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

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Shelby Cnty Judge of Probate, AL

05/03/2016 01:48:10 PM FILED/CERT

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	Please Print in Ink or Type.					_	_					
Nar	me of Candidate or Elected Official	olitical Party/Ba	allot.	Affiliatio	n			•	ck one)	Amanda	d Manthiy	
\mathcal{C}	hristopher Cody Sumners	NA					<u></u>	onthly			d Monthly	
_	ice Sought or Held (include district or circuit number, if applicable)					=		ekly		Amende	d Weekly	
	helsea City Council Place # 1 dress Check box it reporting new address		······································	······································	\	or mor Aonth ir eport is	n whic		: S	April,	2016	
	P.O BOX 102				F	or Wee	ekly F	Reports	•			
City	State ZIP Code Te	elephone Numi	ber			Date of I veek in	•	y in the				
(helsea Alabama 35043					eport is						
				·		otal Nu ages i				5	•	
S	ummary of activity since last filed report								<u> </u>			
1	Beginning balance (ending balance from previous	s filing)				· · ·		1	\$ 102	1235		
ļ - -	Cash Contributions	*		ķ			1 PS 12	 • • • • • • • • • • • • • • • • • •	:			
2a	Itemized cash contributions (total from Form 2)	2	2a	15	000	2						
2b	Non-itemized cash contributions		2b		05						: :	
2c	Total cash contributions (add lines 2a and 2b)			!····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		2c	\$50	2000	<u></u>	
	In-Kind Contributions							 -	' · · · · · · · · · · · · · · · · · · ·			
3a	Itemized in-kind contributions (total from Form 3)	3	3a	<u>· ·</u>	Ø						·.	·
3b	Non-itemized in-kind contributions	3	3b	 	Ø						1:-	
3с	Total in-kind contributions (add lines 3a and 3b)	3	3c		Ø			· ·		·		
	Receipts from Other Sources		• • • • • • • • • • • • • • • • • • • •									
4a	Itemized Receipts from Other Sources (total from	Form 4)	1a		Ø		·····					
4b	Non-itemized Receipts from Other Sources	4	4b		D							
4c	Total receipts from other sources (add lines 4a an	nd 4b)						4c		Ø		
	Expenditures			4.54								
5a	Itemized expenditures (total from Form 5)	5	ā		0							
5b	Non-itemized expenditures	Ę	5b		0						· ·	
5c	Total expenditures (add lines 5a and 5b)		:				· · · · · · · · · · · · · · · · · · ·	5c	·····	Ø		
6	Ending balance (add lines 1, 2c, & 4c, then subtract	t line 5c)		······································			<u> </u>	6	1 //	42 35		
Ca	ndidates for State Office: File this report with the Office	e of the Sec	reta	ary of	State.							
Ca	ndidates for County or Municipal Office: File this repo	ort with the	Jud	ge of	Probate	of the	coul	nty in v	which t	he office	is sought.	
swe atta true state	equired by the Alabama Fair Campaign Practices Act, I hereby ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required rmation during the applicable period of time.	te the	Λ	Λ	of the year	ear <u> </u>	<u>20</u>	16	My c	commissi	day of on expires	
L	nature of Candidate or Elected Official Date	Signat	ure	of Nota	ry Public		 	· []	<u>ر</u> کا			

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELEC. TED OFFICIAL

FORM 2: Contributions received by candidate or elected

NAME OF CANDIDATE OR ELECTED OFFICIAL: Christo oher Code Summe



FORM REVISED (INCLUDE FULL NAME) 10.27.2011 When total contributions from a single source exceed \$100.00, the Conn DO NOT LIST in-kind contributions or loans on this form. Box ADDRESS SHOULD INCLUDE (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 24/305 TOTAL FCPA requires CASH Use Forms 36 <u>a</u> CONTRIBUTIONS contributions ω and **Business** or 4 유 Corporation for those listings. SOURCE CONTRIBUTION (CHECK ONE) Individual from PAC × that Other source SIHT Returned ಠ PAGE be RECEIVED (mo./day/yr.) NTRIBUTIO DATE itemized N The same * CONTRIBUTION グ AMOUNT 00 0 18 O 10 20160503000147380 2/5 \$.00

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ALABAMA FAIR CAMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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NAME OF CANDIDATE OR ELECT When total contrib TED

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FORM REVISED CONTRIBUTOR (INCLUDE FULL NAME) 10.27.2011 ADDRESS (ADDRESS SHOULD II T OR P.O. BOX, CITY, S DO NOT cash or loans STATE, AND ZIP) 9 this form. Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising Use Consultants/ Polling Forms Z Equipment -KIND Food 2 and Rent CONTRIBUTIONS 4 for those Transportation Other Business/ listings. Corporation SOURCE (CHECK ONE) Individual PAC SHT Other DATE PAGE REC (mo./day/yr.) CONTRIBUTION 20160503000147380 3/5 \$.00 Shelby Cnty Judge of Probate, AL 05/03/2016 01:48:10 PM FILED/CERT

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

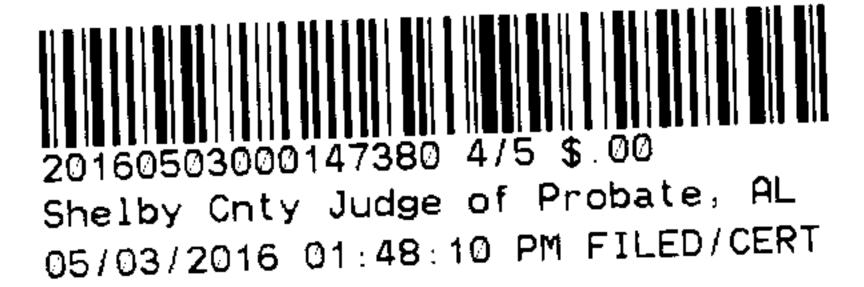
OFFICIAL

Receipts 0 interest, other <u>o</u>f

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

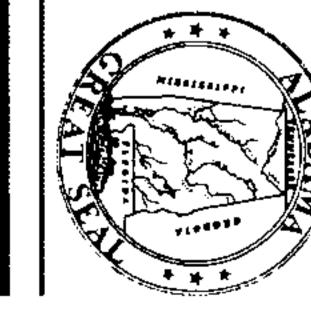
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AMOUNT RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]		Loan Other	Interest) DE	ADDRESS SHOULD INCL STREET OR P.O. BOX CITY, STATE, AND ZIP	SOURCE OF RECEIPT (INCLUDE FULL NAME)
		RCE	28	市 C S	RECEI	70	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	Ť	FORM	Ħ			



AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

itures by candidate or elected official Cody Summers

CANDIDATE OR ELECTED OFFICIAL: Christopher



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

		AGE	JRES THIS P		M N	EXP		100						FORM REVISED 10.27.2011
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	15 \$ 00													
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	AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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