FORM REVISED 10.27..2011

rinted Name of Notary Public

Political Action Committee Campaign Finance Report **SUMMARY FORM 1**

Please Print in Ink or Type.

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Madison Cnty Judge of Probate, AL 02/01/2016 02:37:49 PM FILED/CERT

FRANK BARGER

Type of Report (check one)



	riedse rink ni nik or type.			Mon	thly	Amended Monthly			
Name of Political Committee (as appears on Statement of Organization) Citizens for Progressive Leadership CPL F				Wee	kly	Amended Weekly			
Add	ress (as appears on Statement of Organization) Check box if report	ss	For Monthly R Month in which	-	lanuari				
22	8 Holmes Avenue Suite 700		report is filed.	110	January				
				For Weekly Re	-				
City		Telephone Nu		Date of Friday i week in which i					
HU	intsville AL 35801	256-651-3	3145	report is filed.					
				Total Number Pages in Repo					
-									
Sı	ımmary of activity since last filed report								
1	Beginning balance (ending balance from previous	us filing)				0			
	Cash Contributions								
2a	Itemized cash contributions (total from Form 2)		2a	0					
2b	Non-itemized cash contributions		2b	1089					
2c	Non-itemized employee payroll contributions		2c						
2d	Total cash contributions (add lines 2a, 2b, and 2	2c)			2d	1089			
	In-Kind Contributions								
3a	Itemized in-kind contributions (total from Form 3	3)	3a	0					
3b	Non-itemized in-kind contributions		3b	0	2016	20160201000049920 3/3 \$.00			
3с	Total in-kind contributions (add lines 3a and 3b)		3c	0	Mad	ison Cnty Judge of Probate,			
	Receipts from Other Sources				02/0	01/2016 02:37:49 PM FILED/C			
4a	Total itemized receipts from other sources (total from	m Form 4)	4a	0					
4b	Total non-itemized receipts from other sources		4b	0					
4c	Total receipts from other sources (total from For	m 4)			4c	0			
	Expenditures								
5a	Itemized expenditures (total from Form 5)		5a	52.05					
5b	Non-itemized expenditures		5b						
5c	Total expenditures (add lines 5a and 5b)				5c	52.05			
6	Ending balance (add lines 1, 2d, & 4c, then subtra	ct line 5c)			6				
_	15+								
	orn to and subscribed before me this day			uired by the Alabama Fair (or affirm to the best of m					
te	of the year 2016 . My commission e	expires		ed report(s) and the inf					
he	day of Navenber of the year 2017		true a	nd correct and that this in	formatic	on is a full and complete			
•			statem	nent of all contributions, e	endit	ures, and other required			
		,	intorm	ation during the applicable	e period	or time.			
Sian	ajure of Notary Public		, A	1/1////////////////////////////////////	7	112//			
oign /	ajulis bi Inotally Fublic		Side	ure of Chairperson or Treasure	r of Polit	ical Com- Date			
][Jordan Lausen	1	mittee	ure or Orianiperson or freasure	ii UI TUNI	ical Colle Dale			

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

FORM 2: Contributions received by political action committee

	The state of the s
CAL ST	

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.

DC	NOT LIST in-kind contributions or loands on this form. Use Forms 3 ai	na 4 I	or tr	iose	IISTIN	igs.		
CONTRIBUTOR	ADDRESS	1	(CH	OUR NTRI ECK	BUTI	ION	DATE	AMOUNT
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business (not a corporation)	Business (not a corporation Corporation		Other	ğ	CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
Micellanous								1089
FORM REVISED 10.27.2011	TOTAL CASH CON	ITRI	BU	TIC	NS	TH	IIS PAGE	

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

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE:	Cetizeus	For	Progressive	Centership



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 RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Staples	Memorial Parkway North	×										1/13/2012	52.05
FORM REVISED 10.27.2011 TOTAL EXPENDITURES THIS PAGE								PAGE					