

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Political Action Committee Campaign Finance Report SUMMARY FORM 1

**FILED**

NOV 03 2014

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 Womens Club  |       | ECDWC           |                  |
| Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address |       |                 |                  |
| 104 Bridlewood Drive  |       |                 |                  |
| City  | State | ZIP Code        | Telephone Number |
| Gadsden   | AL    | 35901           | 256 442 3718     |

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended 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 Pages in Report

|               |
|---------------|
|               |
| Oct. 31, 2014 |
| 5             |

Summary of activity since last filed report

|                                    |  |    |          |
|------------------------------------|--|----|----------|
| 1                                  | Beginning balance (ending balance from previous filing)        | 1  | 4,614.65 |
| <b>Cash Contributions</b>          |  |    |          |
| 2a                                 | Itemized cash contributions (total from Form 2)                | 2a | 0        |
| 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 | 0        |
| <b>In-Kind Contributions</b>       |  |    |          |
| 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        |
| <b>Receipts from Other Sources</b> |  |    |          |
| 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        |
| <b>Expenditures</b>                |  |    |          |
| 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  | 4,614.65 |

Sworn to and subscribed before me this 3 day of NOV of the year 2014. My commission expires the 24 day of Sept of the year 2016.

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: Pam Bone  
Printed Name of Notary Public: Pam Bone

Signature of Chairperson or Treasurer of Political Committee: Betty Nunn Date: 11-3-14



**FORM 2: Contributions** received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: ECDCWC

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<br>(INCLUDE FULL NAME)  | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |             |            |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|-------------------------------------|---|--|-------------|------------|-------|----------|---|------------------------------|
|                                     |   | Business<br>(not a corporation)          | Corporation | Individual | Other | Returned |   |                              |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   |  |             |            |       |          | <input checked="" type="checkbox"/>               |                              |
|                                     |   |  |             |            |       |          |   |                              |
|                                     |   |  |             |            |       |          |   |                              |
|                                     |   |  |             |            |       |          |   |                              |
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|                                     |   |  |             |            |       |          |   |                              |
|                                     |   |  |             |            |       |          |   |                              |
|                                     | TOTAL CASH CONTRIBUTIONS THIS PAGE  |  |             |            |       |          | <input checked="" type="checkbox"/>               |                              |

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



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

NAME OF POLITICAL ACTION COMMITTEE: EC D W C

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.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                                 |             | SOURCE<br>(CHECK ONE) |       |  |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |   |
|------------------------------------|---|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|---------------------------------|-------------|-----------------------|-------|--|--|---|------------------------------|---|
|                                    |   | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business<br>(not a corporation) | Corporation | Individual            | Other |  |  |   |                              |   |
| Ø                                  | Ø   |                                       |             |                         |           |      |      |                |       |                                 |             |                       |       |  |  |   |                              | Ø |
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ALABAMA FAIR 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: 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.

| SOURCE OF RECEIPT<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX,<br>CITY, STATE, AND ZIP) | FORM<br>OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT<br>IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND<br>COMPLETE ADDRESS OF INDIVIDUAL(S)<br>ENDORISING OR GUARANTEEING LOAN] | RECEIPT SOURCE<br>(CHECK ONE) |            |          |       | DATE<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>RECEIPT |
|--|--|--------------------|------|-------|--|-------------------------------|------------|----------|-------|-----------------------------------|-------------------------|
|  |  | Interest           | Loan | Other |  | Lending<br>Institution        | Individual | Business | Other |                                   |                         |
| <del>Ø</del>                             | <del>Ø</del>   |                    |      |       | <del>Ø</del>   |                               |            |          |       |                                   | <del>Ø</del>            |
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| <b>TOTAL RECEIPTS THIS PAGE</b>          |  |                    |      |       |  |                               |            |          |       |                                   | <del>Ø</del>            |

FORM REVISED 10.27.2011

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



**FORM 5: Expenditures by political action committee**

NAME OF POLITICAL ACTION COMMITTEE: ECFWC

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

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |             |
|---|---|---------------------------------------|-------------|-------------------------|--------------|------|-------------|-------------------|---------|----------------|---------------------------------------|---|-----------------------------|-------------|
|   |   | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |   |                             |             |
| $\emptyset$   | $\emptyset$   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             | $\emptyset$ |
|   |   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             |             |
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|   |   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             |             |
|   |   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             |             |
|   |   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             |             |
|   |   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             |             |
|   |   |                                       |             |                         |              |      |             |                   |         |                |                                       |   |                             |             |
|   |   | <b>TOTAL EXPENDITURES THIS PAGE</b>   |             |                         |              |      |             |                   |         |                |                                       |   | $\emptyset$                 |             |