

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FILED

JUN 29 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	
ETUWAH COUNTY DEMOCRATIC Women's Club		E.C.D.W.C.	
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.

JUNE

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	1,543.64
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0.00	
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	0.00	
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	1,543.64	

Sworn to and subscribed before me this 29th day of June of the year 2012 My commission expires the 16th day of Jan of the year 2014.

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.

Teresa W Jones
Signature of Notary Public
Teresa W Jones
Printed Name of Notary Public

Betty Nunn 6-29-12
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: 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 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>Ø</i>	<i>Ø</i>						<i>Ø</i>	
TOTAL CASH CONTRIBUTIONS THIS PAGE							<i>Ø</i>	



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

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

EC DWC

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)	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			
<i>Ø</i>	<i>Ø</i>															<i>Ø</i>
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														<i>Ø</i>		



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: ECDC

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



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

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: EC DUC

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	Repayment	Lodging			Transportation	OTHER GIVE BRIEF EXPLANATION			
<u>Ø</u>	<u>Ø</u>																	<u>Ø</u>
															TOTAL EXPENDITURES THIS PAGE	<u>Ø</u>		