

## Political Action Committee Campaign Finance Report SUMMARY FORM 1

of the year \_\_\_\_\_\_\_.

Please Print in Ink or Type.

FILED MAY 05 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Type of Report (check one)

Name of Political Committee (as appears on Statement of Organization)  ETOWAH COUNTY REPUBLICAN EX. COMM.  Address (as appears on Statement of Organization) Check box if reporting new address.  P. O. Box 8403  City State ZIP Code Telephone No. 1864 Communication State State No. 1864 No. 186		2	Monthly 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		Amended Monthly  Amended Weekly  APRIL  2016
Summary of activity since last filed report			Pages in Rep	оп	
1 Beginning balance (ending balance from previous filing)				1 43	17,481.96
Cash Contributions	-				11,701,76
2a Itemized cash contributions (total from Form 2)	2a			1	THE CO. LEWIS CO.
2b Non-itemized cash contributions	2b	<del></del>			
2c Non-itemized employee payroll contributions	2c	· <del></del>			
2d Total cash contributions (add lines 2a, 2b, and 2c)				2d	
In-Kind Contributions				[24]	
3a Itemized in-kind contributions (total from Form 3)	3a				
3b Non-itemized in-kind contributions	3b	<del> </del> -	<u></u>		
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)	975 ** 'S 5'			4c	
Expenditures					
5a Itemized expenditures (total from Form 5)	5a	<u> Par den stellen († 40 fill den 184) t</u>			
5b Non-itemized expenditures	5b	\$ 110.	64		
5c Total expenditures (add lines 5a and 5b)			F Temperaturan Di etterre	5c <b>⋬</b>	110,64
6 Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)				<u> </u>	17,371,32
My commission auritre	swea	ar or affirm to th	e best of my k	ampaig nowled	n Practices Act, I hereby ge and belief that the at- ined herein are true and

Printed Name of Notary Public

Signature of Notary Public

during the applicable period of time.

| James M. Kampsfer | 5/

correct and that this information is a full and complete statement of all contributions, expenditures, and other required information