Print Form

THIS AREA FOR OFFICIAL USE ONLY

WEEKLY & MONTHLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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)			Acronym for PAC
Address (as appears on Statement of Organization) ☐ Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports Month in which the report is filed.

For Weekly Reports Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary 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			
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			
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				
5a	Itemized expenditures (total from Form 5)	5a			
5b	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	

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

Signature of Notary Public

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

Date

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: _____

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 loands 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		
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	TOTAL CASH CONTRIBUTIONS THIS PAGE							

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: _____

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.

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 (not a corporation)	Corporation	Individual	Other		
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FORM REVISED 10.27.2011

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: _____

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.

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	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	Individual	Business	Other		
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FORM REVISED 10.27.2011

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

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
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
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	TOTAL EXPENDITURES THIS PAGE												

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