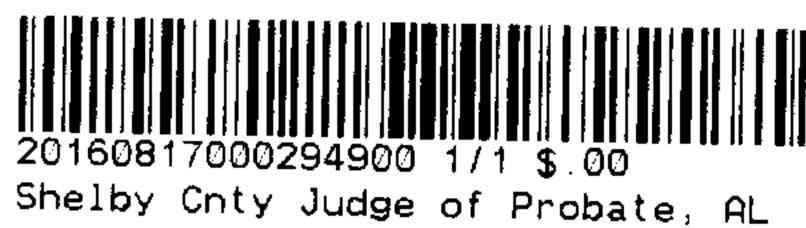
## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



				08/17/2016	02:18:47 PM	1 FILED/CERT
	Please Print in Ink or Type.					
	me of Candidate or Elected Official  Political Party  Sice Sought or Held (Include district or circuit rjumber, in applicable)	/Ballot	Affiliation	Date Covered	d by Report	3/6/6
MAYOR & Chelsich					[]	Amended Daily Report
Address Check box if reporting new address				Total Number	r of Pages	7
City / State ZIP Code Telephone Num			·	in Report	_	
	State ZIP Code Telephone No ACSCO 72 35043 Telephone No	imber				
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1	900,98
	Cash Contributions		· · · · · · · · · · · · · · · · · · ·			
2a	Itemized cash contributions (total from Form 2)	2a				
2b	Non-itemized cash contributions	2b				
2с	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			<u> </u>	
	Receipts from Other Sources			·		
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<del></del>	<del></del>		
4b	Non-itemized Receipts from Other Sources	4b	<u></u>	<del></del>		
4c	Total receipts from other sources (add lines 4a and 4b)				4c =	
	Expenditures				<u></u>	
5a	Itemized expenditures (total from Form 5)	5a	*****			
5b	Non-itemized expenditures	5b	<del></del>			
5c	Total expenditures (add lines 5a and 5b)				5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6 /	900,98
Ca	ndidates for State Office and State Elected Officials: File this r	enor	with the	Office of the Sec	cretary of St	oto
	ndidates for County or Municipal Office and County and Muni				•	
Pro	bbate of the county in which the office is sought.					
		rn to	and subsc	cribed before me	this	17th day of
		lex	• of th	ne year <u>JU</u>	16 My	commission expires
true and correct and that this information is a full and complete the				of March	of the year	ar <u>2020</u> .
	ement of all contributions, expenditures, and other required "" " "mation furing the applicate period of time.					4_
	MAA 11 1/1/1/2 L	atura	of Notary Pul	blic Digry	<u> </u>	an .
Sign	Ature of Candidate or Historial			ah Lyn	1 H	orton)

Print Notary's Name