FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

APR 0 8 2019

THIS AREA FOR OFFICIAL USE ONLY

# Political Action Committee OF PROBATE Campaign Finance Report

L NOΣ	SUMMARY FORM 1  Please Print in lnk or Type.			Type of Report Mont	hly	eck one) Amended M	
		ronyn	for PAC	For Monthly R Month for which	•	ts	
1	Violation T. Corfect Check box if reporting new			report is filed.	1 1110		
Add	dress (as appears on Statement of Organization)  Check box if reporting new	addre	ess	For Weekly Re Date of Friday i			
2	91 Bould De Cadadan			week for which			
City	191 Boyld Dr Gadsdan  State 35901 256-3°		5790	report is filed.  Total Number Pages in Repo			
s	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)				1	~/A	
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)	2a	170	0			
2b	Non-itemized cash contributions	2b	40				
2c	Non-itemized employee payroll contributions	2c	/				
2d	Total cash contributions (add lines 2a, 2b and 2c)				2d	1740	\$0.00
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a	1				
3b	Non-itemized in-kind contributions	3b	200	0.00			
3c	Total in-kind contributions (add lines 3a and 3b)	3c		.00 \$0.00			
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	1				
4b	Non-itemized Receipts from Other Sources	4b	/				
4c	Total receipts from other sources (add lines 4a and 4b)				4c		\$0.00
	Expenditures						
5a	Itemized expenditures (total from Form 5)	5a	1157	.77			
5b	Non-itemized expenditures	5b	237	.20			
5c	Total expenditures (add lines 5a and 5b)				5c	1394.97	\$0.00
	Expenditures on Line of Credit					, 3	
ба	Itemized expenditures (total from Form 6)	6a					
3b	Non-itemized expenditures	6b					
ôс	Total expenditures on credit (add lines 6a and 6b)	6c		\$0.00			
7	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)				7	345.03	\$0.00
	orn to and subscribed before me this S day of	As re				paign Practices Act	, I here

	Sworn to and subscribed before me this _	day of
	APRIC of the year 201 C	My commission expires
		the year
	Many Che	36
	Signature of Notary Public	OTAP.
_	LERRY A. Jum	1 4
	Print Notary's Name	IP: PUBLIC !
H	labour Stowald	A B
		1 / Ap

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 Chairperson or Treasurer of Political

14-8-191

FORM REVISED 05.23.2017

#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

## FORM 5: Expenditures by candidate or elected official





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

					PU	IRPO	SE (CH						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Northant T. Curter	291 Boyld Drive Godslav AL 35901		<b>~</b>								Bunners Bantos)	4-1-19	127.05
			/								Signs (Suntos)	4-3-19	541.75
			/			i					Vistaprind	3-30-19	363,95
			<b>'</b>								Office Max	3-31-19	125.02
													·
												·	•
• •			7.3										·
•													
FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE										\$0.00		

#### FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:							PAG	E OF	
The FCPA requires that those contributions	greater than \$100 be itemized. DO NOT LIST in-kind contributions or	loans	on	this	form	. Us	e Forms 3 and 4 f	or those listings.	
		SOURCE OF CONTRIBUTION (CHECK ONE)				ON	DATE	AMOUNT	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLÜDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Corporation Individual		Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
Nathan L Carter	264 Boyd Drise Godsdar, AL 35901						4 3 19	100.50	
Deverick Williams	285 Boyd Drive Godsdon, AL 35901						4/3/19	100.00	
Nathan L Corter  Deverick Williams  Norther T. Carter	291 Boyd Drive Gadsdow, AL 35901						3/9/19	150000	
FORM REVISED 10.29.99	TOTAL CASH CON	TRII	BU'	TIO	NS	ТН	IS PAGE &	1700/\$0.00	

## FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED C	OFFICIAL: Nathon T. Corter	_												PAG	E OF
The FCPA requires that those	contributions greater than \$100 be itemize	d. D	O N	ОТ	LIS	Гса	sh o	r loa	ans	on t	his f	orm	ı. Us	se Forms 2 and	4 for those listings.
		NATURE OF CON (CHECK O					TION		SOURCE (CHECK ONE)						
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Deverock Williams	285 Boyd Drive Godston Al 200		~											4/1/19	, 200.00
	,														
FORM REVISED 10.29.99		TC	) DT/	\L II	N-K	INE	) C	ON.	TRI	BU	TIO	NS	TH	IIS PAGE	\$0.00 200.00