WEEKLY & MONTHLY

Printed Name of Notary Public

Political Action Committee Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

FILED

AUG 0 4 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Amended Monthly

Type of Report (check one)

Monthly

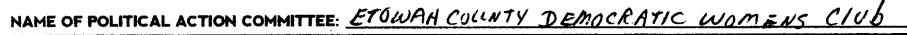
Nai	ne of Political Committee (as appears on Statement of Organization) Acronym for F	PAC			© Wee	Lkr	Amended Weekly				
ETOWAH COUNTY DEMOCRATIC WOMENS Club ECD						-	-				
Add	iress (as appears on Statement of Organization) [] Check box if reporting new address	35			For Monthly R Month in which report is filed. For Weekly Re	the	July 2014				
City	State ZIP Code Telephone Nu	ımber			Date of Friday week in which to						
	104 Bridle wood Dr. State ZIP Code Telephone Nu Gadsden Al. 35901 256-440	2-3	218		report is filed.						
					Total Number		5				
					Pages in Repo	Л L					
Sι	ımmary of activity since last filed report										
1	Beginning balance (ending balance from previous filing)					1	5,142.24				
	Cash Contributions										
2a	Itemized cash contributions (total from Form 2)	2a		Ø							
	Non-itemized cash contributions	2b		8							
	Non-itemized employee payroll contributions	2c	1/2	1							
2d	Total cash contributions (add lines 2a, 2b, and 2c)		·			2d	Ø				
	In-Kind Contributions										
3a	Itemized in-kind contributions (total from Form 3)	3a	Q	1							
3b	Non-itemized in-kind contributions	3b	<i>Q</i>	'							
3c	Total in-kind contributions (add lines 3a and 3b)	3с	Ø								
	Receipts from Other Sources										
4a	Total itemized receipts from other sources (total from Form 4)	4a	Q								
4b	Total non-itemized receipts from other sources	4b	Ø	gir ^o							
4c	Total receipts from other sources (total from Form 4)					4c	Ø				
	Expenditures					_					
5a	Itemized expenditures (total from Form 5)	5a	X								
5b	Non-itemized expenditures	5b	Ø								
5c	Total expenditures (add lines 5a and 5b)			1.		5c	9				
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)					6	5.142.24				
114	184 day of July 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.									
Signature of Notary Public Deb Ra Coleman				Chairp	Munn) erson or Treasure	er of P	Political Com- Date				

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 loands on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT** DATE CONTRIBUTOR **ADDRESS** Business (not a corporation) Corporation (ADDRESS SHOULD INCLUDE CONTRIBUTION OF (INCLUDE FULL NAME) Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED Other (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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



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 contributions or loans on this form. Use Forms 2 and 4 for those listings.															
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)					
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business (not a corporation)	Corporation	Individual	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Ŋ.	8	ż												Ø	9
FORM REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE								IIS PAGE	Ø					
								. —		-					

FORM 4: Receipts from Other Sources loans, interest, and other sources of income 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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. **COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE** IS A LOAN OF RECEIPT (CHECK ONE) **ADDRESS SOURCE OF RECEIPT** DATE **AMOUNT** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) **GUARANTORS** RECEIVED OF STREET OR P.O. BOX, Individual (mo./day/yr.) **RECEIPT** CITY, STATE, AND ZIP) [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) Loan **ENDORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE** FORM REVISED 10.27.2011





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS AMOUNT** DATE OF **OTHER** Advertising
Consultants/
Politing
Contribution
Food
Fundratsing
Loan
Repayment
Lodging (ADDRESS SHOULD INCLUDE EXPENDITURE OF **RECEIVING EXPENDITURE** STREET OR P.O. BOX, CITY, STATE, AND ZIP) **EXPENDITURE GIVE** (mo./day/yr.) (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE **FORM REVISED 10.27.2011**