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

201603220000091320 1/5 \$.00 Shelby Cnty Judge of Probate, AL
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	Chalby Cntv	Judge of Probate, AL	- ₹T
Please Print in Ink or Type.	03/22/2016	11:57:49 AM FILED/CEF	
Name of Candidate or Elected Official  Political Part	y/Ballot Affiliation	Type of Report (chec Monthly	Monthly Amended Monthly
Word W1/12-5 Kepy	1/1/cm-	eekly الم	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	// )	For Monthly Reports	
Address Check box if reporting new address	25/	Month in which the	
		report is filed.	
City State ZIP Code Telephone N	umher	For Weekly Reports Date of Friday in the	10/1/2
City State $2000000000000000000000000000000000000$	diffice	week in which the report is filed.	45/18/2016
7773954-4		Total Number of	
		Pages in Report	5
Summary of activity since last filed report	· · · · · · · · · · · · · · · · · · ·		
1 Beginning balance (ending balance from previous filing)		1	\$ 370.
Cash Contributions		<u></u>	
2a Itemized cash contributions (total from Form 2)	2.	8 200.co	
2b Non-itemized cash contributions	2b	\$ 25,00	
2c Total cash contributions (add lines 2a and 2b)		2c	\$ 225.00
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a \$ 85	50.00	
3b Non-itemized in-kind contributions	3b	7	
3c Total in-kind contributions (add lines 3a and 3b)	3c \$ 85	0.00	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4	) 4a \$ 19	. 60	
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4b)		4c \$	119.60
Expenditures			
5a Itemized expenditures (total from Form 5)	5a <b>1</b> 5	50	
5b Non-itemized expenditures	5b	7	
5c Total expenditures (add lines 5a and 5b)		5c	\$52.50
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c	;)	6	\$ 562,10
Candidates for State Office: File this report with the Office of the S	Secretary of State	<b>9</b> .	
Candidates for County or Municipal Office: File this report with the	ne Judge of Prob	ate of the county in w	hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby Sw	orn to and subsc	ribed before me this _	2\stacksquare
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	March of th	e year _2016	. My commission expires
true and correct and that this information is a full and complete	a corts	_	he year $2c17$
statement of all contributions, expenditures, and other required	\ \ \ \		
information during the applicable period of time.  (1) $(1)$ $(2)$ $(3)$ $(4)$ $(4)$ $(4)$	VIET		
	nature of Notary Put	olic	
Signature of Candidate or Elected Official Date	Kasn	T. ATWELL	

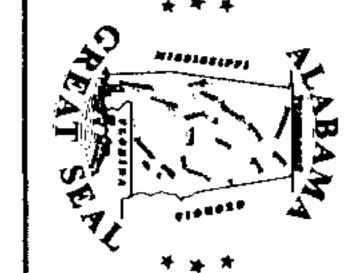
## AMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIA

## utions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:
Land
W/1///2-5

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. from that source to be itemized.

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220000913 Cnty Jud				
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Joo a	3/18/16		C/85+10	9, Alin Cook
\$ / Ov. do	3/18/16		Meritt Island FL 32953	Gloria Syrings
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		SOURCE OF CONTRIBUTION (CHECK ONE)		



2016032200009 Shelby Cnty J 23/22/2016 11	udge of Proba	ate, AL		me 2 Cap	CONTRI (INCLUDE F	NAME OF CA	
				777 52.4	BUTOR ULL NAME)	NDIDATE OR EL When total co	
				Calera Shar Wood Ci,	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND	ntributions from a single source exceed  DO NOT LIST cash or loans	

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Advertising

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Equipment

Transportation

Polling

Food

Rent

Other

Business/

Individual

PAC

Other

(mo./day/yr.)

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Corporation

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CONTRIBUTION

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AMOUNT

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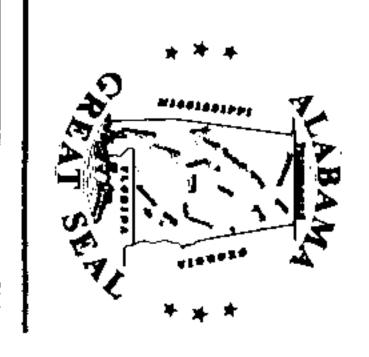
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPO FOR CANDIDATE/ELECTED OFFICIAL

## FORM 4: Receipts from Other Sources! loans, interest, and other sources

NAME OF CANDIDATE OR ELECT FED OFFICIAL: M

When total contributions from a single source exceed \$100.00, the FCPA response to the bound of the form.

DO NOT LIST cash or in-kind contributions on this form. exceed \$100.00, the FCPA requires all contributions Use Forms 2 and 3 for those listings. from that source to be itemized.

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RECEIPT	RECEIVED (mo./day/yr.)	Business Other	Institution PAC Individual	GUARANTORS  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Interest Loan Other	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
	1	SOURCE (ONE)	RECEIPT :	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIP		
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When total expenditur es ಠ  $\sigma$ single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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3) 50	3/14/16						7		Pellin Al, 35124	Hore Dast
19.60	3/11/6							1	US PSA/255ten Al 35007	CSBS S
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER  GIVE BRIEF EXPLANATION	Repayment Lodging Transportation	Fundraising Loan	Food	Polling Contribution	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		URE	XPENDIT ONE)	OSE OF EX	JRPO	PI				