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FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA



20160406000180740 1/3 \$.00
Madison Cnty Judge of Probate, AL
04/06/2016 02:11:09 PM FILED/CERT

FRANK BARGER

X

WEEKLY & MONTHLY

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) Citizens for Progressive Leadersjip		Acronym for PAC CPL PAC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address 228 Holmes Ave Suite 700			
City Huntsville, AL 35801	State	ZIP Code	Telephone Number 256-651-3145

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

March 2016

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	3516.68
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	500	
2b	Non-itemized cash contributions	2b	0	
2c	Non-itemized employee payroll contributions	2c	0	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	500	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a	0	
4b	Total non-itemized receipts from other sources	4b	0	
4c	Total receipts from other sources (total from Form 4)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	602.95	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	602.95	
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	3413.73	

Sworn to and subscribed before me this 6th day of April of the year 2016. My commission expires the 13 day of November of the year 2017.

Signature of Notary Public
Jordan Lawson
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
4-5-16
Date



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 loans 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		
Bill Hall	320 Clinton Ave Huntsville, ³⁵⁸⁰² AL			<input checked="" type="checkbox"/>			3-16-16	\$ 500
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$ 500



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		
Chad Wise Campaign	Athens, NC 35611 212 S Merion Street				X							3-16-16	\$500