County Division Code: AL040 Inst. # 2017044681 Pages: 1 of 5 I certify this instrument filed on: 5/4/2017 3:55 PM

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

Clerk: NICOLE

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Political Action Cor

Campaign Finance

THIS AREA FOR OFFICIAL USE ONLY

Political Action Committee Campaign Finance Report SUMMARY FORM 1

| | Please Print in Ink or Type. | | Type of Repor | • | | |
|---------|--|------------------|---------------|--|--------------|---|
| Na | me of Political Committee (as appears on Statement of Organization) Acronym for I | AC | | Mon | • | Amended Monthly |
| | Bonnitee to Cleat Chris Divis | | | . Wee | | Amended Weekly |
| 70 | dress (as appears on Statement of Organization) [] Check box if reporting new address | is | | For Monthly R Month in which | _ | Moril |
| 14 | erz ist st N | • | | report is filed. | | At his |
| | | | | For Weekly Re Date of Friday | • | |
| Cit | | | | week in which t | | |
| | munghem HC 00437 607 | -2G | <u> </u> | report is filed. Total Number | of | |
| | | | | Pages in Repo | | |
| St | immary of activity since last filed report | | . 7 | | | · · · · · · · · · · · · · · · · · · · |
| 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 | |) | | |
| 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 | | <u>. </u> | | |
| 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 | | | | | |
| | Itemized expenditures (total from Form 5) | 5a | | · | | |
| ┝╾╌┥ | 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 | |
| Swa | | | | | - | n Practices Act, I hereby |
| M | | | | • | - | edge and belief that the contained herein are |
| the | 3nd day of March of the year 2021 | true a | and cor | rect and that this inf | formation | n is a full and complete |
| • | | | | all contributions, ex during the applicable | • | res, and other required |
| / | Ambul Law Hall | | | Taring the applicable | herion, | , <u>'</u> |
| Sign | attire of Notary Public | | Mil | M/ | / | - 115/4/171 |
| ık | imbeely Denier-Walker | Signal mittee | | hairperson or Treasure | r of Politic | al Com- Date |
| | ted Name of Netary Public | | | | | FORM REVISED 10.27.,2011 |
| | My Commission Expires: March 3, 2021 | | | 11220 1/5 \$.00 | | • |
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Shelby Cnty Judge of Probate, AL

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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: <u>Elect Chris Daw Bonnishen City (ared) Dortruct 6</u>

| When total contribution DO | ons from a single source exceed \$100.00, the FCPA requires all contrib NOT LIST in-kind contributions or loans on this form. Use Forms 3 and | oution d 4 f | ns fro | om ti ose i | nat s istin | ourc | e to be itemized. | |
|----------------------------|--|------------------------------------|-------------|----------------|----------------|----------|--|------------------------------|
| CONTRIBUTOR | 4 | SOURCE OF CONTRIBUTION (CHECK ONE) | | | | | | |
| (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | | Corporation | Individual | Other | Returned | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
| | • | • | | | | | | |
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| ORM REVISED 01.09.2017 | | | | | | | | 0 |

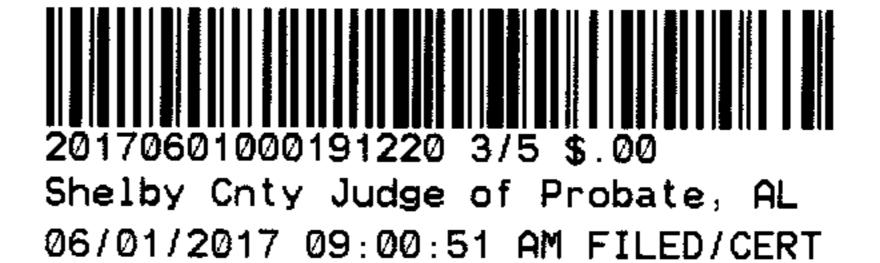


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County Division Code: AL040 Inst. # 2017044681 Pages: 3 of 5

FORM REVISED 10.27.2011

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: Committee that Chira Divis Brunchen (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 AMOUNT** DATE (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) OF CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.)



TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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: Yest Chris Dine Promother of the Carel Defect S

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) **ADDRESS** SOURCE OF RECEIPT **AMOUNT** DATE (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) **GUARANTORS** RECEIVED **QF** 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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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Fled Chris Druis Brounda Coly Carcil District 5



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS AMOUNT** DATE OF OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **GIVE** (mo./day/yr.) EXPENDITURE (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011



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