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



201608020002/3100 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/02/2016 01:53:15 PM FILED/CERT

Please Print in Ink or Type.		Time of Dance	t (check one)	
Name of Candidate or Elected Official	Political Party/Ballot Affilia	Mont		ıΙγ
CORLEY ELLIS	REPUBLIC	41 Wee		•
Office Sought or Held (include district or circuit number, if applicable)		•	- I	·.
Shelly County Counts Counts / Counts / Counts   Check box if reporting new address	DISTRICT	For Monthly R  Month in which report is filed.	- I #	
P.O. Box 1177		For Weekly Re	eports	$\overline{}$
City State ZIP Code	Telephone Number	week in which t	Į.	
Columbiana AL 35051		report is filed.		
		Total Number Pages in Repo		
Summary of activity since last filed report				
1 Beginning balance (ending balance from previo	us filing)		1	
Cash Contributions			- <del></del> -1	
2a Itemized cash contributions (total from Form 2)	2a		_	
2b Non-itemized cash contributions	2b			
2c Total cash contributions (add lines 2a and 2b)			2c	
In-Kind Contributions			<b></b>	
3a Itemized in-kind contributions (total from Form	3) 3a	8		
3b Non-itemized in-kind contributions	3b			
3c Total in-kind contributions (add lines 3a and 3b)	) 3c	0		
Receipts from Other Sources			٦	
4a Itemized Receipts from Other Sources (total fro	m Form 4) 4a	10		
4b Non-itemized Receipts from Other Sources	4b			
4c Total receipts from other sources (add lines 4a	and 4b)		4c	
Expenditures		<u> </u>	_	
5a Itemized expenditures (total from Form 5)	5a	0		
5b Non-itemized expenditures	5b	$\theta$		
5c Total expenditures (add lines 5a and 5b)			5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)		6	
Candidates for State Office: File this report with the Office	fice of the Secretary	of State.		
Candidates for County or Municipal Office: File this re	eport with the Judge	of Probate of the coun	nty in which the office is sou	ught.
As required by the Alabama Fair Campaign Practices Act, I her	•	d subscribed before me		•
swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein	are		My commission exp	pires
true and correct and that this information is a full and comp	lete the	day of Septembe	of the year 2019	·
statement of all contributions, expenditures, and other requ	ired		P. 1.	
information during the applicable period of time.		mmy a	(. Deale	
Signature of Candidate or Elected Official Date	<del></del>	Notary Public	$C_{\alpha}$ .	
Orginal Control Contro		ammy L	. Seale	
	Print Notary's	Name /		

FORM REVISED 10.27.2011