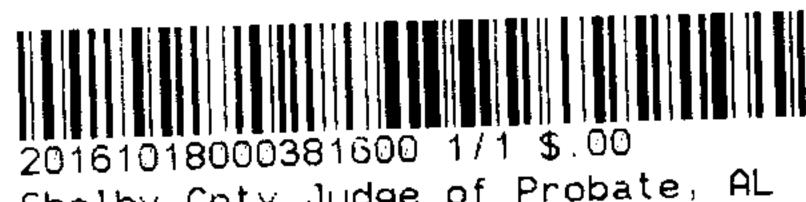


## Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report



Shelby Cnty Judge of Probate, AL 10/18/2016 10:11:10 AM FILED/CERT

Name of Candidate or Elected Official  CORUSY ELUIS  Office Sought or Held (include district or circuit number, if applicable)  Skelly Co. Comiss, - District 1  Address Check box if reporting new address  P.O. Box 1/77  Type of Report (check one)  Monthly Amended to the report of the report is filed.  For Monthly Reports Month in which the report is filed.  For Weekly Reports Date of Friday in the	Veekly
CORUSY EUUS  Office Sought or Held (include district or circuit number, if applicable)  Shelly Co. Comiss, - District 1  Address Check box if reporting new address  P.O. Box 1177  For Weekly Amended V.  For Monthly Reports Month in which the report is filed.  For Weekly Reports Date of Friday in the	Veekly
Office Sought or Held (include district or circuit number, if applicable)  Shelly Co. Comiss, - District 1  Address Check box if reporting new address  P.O. Box 1/77  For Weekly Reports Date of Friday in the	
Address Check box if reporting new address  P.O. Box 1/77  Month in which the report is filed.  For Weekly Reports Date of Friday in the	//
P.O. Box 1177  For Weekly Reports  Date of Friday in the	//
Date of Friday in the	//
710 Code   Tolophore   Date Off Heady III the	14
City  State  ZIP Code  Telephone Number / 7.95  Week in which the /0/21	
Columbian4 AL 35051 report is filed.  Total Number of	
Pages in Report	
Summary of activity since last filed report	
1 Beginning balance (ending balance from previous filing)	
Cash Contributions	
2a Itemized cash contributions (total from Form 2) 2a 2	
2b Non-itemized cash contributions 2b	
2c Total cash contributions (add lines 2a and 2b)	
In-Kind Contributions	:
3a Itemized in-kind contributions (total from Form 3) 3a 6	
3b Non-itemized in-kind contributions 3b Ø	
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)	
Expenditures	
5a Itemized expenditures (total from Form 5) 5a 0	
5b Non-itemized expenditures 5b	
5c Total expenditures (add lines 5a and 5b)	· · · · · · · · · · · · · · · · · · ·
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	
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.
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swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	n expires
true and correct and that this information is a full and complete  the 9th day of September of the year 201	7
Statement of all continuous, experiences, and other required	*
information during the applicable period of time.	; !
Signature of Capaidate or Elected Official    10   17     Signature of Notary Public	

Print Notary's Name

Signature of Candidate or Elected Official