

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED

JUL 02 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Type of Report (check one)

- Monthly
- Amended Monthly
- Weekly
- Amended Weekly

For Monthly Reports
Month in which the
report is filed.

June 2014

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

Total Number of
Pages in Report

5

Name of Political Committee (as appears on Statement of Organization)		Acronym for PAC	
Etowah County Democrats' Women's Club		ECDWC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address			
104 Bridlewood Dr.			
City	State	ZIP Code	Telephone Number
Madsden	al.	35901	256-442-3718

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	4,932.24
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	210.00	
2b	Non-itemized cash contributions	2b	0	
2c	Non-itemized employee payroll contributions	2c	0	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	210.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a	0	
4b	Total non-itemized receipts from other sources	4b	0	
4c	Total receipts from other sources (total from Form 4)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	0	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	0	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	5,142.24	

Sworn to and subscribed before me this 2nd day of July of the year 2014. My commission expires the 7th day of March of the year 2017.

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.

Charles Cunningham
Signature of Notary Public

Charles Cunningham
Printed Name of Notary Public

Betty Dunn | 7-2-14
Signature of Chairperson or Treasurer of Political Committee | Date

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

FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Etowah County Democratic Women 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 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 (not a corporation)	Corporation	Individual	Other	Returned		
<u>Dues</u>				<input checked="" type="checkbox"/>			<u>6-5-14</u>	<u>100.00</u>
<u>Dues</u>				<input checked="" type="checkbox"/>			<u>6-18-14</u>	<u>20.00</u>
TOTAL CASH CONTRIBUTIONS THIS PAGE								<u>210.00</u>

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



NAME OF POLITICAL ACTION COMMITTEE: Stevard County Democratic Women Club

When total contributions from a single source exceed \$100.00, the FCRA 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.

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 (not a corporation)	Corporation	Individual			Other
<i>[Signature]</i>	<i>[Signature]</i>														

ITEMIZE IN-KIND CONTRIBUTIONS THIS PAGE

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



Form 4: Receipts from Other Sources Loans, interest, and other sources of income

NAME OF POLITICAL ACTION COMMITTEE: Stevens County Democratic in Economy Club

When Method of Inclusion from the date of source exceeds \$1000, the FOP requires a certified check. Has source to be itemized.

DO NOT LIST cash in kind or in kind for cash. See Form 2 and 3 for details.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP	FORM OF RECEIPT	ACQUIRED THROUGH CHECK RECEIPT IS A LOAN	GUARANTORS	SOURCE OF INCOME				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
					WAGE	DIVIDEND	INTEREST	Other		
<i>Ø</i>	<i>Ø</i>									<i>Ø</i>

FORM REVISID 10/27/2011 TOTAL RECEIPTS THIS PAGE *Ø*

MEMORANDUM FOR THE MEMBERS OF THE BOARD OF SUPERVISORS
MEMORANDUM FOR THE BOARD OF SUPERVISORS

FORM 1 - Expenditures by Political Action Committee

NAME OF POLITICAL ACTION COMMITTEE: *Stanislaus County Democratic Women Club*



Political expenditures to support candidates for public office shall be itemized.

PURCHASER/ACCOUNT NUMBER RECEIVING COMMITTEE INCLUDE RELATIVE	ADDRESS CITY STATE ZIP	POLITICAL EXPENDITURE (DESCRIPTION)										OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		1	2	3	4	5	6	7	8	9	10				
<i>Ø</i>	<i>Ø</i>													<i>Ø</i>	<i>Ø</i>

FORM REVISED 10/27/84

ALL SIGNATURES THIS PAGE

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