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

Please Print in Ink or Type.

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20160603000307590 1/1 \$.00 Madison Cnty Judge of Probate, AL 06/03/2016 04:27:56 PM FILED/CERT

FRANK BARGER

Type of Report (check one)

✓ Monthly

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Amended Monthly

Name of Political Committee (as appears on Statement of Organization) Citizens for Progressive Leadership Address (as appears on Statement of Organization) Check box if reporting ne		;		For Monthly Month in whice		Amended Weekly May
228 Holmes Avenue Suite 700				report is filed. For Weekly Reports Date of Friday in the		
City State ZIP Code 256-65			5	week in which report is filed.	the	
				Pages in Re		1
Summary of activity since last filed report						
1 Beginning balance (ending balance from previous filing)					1	3913.73
Cash Contributions						
2a Itemized cash contributions (total from Form 2)		2a			כ	
2b Non-itemized cash contributions		2b			0	
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			5	
Non-itemized in-kind contributions		3b			ס	
3c Total in-kind contributions (add lines 3a and 3b)		3с)	
Receipts from Other Sources						
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						
ltemized expenditures (total from Form 5)		5a			2	
b Non-itemized expenditures		5b)	
Total expenditures (add lines 5a and 5b)					5c	O
6 Ending balance (add lines 1, 2d, & 4c, then subtra	ct line 5c)]			6	3913.73
day of November of the year 2014 of the year 2014 of the year 2014 of the year 2014		sweattac true state	ar or aff ched re and cor ement o	irm to the best of port(s) and the irect and that this	my kno nforma informa expen	vaign Practices Act, I hereby oveledge and belief that the tion contained herein are ation is a full and complete ditures, and other required iod of time.
Printed Name of Notary Public	Madicor	o Cot	 Judge 	1/1 \$.00 of Probate, AL 6 PM FILED/CERT	er of P	olitical Com- Date FORM REVISED 10.272011