

Name of Political Action Committee (as appears on statement of Organization)

Address (as appears on Statement of Organization)

## Political Action Committee Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

THIS AREA FOR OFFICIAL USE ON	<b>IL</b>
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Monthly	Amended Monthly
Weekly	Amended Weekly
For Monthly Reports  Month for which the report is filed.	S
For Weekly Reports Date of Friday in the week for which the report is filed.	8/28/20
Total Number of	2

Type of Report (check one)

(	19 Saltiers Path		week for which report is filed.	n thẹ	8/38/20			
City	Montevallo AL 35115 Telephone Nur	mber	Total Number Pages in Rep		3			
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)		•	1	1050.	24		
	Cash Contributions		· · · · · · · · · · · · · · · · · · ·		•	,		
2a	Itemized cash contributions (total from Form 2)	2a						
2b	Non-itemized cash contributions	2b						
2c	Non-itemized employee payroll contributions	2c			1	,		
<b>2d</b>	Total cash contributions (add lines 2a, 2b and 2c)		,	2d		\$0.00		
	In-Kind Contributions			·				
3a	Itemized in-kind contributions (total from Form 3)	3a	500,00	<b>)</b>		7		
3b	Non-itemized in-kind contributions	3b			••			
3c	Total in-kind contributions (add lines 3a and 3b)	3c	少000g	)	•	,		
	Receipts from Other Sources			- : _	•			
<b>4</b> a	Itemized Receipts from Other Sources (total from Form 4)	4a			,			
4b	Non-itemized Receipts from Other Sources	4b			•			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	· · · · · · · · · · · · · · · · · · ·	\$0.00		
	Expenditures				•	· · · · · · · · · · · · · · · · · · ·		
5a	Itemized expenditures (total from Form 5)	5a	750.00	<b>\</b>	•			
5b	Non-itemized expenditures	5b						
5c	Total expenditures (add lines 5a and 5b)		.,	5c		Q089Q		
·	Expenditures on Line of Credit		i	·	• •	ж т (1) <b>4</b> 3) М		
6a	Itemized expenditures (total from Form 6)	6a			•			
6b	Non-itemized expenditures	6b						
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.0	) ,				
7	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)			7	30	Oso Da		

Acronym for PAC

Check box if reporting new address

Swcrn to and subscribed before me th	$\frac{27}{\text{day of}}$
August of the year 20120	My commission expires
the 14 day of August	of the year 202
Mul Ella.	
Signature of Notary Public	
Jacob Ellis	
Print Notary's Name	

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

FORM REVISED 05.23.2017

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

FORM 5: Expenditures by political action committee

Montevallo AL35115
Red State Strat. P.O. Box 43564
Bean

**ADDRESS** 

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP)

PERSON/GROUP/BUSINESS

RECEIVING EXPENDITURE

(INCLUDE FULL NAME)

NAME OF POLITICAL ACTION COMMITTEE: 21500 000

PURPOSE OF EXPENDITURE

(CHECK ONE)

Fundraising

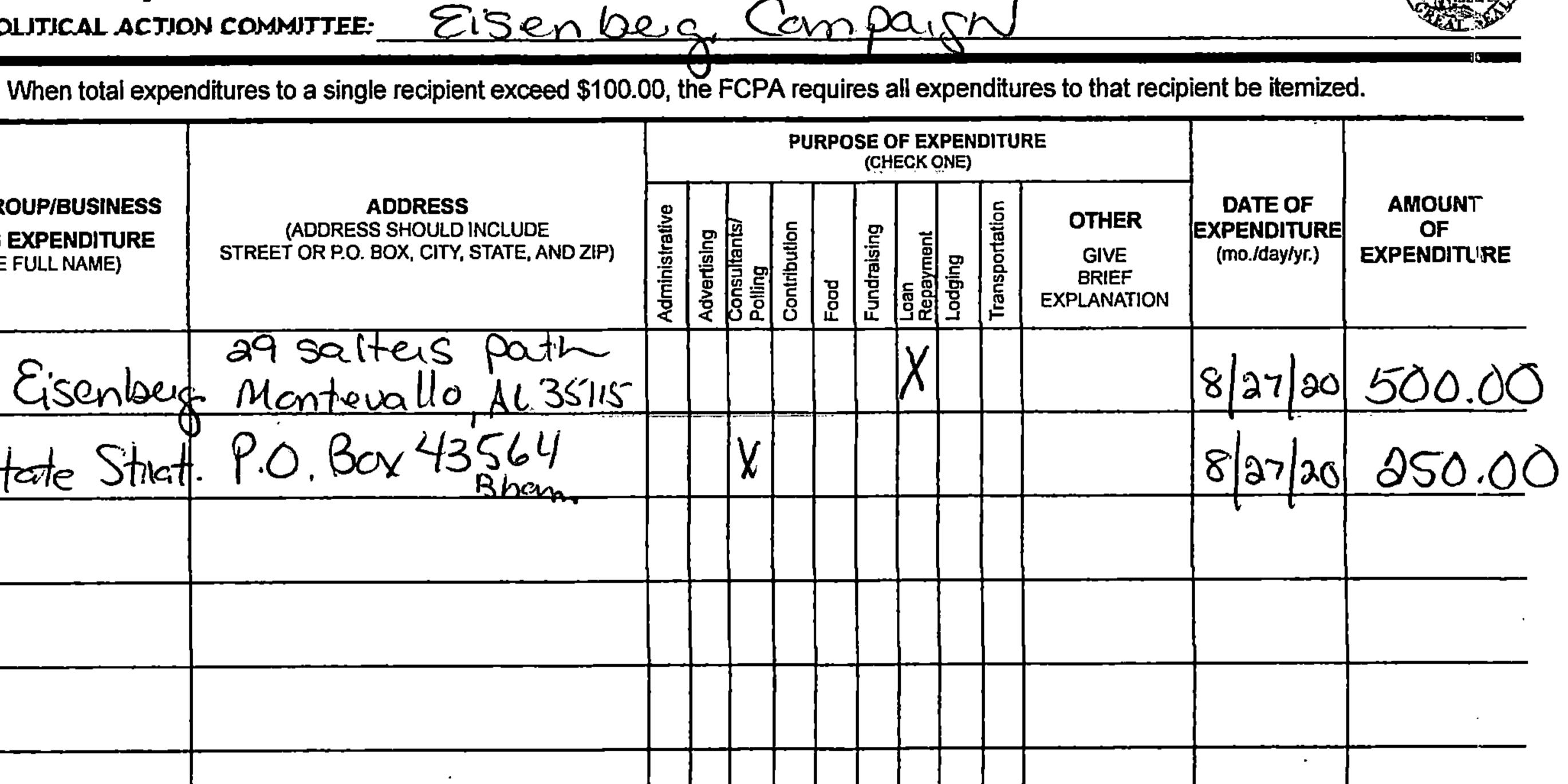
Transportation

OTHER

GIVE

BRIEF

**EXPLANATION** 



TOTAL EXPENDITURES THIS PAGE FORM FEVISED 10.27.2011

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

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When total	contributions from a single source exceed \$100.0  DO NOT LIST cash contributions or loans	0, thi	e FC his f	PA r orm.	equi Use	res a Form	∬ ∞ 1s 2	ntrib and	ution 4 for	s fro	m th	at so	ource s.	to be ite	mized.	
				JRE (	OF CO	ONTR	IIBU.		SOURCE (CHECK ONE)							
CONTRIBUTOR (NCLUDE FULL NAME)		Administrative	Ş	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business (not a corporation)	Corporation	Individual	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)		AMOUNT OF CONTRIBUTION
Martha Eisenb	29 Saltiers Path u Montevallo AL 3515		•	X										81	20	500.00
															•	
												-				
FORM REVISED 10.27.2011		71	370	AL I	N-K	(INE	) C	ON	TR	BU	TIC	NS	<b>.</b> Th	IIS PA	GE.	\$ 0.00



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