

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED
APR 30 2012
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

| | | | |
|---|-------|-----------------|------------------|
| Name of Political Committee (as appears on Statement of Organization) | | Acronym for PAC | |
| ETOWAH COUNTY DEMOCRATIC WOMEN'S CLUB | | ECDWC | |
| Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address | | | |
| 300 DAVIS PLACE | | | |
| City | State | ZIP Code | Telephone Number |
| Gadsden | AL | 35904 | 256-543-1502 |

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.

April

For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

| | | | | |
|------------------------------------|--|----|---|---------|
| 1 | Beginning balance (ending balance from previous filing) | | 1 | 6063.64 |
| Cash Contributions | | | | |
| 2a | Itemized cash contributions (total from Form 2) | 2a | | 65.00 |
| 2b | Non-itemized cash contributions | 2b | | 0.00 |
| 2c | Non-itemized employee payroll contributions | 2c | | 0.00 |
| 2d | Total cash contributions (add lines 2a, 2b, and 2c) | 2d | | 65.00 |
| In-Kind Contributions | | | | |
| 3a | Itemized in-kind contributions (total from Form 3) | 3a | | 0.00 |
| 3b | Non-itemized in-kind contributions | 3b | | 0.00 |
| 3c | Total in-kind contributions (add lines 3a and 3b) | 3c | | 0.00 |
| Receipts from Other Sources | | | | |
| 4a | Total itemized receipts from other sources (total from Form 4) | 4a | | 0.00 |
| 4b | Total non-itemized receipts from other sources | 4b | | 0.00 |
| 4c | Total receipts from other sources (total from Form 4) | 4c | | 0.00 |
| Expenditures | | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | 0.00 |
| 5b | Non-itemized expenditures | 5b | | 0.00 |
| 5c | Total expenditures (add lines 5a and 5b) | 5c | | 0.00 |
| 6 | Ending balance (add lines 1, 2d, & 4c, then subtract line 5c) | 6 | | 6128.64 |

Sworn to and subscribed before me this 30 day of April of the year 2012. My commission expires the 22 day of March of the year 2012.

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.

Sheri B. McGinnis
Signature of Notary Public
Sheri B. McGinnis
Printed Name of Notary Public

Betty Nunn
Signature of Chairperson or Treasurer of Political Committee
4-30-12
Date



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

FORM 2: Contributions received by political action committee

E C D W C

NAME OF 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 or in-kind contributions on this form. Use Forms 2 and 3 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 | | |
| <i>Less than \$100.00</i> | <i>/</i> | <input checked="" type="checkbox"/> | | | | | | <i>65.00</i> |
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| TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | | <i>65.00</i> |



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

NAME OF POLITICAL ACTION COMMITTEE: EC DWC

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.

| 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 | | | | |
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| TOTAL IN-KIND CONTRIBUTIONS THIS PAGE | | | | | | | | | | | | | | | | Ø | | | |



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

NAME OF POLITICAL ACTION COMMITTEE: EC DW

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 GUARANTEERING LOAN] | RECEIPT SOURCE (CHECK ONE) | | | | | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT | |
|--|--|-----------------|------|-------|---|-------------------------------|-----|------------|----------|-------|--------------------------------|-------------------|----------|
| | | Interest | Loan | Other | | Lending Institution | PAC | Individual | Business | Other | | | |
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| TOTAL RECEIPTS THIS PAGE | | | | | | | | | | | | <i>Ø</i> | |



FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: EC DWL

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 | Repairment | Lodging | Transportation | | | OTHER GIVE BRIEF EXPLANATION | |
| Ø | Ø | | | | | | | | | | | | | | | Ø |
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