

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED
BOBBY M. JUNKINS
JUDGE OF PROBATE
MAY 30 2014
MAY 30 2014
FILED

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization)		Acronym for PAC	
Etowah County Democratic Women's Club		EC D W C	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address			
104 Bridlewood Dr.			
City	State	ZIP Code	Telephone Number
Gadsden	AL	35901	256-442-3718

Type of Report (check one)

- Monthly
 Weekly
 Amended Monthly
 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

5-30-14
5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 4,932.24
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	∅
5b	Non-itemized expenditures	5b	∅
5c	Total expenditures (add lines 5a and 5b)	5c	∅
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	4,932.24

Sworn to and subscribed before me this 30th day of May of the year 2014. My commission expires the 7th day of March of the year 2017.

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.

Charles Cunningham
Signature of Notary Public

Betty Nunn | 5-30-14
Signature of Chairperson or Treasurer of Political Committee | Date

Charles Cunningham
Printed Name of Notary Public



FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE:

Stanol County Democratic Women's Club

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		
<i>Ø</i>	<i>Ø</i>						<i>Ø</i>	
							<i>Ø</i>	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

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



NAME OF POLITICAL ACTION COMMITTEE: *Stovall County Democratic Women's Club*

When total contributions from a single source exceed \$500.00, the FCRA 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		
<i>Ø</i>	<i>Ø</i>													<i>Ø</i>

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

NAME OF POLITICAL ACTION COMMITTEE: Etowah County Democratic Woman's Club

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 [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			
<i>Ø</i>	<i>Ø</i>											<i>Ø</i>
TOTAL RECEIPTS THIS PAGE											<i>Ø</i>	

MINNESOTA PUBLIC CAMPAIGN FINANCING ACT - CONVENTION ELECTION REPORT FROM CANDIDATE'S ACTION COMMITTEE

REPORT BY: *Representative* [Name] [Party]

NAME OF POLITICAL ACTION COMMITTEE: *Storval County Democratic Committee*



My report is submitted to the State Board of Campaign Finance (SBCF) for that recipient be itemized.

REVENUE/CONTRIBUTIONS RECEIVING EXPENDITURE (INCLUDE STARTING BALANCE)	ADDRESS CONTRIBUTOR'S ADDRESS (SEE STATE BOARD 201)	PARTY'S CONTRIBUTIONS (CHECK ONE)						DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		1 DEMOCRATIC	2 REPUBLICAN	3 LIBERAL	4 CONSERVATIVE	5 OTHER	6 UNIDENTIFIED		
<i>0</i>	<i>0</i>							<i>0</i>	

OTHER
GIVE
BRIEF
EXPLANATION

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