## MONTHLY & WEEKLY



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



20160808000279970 1/5 \$.00 Shelby Cnty Judge of Probate, AL 08/08/2016 09:33:18 AM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Amended Monthly Monthly Dumners Weekly Amended Weekly Office Sought of Held (include district or circuit number, if applicable) For Monthly Reports Place # Month in which the Check box if reporting new address report is filed. P.O. For Weekly Reports BOX Date of Friday in the August 5, 2016 City ZIP Code Telephone Number State week in which the Chelsea Alabama 35043 report is filed. **Total Number of** Pages in Report Summary of activity since last filed report 4320" Beginning balance (ending balance from previous filing) **Cash Contributions** 2a Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) **Expenditures** #10713 Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. Sworn to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the NOTARY PUBLIC STATE OF ALABAMA APPRARMS ion expires (MUNICO of the year 2016 attached report(s) and the information contained herein are daxyofommission expires the des. 2017 true and correct and that this information is a full and complete the BONDED/THRU MERGHANTS BONDING CO. (MUTUAL) statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Signature of Candidate of Elected Official

**Print Notary's Name** 

#### FAIR AMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο EC TED OFFICIAL

## ontributions received by candidate 9 official

20160808000279970 2/5 \$.00 Shelby Cnty Judge of Probate, AL FORM 08/08/2016 09:33:18 AM FILED/CERT REVISED (INCLUDE FULL NAME) ANDIDATE 10.27 .2011 When total contri OR R ELEC TED OFFICIAL: Christon butions from a single source exceed DO NOT LIST in-kind contributions or loans on this form ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) \$100.00, the FCPA r TOTAL . Use Forms CASH <u>a</u> CONTRIBUTIONS contributions 3 and **Business** or 4 for those listings. 읶 Corporation SOURCE CONTRIBUTION (CHECK ONE) Individual from that PAC Other source THIS Returned Ö ONTRIBUTION RECEIVED (mo./day/yr.) PAGE be itemized.



### AMPAIGN PRA CTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

#### buti ĥф candidate 9 elected official

TED OFFICIAL: Christo ody



butions from a single source cash or loans on this form. exceed \$100.00 the FCPA Use Forms requires 2 and 4 for those all contributions listings. from that source to be itemized.

|                        | 1 | 1 | 1           | 20160808   | 00027997 | 0 3/5 \$ |                                       | <b>1</b>   |                       |
|------------------------|---|---|-------------|------------|----------|----------|---------------------------------------|--|-----------------------|
| ORM REVISED 10.27.2011 |   |   |             | C. ICIDY C | nty Juda | e of Pro | L 4                                   | (INCLUDE FULL NAME)  | <u> </u>              |
|                        |   |   |             |            |          |          |                                       | (ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | •                     |
| 70.                    |   |   |             |            |          |          |                                       | Advertising  | z                     |
| OTALIN                 |   |   |             |            |          |          |                                       | Advertising Consultants/ Polling                                     | ATURE OF CONTRIBU     |
| Z<br>X                 |   |   |             |            |          |          |                                       | Equipment  |                       |
| -XXX                   |   |   |             |            |          |          |                                       | Food   |                       |
| O<br>O                 |   |   |             |            |          |          |                                       | Rent   |                       |
| 2                      |   |   | <del></del> |            |          |          | · · · · · · · · · · · · · · · · · · · | Transportation   | MOIL                  |
| 코                      |   |   |             |            |          |          |                                       | Other  |                       |
| NTRIBUTIO              |   |   |             |            |          |          |                                       | Business/<br>Corporation   | SOURCE<br>(CHECK ONE) |
| <b>3</b>               |   |   |             |            |          |          |                                       | Individual   |                       |
| ŽS                     |   |   |             |            |          |          |                                       | PAC  |                       |
| ヹ                      |   |   |             |            |          |          |                                       | Other  | ≘)                    |
| IS PAGE                |   |   |             |            |          |          |                                       | CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.)                            |                       |
|                        |   |   |             |            |          |          |                                       | CONTRIBUTION   |                       |

#### **ABAMA** FAIR AMPAIGN PRA CTICES ACT CAMPAIGN FINANCE REPORT FOR 0 ANDIDATE/EL ECTED OFFICIAL

#### Receip S PS loans, and other sources of

9 CANDIDATE OR ELEC When total contributions from a single TED OFFICIAL: source exceed \$100.00, topher the PAr \$ 12 × requires all contributions from that source ᅙ be itemized.

FORM 20160808000279970 REVISED Shelby Cnty Judge of Probate: AL SOURCE OF RECEIPT (INCLUDE FULL NAME) 08/08/2016 09:33:18 AM FILED/CERT <u></u> 27 2011 ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form. P Interest RECEIPT Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE **GUARANTORS** SHT Use IS A LOAN Forms 2 and 3 for those TOTAL RECEIPT RECEIPTS Lending listings. Institution RECEIPT SOURCE (CHECK ONE) PAC THIS Individual Business PAGE Other (mo./day/yr.)

# AMPAIGN ACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

# nditures by candidate or elected official

ᄋᆍ CANDIDATE ECTED OFFICIAL: Christopher Cody Siewwant



When total expenditu ires to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be ite

| FORM REVISED 10.27.2011 | She | lby Cnty | 279970 5<br>Judge o | f Probat | e, AL<br>D/CERT |   | Fed 18x Office                              | Staples   | Fed-Ex Office        | PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)                 |                    |
|-------------------------|-----|----------|---------------------|----------|-----------------|---|---|-----------|----------------------|---|--------------------|
|                         |     |          |                     |          |                 |   | 117 Resource Center Pkwy Bruincham Al 35242 |           | Brainshan, Al 352112 | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) |                    |
|                         |     |          |                     |          |                 |   |   |           |                      | Administrative  |                    |
|                         |     | <u> </u> |                     |          |                 | / |   | <b>×</b>  |                      | Advertising<br>Consultants/   |                    |
|                         |     | ļ        |                     |          | /               |   |   |           |                      | Polling   |                    |
| ō                       |     |          |                     |          |                 |   |   |           | ·                    | Charitable<br>Contribution  | PURP               |
| Z                       |     |          |                     |          |                 |   |   |           |                      | Food  |                    |
| m                       |     |          |                     |          |                 |   |   |           |                      | Fundraising<br>Loan   | SE OF E            |
| EXPEN                   |     |          |                     |          |                 |   |   |           |                      | Repayment   | χ<br>S<br><b>E</b> |
| Z                       |     |          |                     |          |                 |   |   |           |                      | Lodging   | XPENDIT<br>ONE)    |
|                         |     |          |                     |          |                 |   |   |           |                      | Transportation  | TURE               |
| JRES THIS F             |     |          |                     |          |                 |   |   |           |                      | OTHER GIVE BRIEF EXPLANATION  | ITI                |
| PAGE                    |     |          |                     |          |                 |   | 8/5/2016                                    | 7/31/2016 | 7/31/2016            | DATE OF EXPENDITURE (mo./day/yr.)   |                    |
| #10713                  |     |          |                     |          |                 |   | # 9 49<br>14 9                              | # 26 15   | # 210.48             | AMOUNT<br>OF<br>EXPENDITURE   |                    |