

THIS AREA FOR OFFICIAL USE ONLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

MONTHLY &amp; WEEKLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160503000147380 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
05/03/2016 01:48:10 PM FILED/CERT

RECEIVED

MAY - 8 2016

SHelby County Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Christopher Cody Sumners</i>		Political Party/Ballot Affiliation <i>NA</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Chelsea City Council Place #1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>P.O. Box 102</i>			
City <i>Chelsea</i>	State <i>Alabama</i>	ZIP Code <i>35043</i>	Telephone Number <i>[REDACTED]</i>

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

*April, 2016*

For Weekly Reports

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

Total Number of Pages in Report

*5*

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>\$642<sup>35</sup></i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<i>\$500<sup>00</sup></i>	
2b	Non-itemized cash contributions	2b	<i>0</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>\$500<sup>00</sup></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>0</i>	
5b	Non-itemized expenditures	5b	<i>0</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>0</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>\$1,142<sup>35</sup></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  
*5/3/16*  
Date

Sworn to and subscribed before me this *3rd* day of *May* of the year *2016*. My commission expires the *11th* day of *Sept* of the year *2018*.

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Christopher Cody Summers

**DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

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Christopher Cody Simmons

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.

[illegible]

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NAME OF CANDIDATE OR ELECTED OFFICIAL: Christopher Cody Summers

**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: Christopher Cody Summers



**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
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

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FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE

~~4~~