WEEKLY & MONTHL

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

FILED IN OFFICE PROBATE COURT

THIS AREA FOR OFFICIAL USE ONLY

AUG 23 2016

ALAN L. KING Judge of Probate

#### Political Action Comm Campaign Finance Report SUMMARY FORM 1

Shelby Chty Judge of Probate.

09/13/2016 01:21 19

Inst. # 2016086869 Pages: 1 of 5 I certify this instrument filed on 8/23/2016 11:33 AM Doc: ELPCPRE Alan L.King, Judge of Probate Jefferson County, AL.

FORM REVISED 10.27..2011

**Print Form** 

Clerk: SKIPWITHH

County Division Code: AL040

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) Acronym for PAC HOOLSE POLITICAL ACTION COMMITTER FIRE\_ Address (as appears on Statement of Organization) 

Check box if reporting new address P.O. 7304 360985 City State ZIP Code Telephone Number 2A 35'236 205-283-3449 HOOUER

FILED/CERT t (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.	8/19/2016
Total Number of	

Pages in Report

St	immary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)			1	97872	
	Cash Contributions			L	<u> </u>	
2a	Itemized cash contributions (total from Form 2)	2a	6	]		
2b	Non-itemized cash contributions	2b	0			
2c	Non-itemized employee payroll contributions	2c	Ō			
2d	Total cash contributions (add lines 2a, 2b, and 2c)			2d	2	 5
	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a	0			
3b	Non-itemized in-kind contributions	3b				
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0			
	Receipts from Other Sources			l		
4a	Total itemized receipts from other sources (total from Form 4)	4a	6			
4b	Total non-itemized receipts from other sources	4b	0			
4c	Total receipts from other sources (total from Form 4)		· · · · · · · · · · · · · · · · · · ·	4c	0	<b>5</b>
	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	8.78221	<del></del>

Sworn to and subscribed before me this <u>えろ兄の</u> day of <u>AUGUS T</u> of the year <u>2016</u> . My commission expires	As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the
the 3RD day of APRIL of the year 20 3711111111	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	1 = dui
Printed Name of Notary Public	Signature of Chairperson or Treasurer of Political Com- Date

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

POLITACAL ACTION

NAME OF POLITICAL ACTION COMMITTEE: 出会のせることを表しまった。 からない たいしゃ でんてなる 外のでは 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 loands on this form. Use Forms 3 and 4 for those listings.

	THIS PAGE	로		□ □	<b>B</b> C 1	교	TOTAL CASH CONTRIBUTIONS	FORM REVISED 10.27.2011
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			"					f Probate
					:			AL O/CERT
						·		
AMOUNT OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	Individual	Corporation	Business (not a corporation)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		Š	RCE RIBUTION KONE)	SOURCE CONTRIBU (CHECK ONE	າລ ດ	유		

#### FORM 3: In-Kind Contributions received ĥф political action committee

NAME OF POLITICAL ACTION COMMITTEE: FUZE FLONTTONS DSSOCIATION TOLITICAL ACTION

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.

FORM REVISED 10.27.2011 CONTRIBUTOR (INCLUDE FULL NAME) Shelby Chty Judge of Probate: PM FILED/CERT 09/13/2016 01:21:19 ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ N-KIND **Polling** Equipment Food CONTRIBUTIONS Rent Transportation Other **Business** (not a corporation) SOURCE (CHECK ONE) Corporation Individual SIHT Other CONTRIBUTIO PAGE (mo./day/yr.) RECEIVED DATE Z CONTRIBUTION AMOUNT

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

NAME OF POLITICAL ACTION COMMITTEE: HOWER FIRE FIGHTERS ASSOCIATION POLITICAL ACTION anmos

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.

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RECEIPT	PATE RECEIVED (mo./day/yr.)	Other	Business	Individual	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
_	) †	CH	SOUR	RECEIPT SOURCE (CHECK ONE)	REC	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	TAIB	FORM	유	ADDRESS	SOURCE OF BECEIPT
				4							

## FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: HOOVED FIRE FIGHTES ASSOCIATION POLITICAL ACTION COMMI



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

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0				<del>.</del>	<u>.</u>					
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Food Fundraising	Contribution	Consultants/ Polling	Administrative Advertising	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		ITURE	EXPENDITU	黃유	PURPOSE	밑				