Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**

Please Print in Ink or Type.		•		f Probate, AL AM FILED/CER		
Name of Candidate or Elected Official	Political Party/B	allot /	Affiliation	Type of Report	(check	one)
Christopher Cody Summers	N4			Mont	hly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)				Weel	dy	Amended Weekly
Chelsea City Council Place #1			1	For Monthly Re Month in which	•	
Address		•	1	report is filed.	ure	June 2016
P.O. Box 102			· ·	For Weekly Re	•	
City State ZIP Code	Telephone Num	ber	1	Date of Friday in week in which the		
Chelsen Alabama 35043				report is filed.		<u> </u>
-				Total Number o Pages in Repor		5
Summary of activity since last filed report						
1 Beginning balance (ending balance from previo	ous filing)				1	682 85
Cash Contributions				ţ	' 1	
2a Itemized cash contributions (total from Form 2)		2a	10000			` }
2b Non-itemized cash contributions	·····	2b	Ø			
2c Total cash contributions (add lines 2a and 2b)		· · · · · · · · · · · · · · · ·			2c 4	10000
In-Kind Contributions				L		
3a Itemized in-kind contributions (total from Form	3)	3a	Ø			
3b Non-itemized in-kind contributions		3b	Ø			
3c Total in-kind contributions (add lines 3a and 3b)) ;	3c	Ø			
Receipts from Other Sources						
4a Itemized Receipts from Other Sources (total fro	m Form 4)	4a	Ø			
4b Non-itemized Receipts from Other Sources		4b	Ø			
4c Total receipts from other sources (add lines 4a	and 4b)				4c	Ø
Expenditures						
5a Itemized expenditures (total from Form 5)	5	5a	# 288 7	<u>e</u>		
5b Non-itemized expenditures	Ę	5b	B			
Total expenditures (add lines 5a and 5b)	<u></u>				5c /	# 288 76
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)		· • • · · · · · · · · · · · · · · · ·		6 1	49409
Candidates for State Office: File this report with the Off	ice of the Sec	reta	ry of State.			
Candidates for County or Municipal Office: File this re	port with the	Jude	ge of Probate	e of the county	in whi	ch the office is sought.
s required by the Alabama Fair Campaign Practices Act, I her	•	n to	and subscribe	ed before me t	his	day of
wear or affirm to the best of my knowledge and belief that ttached report(s) and the information contained herein	(l	lu	ONREA	E PUBLICATIVE	OF AL	day of BAMA AT LARGE MARCH 612015 Sion expires
rue and correct and that this information is a full and compl	Λ	U	MÝ danouris	COMMISSION E	MS-BON	DING CO. (MUTUAL) year
tatement of all contributions, expenditures, and other requi	ired		uqgunut	D 11	_ 01 1116 7	year
nformation during the applicable period of time.		3	10/1/	C H	NA	exa :
Mathe Coly 8m 1/1/1	Signat	ure o	of Notary Public	- , ,,,,	<u>rik</u>	
Signature of Candidate or Elected Official Date /			300/1		gn/	ders
ORM REVISED 10 27 2011	Print N	lotar	y's Name	<u> </u>	~ /C	2 C / V

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

FORM Contributions received ű candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Christopher Simmers



When total contributions from a single source e xceed \$100.00, the FCPA requires all contributions from that source to be itemized.

FORM REVISED 10.27.2011 Shelby Chty Judge of Probate: AL 07/08/2016 09:35:03 AM FILED/CERT CONTRIBUTOR (INCLUDE FULL NAME) Rawls DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. 50 Foothills (ADD) STREET OR I ADDRESS RESS SHOULD INCLUDE P.O. BOX, CITY, STATE, AND ZIP) **TOTAL CASH CONTRIBUTIONS THIS PAGE** Business or SOURCE OF CONTRIBUTION (CHECK ONE) Corporation \prec Individual PAC Other Returned CONTRIBUTION **e**-RECEIVED (mo./day/yr.) W DATE # 100°0 CONTRIBUTION AMOUNT

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

FORM 3: n-Kind Contribution S received бq candidate 9 elected official

NAME OF CANDIDATE OR ELECTED **OFFICIAL:** hristopher SAMMERS

FORM REVISED Shelby Cnty Judge of Probate, AL 07/08/2016 09:35:03 AM FILED/CERT CONTRIBUTOR (INCLUDE FULL NAME) 10.27.2011 When total contributions from a single source ex ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) xceed \$100.00, ioans on this form. Administrative TOTAL the NATURE OF CONTRIBUTION (CHECK ONE) Advertising **FCPA** Use Forms 2 Consultants/ Polling IN-KIND CONTRIBUTIONS requires Equipment Food and 4 for those all contributions Rent Transportation Other Business/ listings. from that source Corporation SOURCE (CHECK ONE) Individual PAC SHI Other CONTRIBUTION ಫ PAGE (mo./day/yr.) be itemized. AMOUNT OF CONTRIBUTION



ALABAMA FAIR CAMPAIGN PRACTICES ACT 1 CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4 Receipts from ther Sources loans, interest, and other sources of income

NAME 유 CANDIDATE OR ELECTED OFFICIAL: Christopher Cody Summers
source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. Cody Sumners

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

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AMOUNT OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Individual Business	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) BN- DORSING OR GUARANTEEING LOAN)	Interest	OULD INCLUDE R P.O. BOX, E, AND ZIP)	JE FULL 7
,	:	SOURCE KONE)	CK ONE	RECEIPT S	Z)	FORM COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECE		

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

FORM ü Expenditures бq candidate or elected official Christopher Cody Summers

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.

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											AL
											
# 288. 76	6/21/16								\sim	P.O. Box 790322 St. Louis 140 63179	Staples Promo Products
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Polling Charitable Contribution	Consultants/	Advertising	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) is the state of the s	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	XPENDITUI	F EXP	OSE OF E	PURPOSE	۰				