

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee
Campaign Finance Report
SUMMARY FORM 1

FILED

MAY 13 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.

May 1-9-2014

For Weekly Reports

Date of Friday in the week in which the report is filed.

May 1-9-2014

Total Number of Pages in Report

5

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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>4,810.24</u>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<u>190.00</u>	
2b	Non-itemized cash contributions	2b	<u>0</u>	
2c	Non-itemized employee payroll contributions	2c	<u>0</u>	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	<u>190.00</u>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>	
3b	Non-itemized in-kind contributions	3b	<u>0</u>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u>	
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a	<u>0</u>	
4b	Total non-itemized receipts from other sources	4b	<u>0</u>	
4c	Total receipts from other sources (total from Form 4)	4c	<u>0</u>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<u>68.00</u>	
5b	Non-itemized expenditures	5b	<u>0</u>	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>68.00</u>	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	<u>4932.24</u>	

Sworn to and subscribed before me this 13th day of May of the year 2014. My commission expires the 1st day of June of the year 2015.

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.

Debra Coleman
Signature of Notary Public
Debra Coleman
Printed Name of Notary Public

Betty Nunn 5-12-14
Signature of Chairperson or Treasurer of Political Committee Date



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

FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Etowah 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		
<u>Dues</u>				<input checked="" type="checkbox"/>				
<u>Dues for 2014</u>							<u>5-1-14</u>	<u>190.00</u>
							TOTAL CASH CONTRIBUTIONS THIS PAGE	<u>190.00</u>



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

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

NAME OF POLITICAL ACTION COMMITTEE: E. Howard 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 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		Individual	Business	Other				
<i>[Signature]</i>	<i>[Signature]</i>											<i>[Signature]</i>
											TOTAL RECEIPTS THIS PAGE	<i>[Signature]</i>



FORM 5: Expenditures by political action committee

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

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		
<u>Mary Camp</u>	<u>Blencoe, al. 35905</u> <u>1124 Rifle Range Rd.</u>	<input checked="" type="checkbox"/>													<u>Stamps</u>	<u>4-22-14</u>	<u>68.00</u>
												TOTAL EXPENDITURES THIS PAGE		<u>68.00</u>			