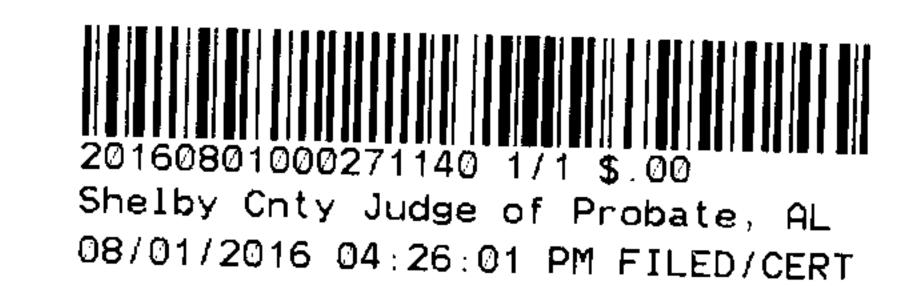
Political Action Committee Campaign Finance Report SUMMARY FORM 1



Please P	rint in Ink or Type.	Type of Report (check one) Monthly Amended Monthly				
	ation) Check box if reporting new address	For Monthly Reports Month in which the report is filed.	Amended Weekly			
Maylene	State ZIP Code Telephone Number AL 35114	For Weekly Reports Date of Friday in the week in which the report is filed. Total Number of Pages in Report	08/05/2016			
ummary of activity since l	ast filed report					
Beginning balance (ending	balance from previous filing)	1	980.36			
Coch Contributions			- ·			

St	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	980.36
· · · · · · · · · · · · · · · · · · ·	Cash Contributions		· · · · · · · · · · · · · · · · · · ·		
2a	Itemized cash contributions (total from Form 2)	2a			
2b	Non-itemized cash contributions	2b			
2c	Non-itemized employee payroll contributions	2c			
2d	Total cash contributions (add lines 2a, 2b, and 2c)			2d	
	In-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	
	Expenditures			:	
5a	Itemized expenditures (total from Form 5)	5a			
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)			6	980.36

Sworn to and subscribed before me this S + day of
and of the year 2010. My commission expires
the 22 day of April of the year 2018.
Corra d'Alchand
Signature of Notary Public
Jessica L'Halland
Printed Name of Notary Public

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 Chairperson or Treasurer of Political Committee

Date