

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

20160127000041590 1/5 \$.00
Madison Cnty Judge of Probate, AL
01/27/2016 01:13:31 PM FILED/CERT

Political Action Committee Campaign Finance Report SUMMARY FORM 1

FRANK BARGER

X

Please Print in Ink or Type.

Type of Report (check one)

- Monthly
- Amended Monthly
- Weekly
- Amended Weekly

For Monthly Reports

Month in which the report is filed.

January 2016

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Name of Political Committee (as appears on Statement of Organization)		Acronym for PAC	
North AL PAC			
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address			
116 Jefferson St. #300			
City	State	ZIP Code	Telephone Number
Huntsville	AL	35801	2565649967

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	12,452.22
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		0
2b	Non-itemized cash contributions	2b		
2c	Non-itemized employee payroll contributions	2c		
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d		0
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		0
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		0
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		0
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6		12,452.22

Sworn to and subscribed before me this 27 day of January of the year 2016. My commission expires the 15 day of January of the year 2017.

Wilma H. Henson
Signature of Notary Public

Wilma H. Henson
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.

Steph Ruby 1/27/16
Signature of Chairperson or Treasurer of Political Committee Date



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

NAME OF POLITICAL ACTION COMMITTEE: North AL PAC

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				
	<i>none</i>																
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF POLITICAL ACTION COMMITTEE: North AL PAC

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 GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	Individual	Business	Other		
	None										
TOTAL RECEIPTS THIS PAGE											



FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: North AL PAC

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		
	<i>None</i>												
													20160127000041590 5/5 \$.00 Madison Cnty Judge of Probate, AL 01/27/2016 01:13:31 PM FILED/CERT
		TOTAL EXPENDITURES THIS PAGE											