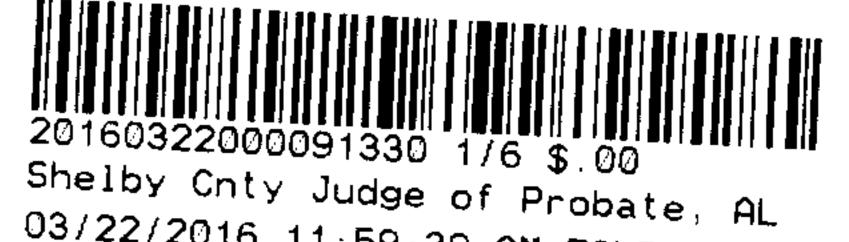
Signature of Candidate of Elected Official





STATE OF ALABAMA 03/22/2016 11:59:39 AM FILED/CERT andidate & Elected Official RE(

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

MAR 2 2 2016

James W. Fuhrmeister Judge of Probate

KRIST T ATWELL

	Please Print in Ink or Type.			
Nam	e of Candidate or Elected Official	Party/Ballot Affiliation	Type of Report (check	one)
	RUNALU C. G11445	2/	Monthly Weekly	Amended Weekly
Offic	e Sought or Held (include district or circuit number, if applicable)) / //		
A 44 44	ress Check box if reporting/new address	134114	For Monthly Reports Month in which the	
Addı	ress crieck box is reporting new address		report is filed.	
	238 7" Ave S.W	- No No	For Weekly Reports Date of Friday in the	
City	$\Delta I I I I I I I I I I I I I I I I I I I$	ne Number	week in which the report is filed.	3/18/16
	ALAGASTER HALAGAMA 35007		Total Number of	
			Pages in Report	5
S	ummary of activity since last filed report			
1	Beginning balance (ending balance from previous filir	ıg)	1	372.01
	Cash Contributions			
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			
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		
	Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from For	m 4) 4a 200	0.00	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4	b)	4c	2000.00
	Expenditures		ات المدينة في المساويين الله المستوين والمستويدة في المستويدة المستوية المستوية المستويدة المستويدة والمستويدة وأنها المدينة المستويدة المهادات المستويدين والمدينة المستويدة المستويدة المستويدة المستويدة والمستويدة والمستويدة	
5a	Itemized expenditures (total from Form 5)	5a 47	8.75	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	418.75
6	Ending balance (add lines 1, 2c, & 4c, then subtract line	e 5c)	6	1893,26
	andidates for State Office: Ede this report with the Office of t			
	indidates for County or Municipal Office: File this report w	in the Judge of Pro	pate of the pourity in th	
	required by the Alabama Fair Campaign Practices Act, I hereby	Sworn to and subs	cribed before me this _	22 day of
	ear or affirm to the best of my knowledge and belief that the ached report(s) and the information contained herein are	Marin of	the year	. My commission expires
true	and correct and that this information is a full and complete	<i>(</i>		ne year 2017.
	tement of all contributions, expenditures, and other required amation during the applicable period of time.	NA AT		
		L Wat	KY	
	13/24/6	Signature of Notary P	ublic	

Date

AMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR ANDIDATE œ M E TED OFFICIAL

ontributi 0 ns received by candidate or elected Q ficial

읶 C ANDIDATE 2

FORM REVISED Shelby Cnty Judge of Probate, AL 03/22/2016 11:59:39 AM FILED/CERT (INCLUDE FULL NAME) 10.27.2011 ATE OR ELECTED OFFICIAL: ROUP (I) C. Griggs

When total contributions from a single source exceed \$100.00, the FCPA requires

DO NOT LIST in-kind contributions or loans on this form. Use Formation is the source of the source o ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CAS orms <u>≅</u> CONTRIBUTIONS contributions ယ and **Business** or 4 Q Corporation ਕ੍ਰ SOURCE CONTRIBUTION (CHECK ONE) Individual those listings. from that source PAC Other THIS Returned to be PAGE TRIBUTIO itemized.

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR ANDIDATE/ELECTED OFFICIAL

FORM 3: n-Kind 0 O tions received by candid at 9 ected icial

NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011 (INCLUDE FULL NAME) When total contributions from a single source ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT cash 9 exceed \$100.00, the ioans this Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising CPA requires Consultants/ Polling Forms ア大区 Equipment Food U and all contributions Rent CONTRIBUTIONS ਠ੍ਹ Transportation Other Business/ listings. Corporation from that source to be itemized. SOURCE (CHECK ONE) Individual PAC THIS Other PAGE RECEIVED NTRIBUTION



20160322000091330 3/6 \$.00 Shelby Cnty Judge of Probate, AL 03/22/2016 11:59:39 AM FILED/CERT

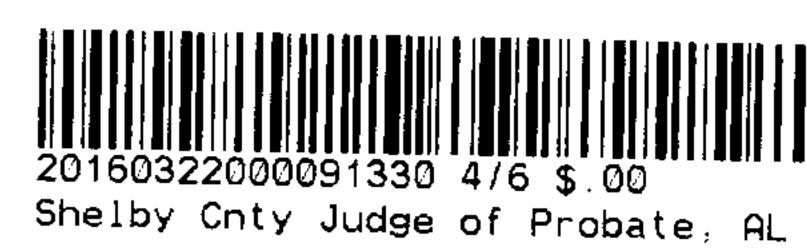
ALABAMA FAIR CAMPAIGN PRACTICES CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts 0 O loans, terest, and other sources 9 incom

NAME OF SOURCE OF RECEIPT (INCLUDE FULL NAME) CANDIDATE OR ELECTED a When total contributions fr ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 1Abps DO NOI OFFICIAL: om a single source exceed \$100.00, .18T cash or in-kind contributions on this form. 윾 Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] the FCP COMPLETE A requires all contributions from that source GUARA THIS BLOCK IF I Use Fo NTORS orms 2 and 3 for those listings. TOTAL R用C四PT RECEIPTS Lending Institution RECEIPT SOURCE (CHECK ONE) PAC THIS Individual to be itemized. **Business** PAGE Other RECEIVED (mo./day/yr.)

FORM REVISED 10.27.2011



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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR ANDIDATE 20 ELECTED OFFICIAL

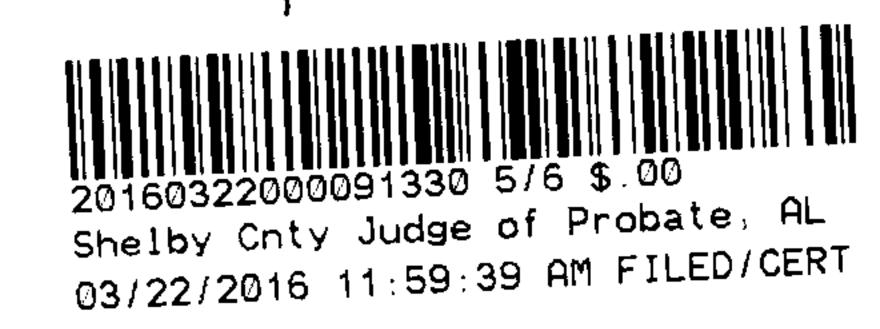
Expenditur es by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



When total expenditures ರ single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized

478,75	AGE	XPENDITURES THIS P/	TIGN	THE THE	EX	A	0.					FORM REVISED 10.27.2011
						·						
		-										
478,75	3/157/6										115 Pavid Green Ruad Birminugham Alabama 35244	23 Nesign
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Food Fundraising	Charitable Contribution	Consultants/ Polling Charitable	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	UTIO	(ONE)	OF E	POSE (C)	PUR					





115 David Green Rd. STE A Birmingham,, AL 35244

Phone: 205-941-9999 Fax: 205-668-1464

	n	V	0	i	C	e
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Date	Invoice #
3/15/2016	28690

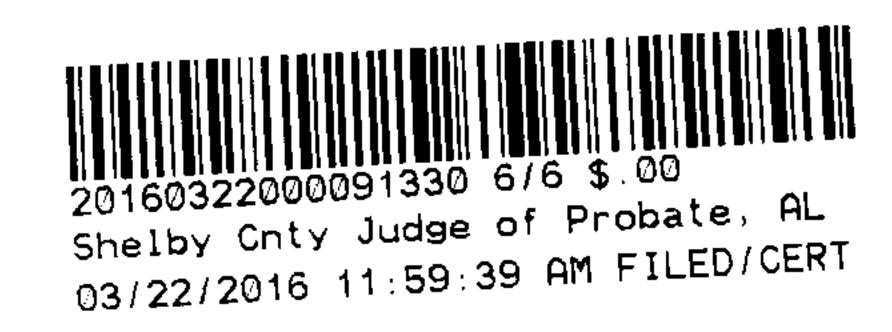
Bill To	Ship To	
Ron Griggs	Pickup	

P.O. Numbe	er Terms	Rep	Ship	Via	Tracking Number
Ron Griggs	Due on receipt		3/15/2016		

Quantity	Item Code	Description	Price Each	Amount
25	Corrugated Prints	4' x 8' Ron Griggs	19.15	478.75
	<u> </u>		T-4-1	-

Total

\$478.75



E-mail	Web Site
davidburke@23design.biz	www.23design.biz