



FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

MONTHLY & WEEKLY



20160503000147400 1/5 \$.00
Shelby Cnty Judge of Probate, AL
05/03/2016 01:49:58 PM FILED/CERT

RECEIVED
MAY - 3 2016

James W. Fyfe

Please Print in Ink or Type.

Name of Candidate or Elected Official Casey Morris		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Chelsea City Council Place 5			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 119			
City Chelsea	State AL	ZIP Code 35043	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ **Weekly**☐ 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 \$50.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 50.00	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)		2c
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	
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)		4c
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 46.18	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)		5c
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 \$3.82

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 Casey Morris Date 5/3/16

Sworn to and subscribed before me this 3rd day of May of the year 2016. My commission expires March 6, 2017

the 3rd day of May, 2016. MY COMMISSION EXPIRES: March 6, 2017

BONDED THRU MERCHANTS BONDING CO. (MUTUAL)

Becky C. Sanders

Signature of Notary Public

Becky C. Landers
Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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


[illegible]



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
															
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

[illegible]

FORM REVISED 10.27.2011

TOTAL RECEIPTS THIS PAGE