

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED

MAY 30 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) ETOWAH COUNTY DEMOCRATIC EXECUTIVE COMMITTEE		Acronym for PAC ECDEC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address 1024 FORREST AVE.			
City GADSDEN, AL	State AL	ZIP Code 35901	Telephone Number 256-547-7551

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.

For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

05/30/2014
2

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$9,440.63
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	\$548.50
2c	Non-itemized employee payroll contributions	2c	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	\$548.50
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	Total itemized receipts from other sources (total from Form 4)	4a	
4b	Total non-itemized receipts from other sources	4b	
4c	Total receipts from other sources (total from Form 4)	4c	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$360.00
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$360.00
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	\$9,629.13

Sworn to and subscribed before me this 30 day of May of the year 2014. My commission expires the 10 day of Dec of the year 2016.

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.

Signature of Notary Public
Margie A. Burton
 Printed Name of Notary Public

Signature of Chairperson or Treasurer of Political Committee
5/30/14
 Date

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: ETOWAH COUNTY DEMOCRATIC EXECUTIVE COMMITTEE



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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
BBD	P.O. BOX 2869 BIRMINGHAM, AL 35202						X					05/30/2014	\$360.00
TOTAL EXPENDITURES THIS PAGE												\$360.00	