

07/23/2012 01:18:40 PM FILED/CERT

**IL USE ONLY** 

**Print Form** 

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

	Please Print in Ink or Type.			Type o	of Report (ch	neck one)  Amended Monthly	
ŀ	ne of Political Committee (as appears on Statement of Organization) Acronym for $RONSCOTTCAMPA16N$	PAC		L	Weekly onthly Repo	Amended Weekly	
	ress (as appears on Statement of Organization)	SS		Month report	in which the is filed.		
City	332 CALISTON WAY  State ZIP Code Telephone N  Pel HAM  A1 35,24	umber		Date o	eekly Report of Friday in the n which the is filed.		•
	77/7/				Number of in Report		
Su	mmary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)				1	0	
	Cash Contributions				<del></del>	······································	
2a	Itemized cash contributions (total from Form 2)	2a		4300			
2b	Non-itemized cash contributions	2b			·		
2c	Non-itemized employee payroll contributions	2c					
2d	Total cash contributions (add lines 2a, 2b, and 2c)				2d	1 4300	
	n-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a					
3b	Non-itemized in-kind contributions	3b					
3c	Total in-kind contributions (add lines 3a and 3b)	3c					
	Receipts from Other Sources						
4a	Total itemized receipts from other sources (total from Form 4)	4a					
4b	Total non-itemized receipts from other sources	4b					
4c	Total receipts from other sources (total from Form 4)				4c	; <i>O</i>	
	Expenditures		<del>,</del>				
5a	Itemized expenditures (total from Form 5)	5a		2/85.0	10		
5b	Non-itemized expenditures	5b				4	
5c	Total expenditures (add lines 5a and 5b)				5c	7,1,85.0	0
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)			· · · · · · · · · · · · · · · · · · ·	6	\$2/15.01	
	rn to and subscribed before me this day of of the year My commission expires day of of the year of the year	swe atta true	ar or ched and	affirm to the b report(s) and correct and the	est of my kr the inform at this inform	mpaign Practices Act, I here knowledge and belief that to nation contained herein a mation is a full and comple enditures, and other requir	the are ete

Printed Name of Notary Public
MY COMMISSION EXPIRES JANUARY 13, 2016

Signature of Notary Public

information during the applicable period of time.

Signature of Chairperson or Treasurer of Political Committee

Date

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

## Contributions received by political action committee

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 in-kind contributions or loands on this form. Use Forms 3 and 4 for those listings. AIGN

ADDRESS ADDRESS ADDRESS HOULD INCLUDE STREET OR PO. BOX. CITY. STATE, AND ZIP)  ADDRESS SHOULD INCLUDE STREET OR PO. BOX. CITY. STATE, AND ZIP)  ADDRESS SHOULD INCLUDE STREET OR PO. BOX. CITY. STATE, AND ZIP)  ADDRESS SHOULD INCLUDE CONTRIBUTION  ACCENCED CONTRIBUTION  ACCEN	4310			63160 2/3		12 4 coo, 00	£ 300.00	CONTRIBUTION	
ADDRESS (ADDRESS SHOULD INCLUDE (CHECK ONE)  (AD	PAG					7/16/201	7/9/201:	CONTRIBUTE RECEIVE (mo./day/y	7
ADDRESS (ADDRESS SHOULD INCLUDE (CACISTON P.O. BOX, CITY, STATE, AND ZIP)  CACISTON WAY POLHAM AL 35724  COrporation  TOTAL CASH CONTRIBU	Ō					7		Other	RCE RIBUTION K ONE)
ADDRESS (ADDRESS SHOULD INCLUDE TREET OR P.O. BOX, CITY, STATE, AND ZIP)  CALISTONWBY PUHAMAL 35124  CALISTONWBY PUHAMAL 35124  TOTAL CASH CON	RIBU							(not a corporation)	<u>်</u> ငှ င
	CASH CON					CACKTONWBY PECHAM AL 3512	2 CALISTON WAY	<b></b>	

20120723000263160 2/3 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2012 01:18:40 PM FILED/CERT

## TICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

# Expenditures by political action committee. L ACTION COMMITTEE: 1801 SCOTT CAMPAIL CAMPA16N

NAME OF POLITICAL ACTION COMMITTEE:

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

82185.00	PAGE	TURES THIS F	IGNA	EXP	}	<u></u>	_				FORM REVISED 10.27.2011
201207											
23000263			_								
160 3/3											
									<u>-</u>		
						· · · · · · · · · · · · · · · · · · ·			<u> </u>		
\$ 1500.00	7/17	WLB 5176			<u> </u>					163 Bic OAK DR, MAYLENS AL	MC45712
\$595.00	7/16/12						<u></u>			534 WALKER RO PELHAM AL 35124	Me 2 CPRP165
£90.00	41/6/12								4	PELHAM PKWY, POLHEMAL 35192	US RUST OFFICE
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER  GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Polling  Contribution	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		URE	XPENDIT ONE)		URPOSE OF E	PUR					

20120723000263160 3/3 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2012 01:18:40 PM FILED/CERT