



Political Action Committee Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

| | | | |
|---|-------|-----------------|------------------|
| Name of Political Committee (as appears on Statement of Organization) | | Acronym for PAC | |
| Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address | | | |
| City | State | ZIP Code | Telephone Number |

Calendar Year covered by this report.

Amended Annual Report
 Termination Report

Total Pages in Report Include this page in your count.

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

| | | | | |
|---------------------------------------|--|----|----|--|
| 1 | Beginning balance (ending balance from previous filing) | | 1 | |
| 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 | 4a | | |
| 4b | Total non-itemized receipts from other sources | 4b | | |
| 4c | Total itemized receipts from other sources (add lines 4a and 4b) | | 4c | |
| Expenditures | | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | |
| 5b | Non-itemized expenditures | 5b | | |
| 5c | Total expenditures (add lines 5a and 5b) | | 5c | |
| Expenditures on Line of Credit | | | | |
| 6a | Itemized expenditures (total from Form 6) | 6a | | |
| 6b | Non-itemized expenditures | 6b | | |
| 6c | Total expenditures (add lines 6a and 6b) | 6c | | |
| 7 | Ending balance (add lines 1, 2d, & 4c, then subtract line 5c) | | 7 | |

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

| | | | | |
|----|--|----|----|--|
| 8 | Beginning balance (as of January 1 of reporting year) | | 8 | |
| 9 | Total cash contributions for year | | 9 | |
| 10 | Total in-kind contributions for year | 10 | | |
| 11 | Total receipts from other sources for year | | 11 | |
| 12 | Total expenditures for year | | 12 | |
| 13 | Total expenditures on line of credit for year | 13 | | |
| 14 | Ending balance (add lines 8, 9, & 11, then subtract line 12) | | 14 | |
| 15 | Total campaign debt (total debt owed as of December 31) | 15 | | |

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.

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

Signature of Chairperson or Treasurer of Political Committee Date

Signature of Notary Public

Print Notary's Name

FORM 2: CONTRIBUTIONS RECEIVED BY POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: _____ PAGE _____ OF _____

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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| FORM REVISED 10.29.99 | | TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | |

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: _____ PAGE _____ OF _____

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 | | | | | | | | | | | | | | | | |

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: _____ PAGE _____ OF _____

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 | | | | | | | | | | | | | |



FORM 6: Expenditures On Line of Credit by political action committee

NAME OF POLITICAL ACTION 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 | Lodging | Transportation | Interest | OTHER GIVE BRIEF EXPLANATION | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| FORM REVISED 05.24.2017 | | TOTAL EXPENDITURES THIS PAGE | | | | | | | | | | | |