

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED
OCT 14 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

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

10/10/2014
2

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 35901	State	ZIP Code	Telephone Number 256-547-7551

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)	1	\$5,270.27
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	\$915.80
5b	Non-itemized expenditures	5b	\$49.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$964.80
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	\$4,305.47

Sworn to and subscribed before me this 14th day of October of the year 2014. My commission expires the 25th day of June of the year 2018.

LouCinda Munroe
Signature of Notary Public
LouCinda Munroe
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.

[Signature]
Signature of Chairperson or Treasurer of Political Committee
10-14-14
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			
124 Court Street, LLC	124 Court St. Gadsden, AL 35901	X											10/03/2014	\$800.00
Hodges-Ford Insurance	2727 Rainbow Dr. Rainbow City, AL 35906	X											10/03/2014	\$115.80
TOTAL EXPENDITURES THIS PAGE														\$915.80