

ALABAMA FAIR CAMPAIGN PRACTICES ACT CANDIDATE / ELECTED OFFICIAL PRE-ELECTION REPORT SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official ROBERT HARTMANN		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) SHERIFF-MOBILE COUNTY			
Address <input type="checkbox"/> Check box if reporting new address P O BOX 8 52035			
City MOBILE	State AL	ZIP Code 36685-2035	Telephone Number 251-751-4237

Type of Election (check one)	Election Date JUNE 2006
<input type="checkbox"/> Primary Election	
<input type="checkbox"/> Primary Runoff	
<input type="checkbox"/> General Election	
<input type="checkbox"/> Special Election	
Type of Report (check one)	
<input checked="" type="checkbox"/> 10-5 Day Pre-Election Report	
<input type="checkbox"/> 45 Day Pre-Election Report	
<input type="checkbox"/> Amended Pre-Election Report	

CHECK ONE OF THE ABOVE BOXES TO INDICATE WHICH TYPE OF REPORT IS BEING AMENDED

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 2564.21
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 7500-	
2b	Non-itemized cash contributions	2b 2227 ⁰⁰	
2c	Total cash contributions (add lines 2a and 2b)		2c 9,727.00 \$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a 800-	
3b	Non-itemized in-kind contributions	3b -	
3c	Total in-kind contributions (add lines 3a and 3b)	3c 800-\$0.00	
Receipts from Other Sources			
4	Total receipts from other sources (total from Form 4)		4 -
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 10444.48	
5b	Non-itemized expenditures	5b 688.20	
5c	Total expenditures (add lines 5a and 5b)		5c 11,126.68 \$0.00
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)		6 1164.53 \$0.00

Sworn to and subscribed before me this 30 day of May of the year 2006. My commission expires the _____ day of _____ of the year _____.

Susan W Johnson
 Signature of Notary Public

Susan W Johnson
 Print Notary's Name

**SUSAN W. JOHNSON
 NOTARY PUBLIC
 ALABAMA STATE AT LARGE
 MY COMMISSION EXPIRES
 SEPT. 18, 2006**

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.

Robert Hartmann
 Signature of Candidate or Elected Official

5/30/06
 Date

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:

ROBERT HARTMANN

PAGE 1 OF 7

The FCPA requires that those contributions greater than \$100 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		
ROBERT & DONNA HARTMANN	5813 BLUE RIDGE DR. S MOBILE AL 36693		<input checked="" type="checkbox"/>				4-3-06	\$2000. ⁰⁰
DEBRA BAXTER	9715 POTOMAC RIDGE DR MOBILE AL 36695						5-5-06	300. ⁰⁰
T. WARREN CHAPPELLE JR	1314 FOL ARIS DR MOBILE AL 36693		<input checked="" type="checkbox"/>				5-5-06	500. ⁰⁰
JULIA HARTMANN	5813 BLUE RIDGE DR. S. MOBILE AL 36693		<input checked="" type="checkbox"/>				5-5-06	1500. ⁰⁰
DONNA HARTMANN	" " " " " "		<input checked="" type="checkbox"/>				5-5-06	2500. ⁰⁰
AZALEA CITY AC+HTG CA	8410 PLACID DR MOBILE AL 36695			<input checked="" type="checkbox"/>			5-12-06	200. ⁰⁰
ROY LEWIS	6111 OLD SHELL RD MOBILE AL 36608		<input checked="" type="checkbox"/>				5-12-06	500. ⁰⁰
MISC CONTRIBUTORS	LESS THAN OR EQUAL TO \$100						APRIL 06	75. ⁰⁰
" " " " " "	" " " " " "		<input checked="" type="checkbox"/>				MAY 06	1872. ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$9447

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:

ROBERT HARTMANN

PAGE 2 OF 7

The FCPA requires that those contributions greater than \$100 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		
MISC CONTRIBUTORS	LESS THAN OR EQUAL TO \$100				<input checked="" type="checkbox"/>		MAY 06	280. ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								280. ⁰⁰

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: ROBERT HACT MANU PAGE 3 OF 7

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
DEAN PARKER	720 OAK CIRCLE DE E						<input checked="" type="checkbox"/>										5-1-06	400 ⁰⁰
11 11	MOBILE AL 36609						<input checked="" type="checkbox"/>										6-1-06	400 ⁰⁰
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																800 ⁰⁰		

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: ROBERT HART MANN

PAGE 4 OF 7

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													

ALABAMA FAIR CAMPAIGN PRACTICES ACT
FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: ROBERT HARTMAN

PAGE 5 OF 7

The FCPA requires that expenditures over \$100 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
MISC LESS THAN OR EQUAL TO \$100.00		<input checked="" type="checkbox"/>									APRIL 06	248. ⁵⁹
" " " "									<input checked="" type="checkbox"/>		APRIL 06	105. ⁰⁰
MIC REC	PO BOX 16341										4-3-06	2208. ¹²
FILING FEES	MOBILE AL 36616	<input checked="" type="checkbox"/>										
	3293 COLONIAL MALL - BRIDGE										4-16-06	143. ¹⁰
CIRCULAR WIRELESS	MOBILE AL 36609	<input checked="" type="checkbox"/>										
	3747 GOVERNMENT BLDG										4-16-06	400. ⁵⁸
SIGNS NOV	MOBILE AL 36693											
	12475 Hwy 96	<input checked="" type="checkbox"/>									4-21-06	350. ⁰⁰
SAV ANNAH'S FLOWERS	GRAND BAY AL 36541	<input checked="" type="checkbox"/>										
MISC LESS THAN OR EQUAL TO \$100		<input checked="" type="checkbox"/>									MAY 06	131. ⁰¹
" " " "		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		MAY 06	89. ⁰⁰
DOUNA/ORIENTAL TRADING	5813 BLUE RIDGE DR S										5-4-06	137. ³⁵
	MOBILE AL 36693	<input checked="" type="checkbox"/>										
TOTAL EXPENDITURES THIS PAGE											3813.²⁵	

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: ROBERT HARTMANN PAGE 6 OF 7

The FCRA requires that expenditures over \$100 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)								OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging			
GRIFFICE PRINTING	508 DAUPHIN ST MOBILE AL 36602		✓								5-4-06	839. ³⁰
OU MEDIA - TV ADV	1201 MONTLIMAR DR MOBILE AL 36609		✓								5-6-06	3000. ⁰⁰
CINGULAR	3293 COLONIAL MALL-BEACH MOBILE AL 36609		✓								5-6-06	141. ¹⁴
SIGNS NOW	8747 GOVERNMENT BLDG MOBILE AL 36693		✓								5-6-06	599. ⁵⁰
OU MEDIA - TV	1201 MONTLIMAR DR MOBILE AL 36609		✓								5-11-06	500. ⁰⁰
EXCHANGE CLUB OF MOB	3101 INTERNATIONAL DR MOBILE AL 36606		✓								5-17-06	150. ⁰⁰
CLEAR CHANNEL RMO	555 BROADCAST DR MOBILE AL 36606		✓								5-17-06	500. ⁰⁰
DREAMWORKS-TSHIRTS	18340 TOM GASTON RD MOBILE AL 36695						✓				5-17-06	441. ⁷⁵
DONNA HARTMANN	5813 BLUE RIDGE DR MOBILE AL 36693						✓					426. ⁰⁰
TOTAL EXPENDITURES THIS PAGE											6597.⁷¹	

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: ROBERT HARTMANN

PAGE 7 OF 7

The FCPA requires that expenditures over \$100 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)										OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation					
SAM'S	IGS SERVICE CODE MOBILE AL 36606						<input checked="" type="checkbox"/>							5-15-06	107. ⁷²
MISC. LESS THAN CLEAR CHANNEL RADIO	OE EQUAL TO \$100 SSS BROADCAST DR MOBILE AL 36606													5-26-06	108. ⁰⁰
TOTAL EXPENDITURES THIS PAGE															715. ⁷²