

Printed Name of Notary Public

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED

JUN _ 1 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

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Please Print in Ink or Type.		•	Type of Report (check one) Monthly Amended Monthly	
Name of Political Committee (as appears on Statement of Organization) Acronym for	1			Amended Weekly
ETOWAH COUNTY REPUBLICANEK. COMM. ECR	· · · · · · · · · · · · · · · · · · ·	لبيا	البيا البيا	
Address (as appears on Statement of Organization)		For Monthly Reports Month in which the		
P.O. Box 8403				2016
City State ZIP Code Telephone Number		For Weekly Re Date of Friday	_	
City State ZIP Code Telephone GADSDEN, ALABAMA 35902 NON		week in which treport is filed.	the	
2370Z NON	-	Total Number	of	
		Pages in Repo	ort	
Summary of activity since last filed report				
1 Beginning balance (ending balance from previous filing)			1 \$	17,371.32
Cash Contributions			_ ' "	
2a Itemized cash contributions (total from Form 2)	2a			
2b Non-itemized cash contributions	2b	92.00		and the second second
2c Non-itemized employee payroll contributions	2c	12,00		
2d Total cash contributions (add lines 2a, 2b, and 2c)			2d	92,00
In-Kind Contributions				7 2,00
3a Itemized in-kind contributions (total from Form 3)	3a			
8b 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	1/12			
4b Total non-itemized receipts from other sources	4b			
4c Total receipts from other sources (total from Form 4)	40 		40	
Expenditures			4c]	
5a Itemized expenditures (total from Form 5)	5a			
5b Non-itemized expenditures	5b	00,40		
5c Total expenditures (add lines 5a and 5b)	30	99.42	5 0	• 00
6 Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)			5c 6	99.42
Sworn to and subscribed before me this	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 BoNe	Signature of Ch	Mi / Cumpe airperson or Treasurer	bf Political	Com- Date