

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED

OCT 20 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 Womens Club		Acronym for PAC ECDWC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address 104 Bridlewood Drive			
City Gadsden	State AL	ZIP Code 35901	Telephone Number 256 442 3718

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.

Oct. 15-20-2014

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1363.14
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		∅
2b	Non-itemized cash contributions	2b		∅
2c	Non-itemized employee payroll contributions	2c		∅
2d	Total cash contributions (add lines 2a, 2b, and 2c)		2d	∅
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		613.36
5b	Non-itemized expenditures	5b		∅
5c	Total expenditures (add lines 5a and 5b)		5c	613.36
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)		6	749.78

Sworn to and subscribed before me this 20 day of Oct of the year 2014. My commission expires the 24 day of Sept of the year 2016.

Pam Bone
 Signature of Notary Public
Pam Bone
 Printed Name of Notary Public

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.

Beth Nunn 10-20-14
 Signature of Chairperson or Treasurer of Political Committee Date



FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: ECDC

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

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business (not a corporation)	Corporation	Individual	Other	Returned		
Ø	Ø							Ø
TOTAL CASH CONTRIBUTIONS THIS PAGE								Ø



FORM 3: In-Kind Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: EC D W C

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 contributions 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 (not a corporation)	Corporation	Individual	Other				
Ø	Ø																Ø
															TOTAL IN-KIND CONTRIBUTIONS THIS PAGE		Ø



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF POLITICAL ACTION COMMITTEE: ECDC

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 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 GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	Individual	Business	Other			
Ø	Ø											Ø
TOTAL RECEIPTS THIS PAGE											Ø	



FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: ECDW

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			
Carolyn Parker	Gadsden, AL 35908				<input checked="" type="checkbox"/>								10-15-14	500.00
Flowers by Rita	107 S. 5th St. Gadsden, AL 35901						<input checked="" type="checkbox"/>						10-16-14	113.36
											TOTAL EXPENDITURES THIS PAGE	613.36		