



Statement of Dissolution

FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

FILED
JAN 27 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Report Status (check one)

Name of Candidate or Elected Official, or Political Committee Ben Reed			
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District 7			
Address <input type="checkbox"/> Check box if reporting new address 917 Bellevue Drive			
City Gadsden	State AL	ZIP Code 35904	Telephone Number 256-328-2958

- No report required because I have had no activity since the last reporting period
- Termination report attached

Note:
If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the 22nd day of January in the year 2016.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

Contribution to non profit agency, per attached termination report

As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

Ben Reed 1-19-16
Signature of Candidate or Elected Official, or Chairperson or Treasurer of Political Committee Date

ALABAMA FAIR CAMPAIGN PRACTICES ACT
CANDIDATE / ELECTED OFFICIAL
ANNUAL REPORT
SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY

FILED
JAN 27 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Ben Reed		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District 7			
Address <input type="checkbox"/> Check box if reporting new address 917 Bellevue Drive			
City Gadsden	State AL	ZIP Code 35904	Telephone Number 256-328-2958

Type of Report (check one)

- Annual Report for Year _____
 Termination Report
 Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	\$196.05
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		\$0.00
2b	Non-itemized cash contributions	2b		\$0.00
2c	Total cash contributions (add lines 2a and 2b)		2c	\$0.00
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		\$0.00
3b	Non-itemized in-kind contributions	3b		\$0.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)		4	\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		\$196.05
5b	Non-itemized expenditures	5b		\$0.00
5c	Total expenditures (add lines 5a and 5b)		5c	\$196.05
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)		6	\$0.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)		7	\$196.05
8	Total cash contributions for year		8	\$0.00
9	Total in-kind contributions for year	9		\$0.00
10	Total receipts from other sources for year		10	\$0.00
11	Total expenditures for year		11	\$196.05
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)		12	\$0.00
13	Total campaign debt (total debt owed as of December 31)	13		

Sworn to and subscribed before me this 19th day of Jan. of the year 2016. My commission expires the 28th day of March of the year 2017.

Ira Nelson
 Signature of Notary Public
Ira Nelson
 Print Notary's Name

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.

Ben Reed
 Signature of Candidate or Elected Official
1-19-16
 Date

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Ben Reed

PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 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 or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Ben Reed

PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash 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/ Corporation	Individual	PAC	Other		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														\$0.00	

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Ben Reed

PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 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	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE											\$0.00		

