

MONTHLY &amp; WEEKLY

FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**RECEIVED**  
FEB 16 2012  
James W. Fuhrmeister,  
Judge of Probate



20120217000058780 1/5 \$ .00  
Shelby Cnty Judge of Probate, AL  
02/17/2012 09:40:00 AM FILED/CERT

Please Print in Ink or Type.

|  |   |                          |                                       |
|--|---|--------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><i>Corey Ellis</i>  | Political Party/Ballot Affiliation<br><i>Republican</i> |                          |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><i>Shelby Co. Commission - District 1</i> |   |                          |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><i>P.O. Box 1177</i>                            |   |                          |                                       |
| City<br><i>Columbiana</i>  | State<br><i>AL</i>                                      | ZIP Code<br><i>35051</i> | Telephone Number<br><i>[REDACTED]</i> |

## Type of Report (check one)

- Monthly       Amended Monthly  
 Weekly       Amended Weekly

## For Monthly Reports

Month in which the report is filed.

[REDACTED]

## For Weekly Reports

Date of Friday in the week in which the report is filed.

*2/17/12*

Total Number of Pages in Report

*5*

## Summary of activity since last filed report

|                                    |   |    |               |
|------------------------------------|---|----|---------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | <i>740.72</i> |
| <b>Cash Contributions</b>          |   |    |               |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | <i>200.00</i> |
| 2b                                 | Non-itemized cash contributions                               | 2b | <i>0</i>      |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | <i>200.00</i> |
| <b>In-Kind Contributions</b>       |   |    |               |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | <i>0</i>      |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | <i>0</i>      |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | <i>0</i>      |
| <b>Receipts from Other Sources</b> |   |    |               |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <i>0</i>      |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | <i>0</i>      |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | <i>0</i>      |
| <b>Expenditures</b>                |   |    |               |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | <i>3.00</i>   |
| 5b                                 | Non-itemized expenditures                                     | 5b | <i>0</i>      |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <i>3.00</i>   |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <i>937.72</i> |

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]*  
Signature of Candidate or Elected Official

*2/16/12*  
Date

Sworn to and subscribed before me this 16 day of  
Feb. of the year 2012. My commission expires  
the 28<sup>th</sup> day of Dec. of the year 2014.

*Kim M. Foster*  
Signature of Notary Public

*Kim M. Foster*  
Print Notary's Name



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

**L**OCKPORT—Received by candidate selected  
in Goshen  
July 22.  
John C. Fife  
Frank C. Fife

NAME OF CANDIDATE ORGANIZATION

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.

A standard linear barcode is positioned at the top of the document.



## OFFICIAL REPORT FOR CANDIDATE - CAMPAIGN FINANCE PRACTICES ACT

**Received by  
candidate  
for  
the  
degree  
of  
Bachelor  
of  
Arts  
in  
the  
Faculty  
of  
Humanities  
and  
Social  
Sciences  
at  
McGill  
University  
Montreal,  
Quebec,  
Canada,  
on  
the  
day  
of  
July  
Year  
2000.**

**OFFICIAL**

Colley E. Ellsworth

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

|                                    |  |   |  |                                       |                       |   |                              |
|------------------------------------|--|---|--|---------------------------------------|-----------------------|---|------------------------------|
| CONTRIBUTOR<br>(INCLUDE FULL NAME) |  | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) |  | NATURE OF CONTRIBUTION<br>(CHECK ONE) | SOURCE<br>(CHECK ONE) | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |
|                                    |  |   |  |                                       |                       |   |                              |

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.  
**DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

*[Handwritten signature]*

**TOTAL IN-KIND CONTRIBUTIONS THIS PAGE**

FORM REVISED 9.2.2011

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FORM REVISED 9.2.2011



# REPORT FOR CANDIDATE/ELECTED OFFICIAL CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCIAL TRANSACTIONS REPORT

**RECENT SOURCES OF INFORMATION  
ON THE SOUTHERN SLEAHS.**

MANUFACTURED BY  
THE STANDARD BELL COMPANY  
NEW YORK CITY

Correy & Co.

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

|   |  |   |                                   |   |                         |
|---|--|---|-----------------------------------|---|-------------------------|
| SOURCE OF RECEIPT<br>(INCLUDE FULL NAME)  | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX,<br>CITY, STATE, AND ZIP) | COMPLETE THIS BLOCK IF RECEIPT<br>IS A LOAN |                                   | GUARANTORS<br>[FCPA REQUIRES FULL NAME AND COM-<br>PLET ADDRESS OF INDIVIDUAL(S) EN-<br>DORSING OR GUARANTEEING LOAN] |                         |
|   |  | FORM<br>OF RECEIPT                          | DATE<br>RECEIVED<br>(mo./day/yr.) | RECEIPT SOURCE<br>(CHECK ONE)   | AMOUNT<br>OF<br>RECEIPT |
|   |  | Interest                                    |                                   | Individual  |                         |
|   |  | Loan  |                                   | Business  |                         |
|   |  | Other                                       |                                   | Other   |                         |
| RECEIPT SOURCE<br>(CHECK ONE)   |  |   |                                   |   |                         |
| <input checked="" type="checkbox"/> Lending Institution<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Business<br><input type="checkbox"/> Other |  |   |                                   |   |                         |

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# OFFICIAL CANDIDATE & REPORT FINANCIAL PRACTICES ACT - CAMPAIGN

Digitized by srujanika@gmail.com

**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

Colecy Ellis

When total expenditures all exceed \$100,000, the FCPA requires a single recipient to itemize all expenditures made to the same recipient.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) | AMOUNT<br>OF<br>EXPENDITURE | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) |
|---|---|---------------------------------------|-----------------------------|---|
|   |   | Administrative                        | 4                           | 2/6/12                                  |
|   |   | Advertising                           |                             |   |
|   |   | Consultants/<br>Polling               |                             |   |
|   |   | Contributions/<br>Fundraising         |                             |   |
|   |   | Food                                  |                             |   |
|   |   | Loan Repayment                        |                             |   |
|   |   | Lodging                               |                             |   |
|   |   | Transportation                        |                             |   |
|   |   | Other Give Brief Explanation          | Service charge              | 3.00                                    |

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