



20180713000250590 1/3 \$.00
Shelby Cnty Judge of Probate, AL
07/13/2018 01:57:48 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate JAMES N NOLAN		Political Party/Ballot Affiliation	
Office Sought (include district or circuit number, if applicable) Trustee of Cahaba Valley Fire & EMR			
Address ☐ Check box if reporting new address 5 LANCASTER			
City Shoal Creek	State AL	ZIP Code 35242	Telephone Number

Type of Report (check one)

- ☐ **Monthly Report**
Month in which the report is filed.
- ☐ **Weekly Report**
Date that weekly report is due.
- ☐ **Annual Report**
Calendar year covered by this report.

(Note: This form is not for use by elected officials in lieu of an annual report.)

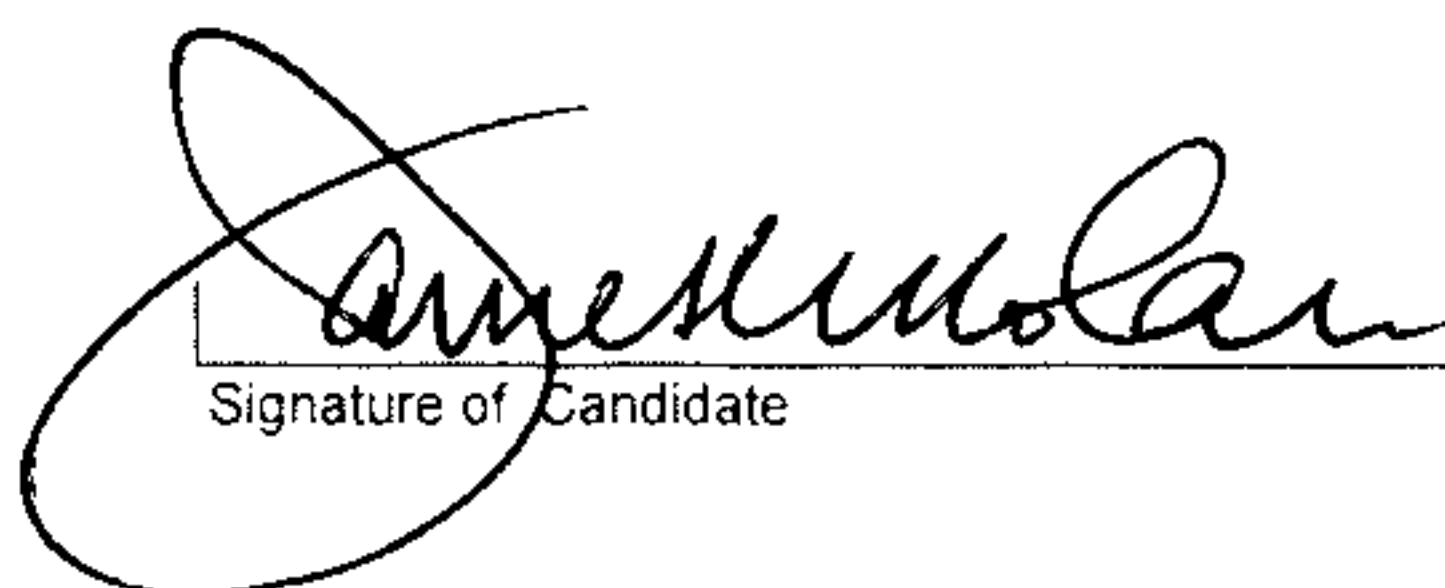
This form is not for use by principal campaign committees of elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing threshold is \$1,000, regardless of the office sought:

- ▶ \$1,000 - candidates for state offices
- ▶ \$1,000 - candidates for State Senate
- ▶ \$1,000 - candidates for State House of Representatives
- ▶ \$1,000 - candidates for district or circuit offices
- ▶ \$1,000 - candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This **OPTIONAL** form gives notice that no contribution or expenditure report will be submitted.


Signature of Candidate

11 July 2018
Date

20180713000250590 2/3 \$0.00
Shelby Cnty Judge of Probate, AL
07/13/2018 01:57:48 PM FILED/CERT

Political Action Committee Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Political Action Committee (as appears on statement of Organization) JAMES N NOLAN		Acronym for PAC	
Address (as appears on Statement of Organization) 5 LANCASTER		☐ Check box if reporting new address	
City Shoal Creek	State AL	ZIP Code 35242	Telephone Number 205-276-8638

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly
For Monthly Reports
Month for which the
report is filed.For Weekly Reports
Date of Friday in the
week for 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	0
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Non-itemized employee payroll contributions	2c		
2d	Total cash contributions (add lines 2a, 2b and 2c)	2d	\$0.00	
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	\$0.00	
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	\$0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00	
7	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	7	\$0.00	

Sworn to and subscribed before me this 12 day of July of the year 2018. My commission expires the 30 day of March of the year 2019.

Barry Casey
Signature of Notary Public
BARRY CASEY
Print Notary's Name

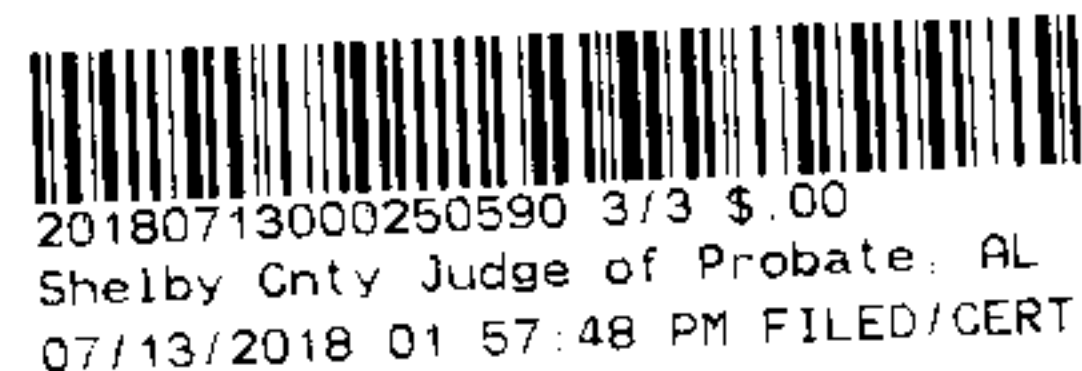
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures,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

James Nolan 11-July-2018
Signature of Chairperson or Treasurer of Political Committee Date



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STATE OF ALABAMA

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Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate JAMES N NOLAN			
Office Sought (include district or circuit number, if applicable) Trustee of Cahaba Valley Fire District		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) 5 LANCASTER			
City Shoal Creek	State AL	ZIP Code 35242	Telephone Number

This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.

Type of Committee (check one)

- ☒ I appoint myself as the sole member of my principal campaign committee.
- ☐ I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Chairperson			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Where to file this form ...

- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.alabamavotes.gov
- Municipal candidates file with the county judge of probate.
- * This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official or candidate

Date

FORM REVISED 6/19/2017

James N. Nolan 11 July 2018