

ALABAMA FAIR CAMPAIGN PRACTICES ACT
POLITICAL COMMITTEE
ANNUAL REPORT
SUMMARY FORM 1A

20170210000051270 1/5 \$.00
Shelby Cnty Judge of Probate, AL
02/10/2017 01:42:18 PM FILED/CERT



Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) Hoover Firefighter's Association-Political Action Committee		Acronym for PAC Hoover Fire PAC	
Address (as appears on Statement of Organization) ☐ Check box if reporting new address P.O. Box 360985			
City Hoover, AL	State AL	ZIP Code 35236	Telephone Number 205-283-3449

Type of Report (check one)

☒ Annual Report for Year 2016

☐ Termination Report

☐ Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)	1	\$7,801.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$784.00
2b	Non-itemized cash contributions	2b	
2c	Non-itemized employee payroll contributions	2c	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	\$784.00
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	\$0.00
Receipts from Other Sources			
4	Total receipts from other sources (total from Form 4)	4	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00
6	Ending balance (add lines 1, 2d, & 4, then subtract line 5c)	6	\$8,585.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	\$10,782.21
8	Total cash contributions for year	8	\$3,792.00
9	Total in-kind contributions for year	9	
10	Total receipts from other sources for year	10	
11	Total expenditures for year	11	\$6,177.83
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	\$8,396.38

Sworn to and subscribed before me this 30 day of
Jan of the year 2017. My commission expires
the 19 day of July of the year 2017.

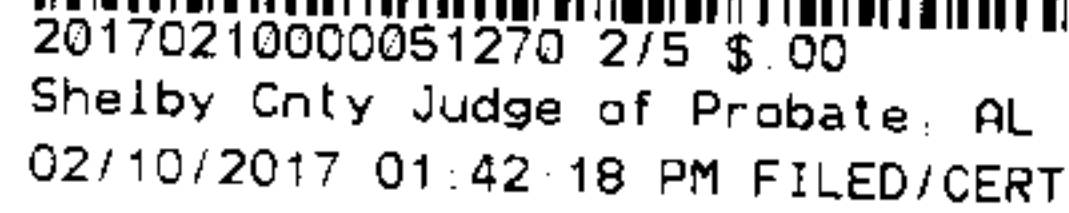
Signature of Notary Public
Landon Davis
Printed Name of Notary Public

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
[Signature]
Date
01/30/2017

FORM REVISED 10.29.99

ANNUAL REPORT



ALABAMA FAIR CAMPAIGN PRACTICES ACT

NAME OF POLITICAL COMMITTEE: Hoover Firefighter's Association-Political Action Committee/Ho PAGE 1 OF 1

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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: Hoover Firefighter's Association-Political Action Committee/Hoo PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 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					
FORM REVISED 10.29.99		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														\$0.00		

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF
INCOME TO POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: Hoover Firefighter's Association-Political Action Committee/Hoo PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 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 GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORISING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.29.99												TOTAL RECEIPTS THIS PAGE	\$0.00

20170210000051270 4/5 \$0.00
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