



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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JAN 29 2016

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Robert C. Hanes</b>		Political Party/Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Shelby City Commission, District 9</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>P.O. Box 376</b>			
City <b>Chelsea</b>	State <b>AL</b>	ZIP Code <b>35043</b>	Telephone Number <b>[REDACTED]</b>

## Type of Report (check one)

- ☒ Monthly  
☐ Weekly  
☐ Amended Monthly  
☐ Amended Weekly

## For Monthly Reports

Month in which the report is filed.

## For Weekly Reports

Date of Friday in the week in 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	<b>620.65</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<b>0</b>	
2b	Non-itemized cash contributions	2b	<b>0</b>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>0</b>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>	
3b	Non-itemized in-kind contributions	3b	<b>0</b>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>0</b>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>0</b>	
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>0</b>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>0</b>	
5b	Non-itemized expenditures	5b	<b>0</b>	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>0</b>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>620.65</b>	

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 of Candidate or Elected Official **[Signature]**  
 Date **1/29/16**

Sworn to and subscribed before me this **29th** day of **January** of the year **2016**. My commission expires the **11th** day of **September** of the year **2018**.

Signature of Notary Public **[Signature]**  
 Print Notary's Name **Melody H. Winslett**