

WEEKLY & MONTHLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Political Action Committee Campaign Finance Report SUMMARY FORM 1


 20160928000355280 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 09/28/2016 11:31:42 AM FILED/CERT

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) RON SCOTT CAMPAIGN		Acronym for PAC	
Address (as appears on Statement of Organization) ☐ Check box if reporting new address 1332 CALISTON WAY			
City PELHAM	State AL	ZIP Code 35124	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
 Month in which the report is filed.

SEPT/2016
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	1392.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	250.00	
2b	Non-itemized cash contributions	2b		
2c	Non-itemized employee payroll contributions	2c		
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	250.00	
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	3500.00	8/30
4b	Total non-itemized receipts from other sources	4b	3500.00	
4c	Total receipts from other sources (total from Form 4)	4c	3500.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	5000.00	8/31
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	5000.00	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	142.00	

 Sworn to and subscribed before me this 28th day of Sept of the year 2016. My commission expires the 28th day of March of the year 2020.

 Signature of Notary Public: Heborah Lynn Horton

 Printed Name of Notary Public: Deborah Lynn Horton

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: Ron Scott Date: 9/28/16

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 loans on this form. Use Forms 3 and 4 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 (not a corporation)	Corporation	Individual	Other	Returned		
MCDWYN, MILLS & CAWOOD	2701 1ST AVE S. #100 BHAM, AL 35733	☒					9/12/16	250.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								250.00

20160928000355280 2/5 \$.00

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FORM REVISED 10.27.2011
TOTAL CASH CONTRIBUTIONS THIS PAGE
250.00



FORM 3: In-Kind 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 cash contributions or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]



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

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.

[illegible]



FORM 5: Expenditures by political action committee

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.

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
		Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
Me 2 GRAPHICS	448 SHERWOOD CIR CALERA, AL 35040	✓	✓									8/30/16	\$5000.00
TOTAL EXPENDITURES THIS PAGE												\$5000.00	

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