County Division Code: AL040 Inst. # 2017044680 Pages: 1 of 5 I certify this instrument filed on: 5/4/2017 3:52 PM

Doc: ELPCPRE Alan L.King, Judge of Probate Jefferson County, AL

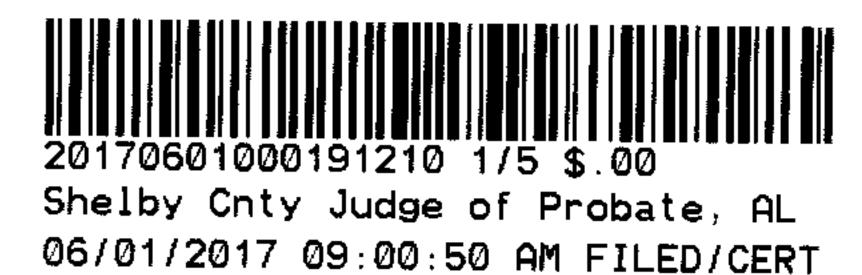
Clerk: NICOLE

EEKLY & MONTHLY



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# Political Action Committee Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization)

Committee to Sect Coms David

Address (as appears on Statement of Organization) Check box if reporting new address

Liz State ZiP Code Telephone Number

State ZiP Code Telephone Number

Type of Report (check o	one)
Monthly	Amended Monthly
Weekly	Amended Weekly
For Monthly Reports Month in which the report is filed.	Hay
For Weekly Reports Date of Friday in the week in which the report is filed.	
Total Number of Pages in Report	5

				نضمص	· · · · · · · · · · · · · · · · · · ·
Si	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a			
2b	Non-itemized cash contributions	2b		T. E.	
2c	Non-itemized employee payroll contributions	2c	•		
2d	Total cash contributions (add lines 2a, 2b, and 2c)			2d	•
	In-Kind Contributions			\$9.747.	
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	<u>.</u>		
	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	1
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a			
5b	Non-itemized expenditures	5b		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5c	Total expenditures (add lines 5a and 5b)			5c	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)			6	<b>Q</b>

Swom	to and subscribed before me this	446-	day of
May	of the year 2017	My con	nmission expires
the	3nd Faday of March of	the year_	2021
1777	Firmbull Flower		all
Signal	The of Notary Public Public Notary Public Public Notary No	alker	
Printed	Name of Notary Public		
•	My Commission Expires: Mar	ch 3, 202	1

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 Chairmerson or Treasurer of Political Committee

FORM REVISED 10.27..2011





Shelby Cnty Judge of Probate, AL 06/01/2017 09:00:50 AM FILED/CERT

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

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

NAME OF POLITICAL ACTION COMMITTEE: Committee Committee Chyis Dais Chy Chy Chyis Dais Chy Chyis Dais Chy Chyis Dais Chy Chyis Dais Chy Chyis Chy Chyis Dais Chyis Chy

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **ADDRESS** CONTRIBUTOR **AMOUNT** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 01.09.2017

County Division Code: AL040 Inst. # 2017044680 Pages: 3 of 5

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

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

NAME OF POLITICAL ACTION COMMITTEE: COMMILLING to test Chins Druk Broughon Cirty Carcil Distri 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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE AMOUNT (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



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

FORM 4: Receipts from Other Sources loans, interest, and other sources of income NAME OF POLITICAL ACTION COMMITTEE: DWILLIE To Free! Clark Drugs Bryunghen City Council District 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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **80URCE OF RECEIPT ADDRESS** DATE **AMOUNT** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) **GUARANTORS** RECEIVED OF STREET OR P.O. BOX, (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND CITY, STATE, AND ZIP) COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011



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County Division Code: AL040 Inst. # 2017044680 Pages: 5 of 5

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

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Division to Flech Claims Trimples City Covered Destrict Committee

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

	NG EXPENDITURE (ADDRESS SHOULD INCLUDE	PURPOSE OF EXPENDITURE (CHECK ONE)											
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
•											•	•	
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•													
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RM REVISED 10.27.2011	0.27.2011 TOTAL EXPENDITURES THIS PAGE						۵						



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