



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY



20161003000361390 1/5 \$.00
Shelby Cnty Judge of Probate, AL
10/03/2016 01:53:45 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Christopher Cody Sumners</u>		Political Party/Ballot Affiliation <u>NA</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Chelsea City Council Place # 1</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>P.O. Box 102</u>			
City <u>Chelsea</u>	State <u>Alabama</u>	ZIP Code <u>35043</u>	Telephone Number <u>[REDACTED]</u>

Calendar Year
covered by this report.

2016☐ Amended Annual Report☒ Termination Report

Total Pages in Report
Include this page in
your count.

5

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	<u>\$120⁷⁰</u>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<u>0</u>	
2b	Non-itemized cash contributions	2b	<u>0</u>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>0</u>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>	
3b	Non-itemized in-kind contributions	3b	<u>0</u>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u>	
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a	<u>0</u>	
4b	Total non-itemized receipts from other sources	4b	<u>0</u>	
4c	Total itemized receipts from other sources (add lines 4a and 4b)	4c	<u>0</u>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<u>\$120⁷⁰</u>	
5b	Non-itemized expenditures	5b	<u>0</u>	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>\$120⁷⁰</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<u>0</u>	

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	<u>0</u>
8	Total cash contributions for year	8	<u>\$2400⁰⁰</u>
9	Total in-kind contributions for year	9	<u>0</u>
10	Total receipts from other sources for year	10	<u>0</u>
11	Total expenditures for year	11	<u>\$2400⁰⁰</u>
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	
13	Total campaign debt (total debt owed as of December 31)	13	<u>0</u>

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.

Sworn to and subscribed before me this 3rd day of Oct. of the year 2016. My commission expires the 28th day of March of the year 2020.

Deborah Lynn Horton
Signature of Notary Public

Deborah Lynn Horton
Print Notary's Name

Christopher Cody Sumners
Signature of Candidate or Elected Official

10/3/16
Date

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]

TOTAL CASH CONTRIBUTIONS THIS PAGE

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		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													0	

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)		ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)		AMOUNT OF RECEIPT	
				Interest	Loan	Other	GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)		Lending Institution	PAC	Individual	Business	Other				

TOTAL RECEIPTS THIS PAGE

~~Q~~

NAME OF CANDIDATE OR ELECTED OFFICIAL:

PURPOSE OF EXPENDITURE
(CHECK ONE)

[illegible]