



Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED

AUG 21 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization)		Acronym for PAC	
ETOWAH COUNTY REPUBLICAN EX. COMM.		ECREC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address			
P.O. Box 8403			
City	State	ZIP Code	Telephone Number
GADSDEN,	ALABAMA	35902	NONE

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.

August 2014

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

Total Number of Pages in Report

2

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$19,579.76
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	\$15.00	
2c	Non-itemized employee payroll contributions	2c		
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	\$15.00	
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	\$177.00	
5b	Non-itemized expenditures	5b	\$126.21	
5c	Total expenditures (add lines 5a and 5b)	5c	\$303.21	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	\$19,291.55	

Sworn to and subscribed before me this 21st day of August of the year 2014. My commission expires the 1st day of June of the year 2015.

Debra Coleman
Signature of Notary Public
Debra Coleman
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.

James M. Kampfer | 8/21/2014
Signature of Chairperson or Treasurer of Political Committee | Date

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: STOWAH COUNTY REPUBLICAN 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
National Security Group	P.O. Box 703 E104, A2 36323										INS. for "Republican" House	8-8-2014	\$177.00
TOTAL EXPENDITURES THIS PAGE												\$177.00	