

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



08/05/2016 02:54:33 PM FILED/CERT

statement of all contributions, expenditures, and other required

information during the applicable period of time.

Please	Print	in lnk	or Type.

Ple			Type of Re	port (ch	eck one)	one)				
	Please Print in Ink or Type. Name of Political Committee (as appears on Statement of Organization) Acronym for I							Amende	d Monti	hly
Business Political A	ars on Statement of Organization)	BizPa				Veekly		Amende	d Week	dy
Address (as appears on Statement of					For Month		ts			
	Organization) [Orlean box in report				Month in wi report is file					
P.O. Box 18864					For Weekiy		s 🗀			
City	State ZIP Code	Telephone Nu			Date of Fric	-	,	8/5/	16	
City Huntsville	AL 35804	256-66	5-5	704	report is file			9/9/		
haracan and a second		,			Total Numl					
					Pages in R	eport	<u> </u>			
Summary of activity sin	nce last filed report									
1 Beginning balance (en	ding balance from previo	us filing)				1	66,	209.1	23	
Cash Contributions										
2a Itemized cash contribu	tions (total from Form 2)		2a	5	2.50					
2b Non-itemized cash cor	ntributions		2b		Ø					
2c Non-itemized employe	e payroll contributions		2c		Ø					
2d Total cash contributions (add lines 2a, 2b, and 2c)						2d		52.	50	
In-Kind Contributions										
3a Itemized in-kind contril	outions (total from Form 3	3)	3a		Ø					
3b Non-itemized in-kind c	ontributions		3b		Ø					
3c Total in-kind contribution	ons (add lines 3a and 3b)		3с		Ø					
Receipts from Other S	Sources									
4a Total itemized receipts fr	om other sources (total fro	m Form 4)	4a		Ø					
4b Total non-itemized rece	eipts from other sources		4b		Ø					
4c Total receipts from other	er sources (total from For	m 4)				4c		Ø		
Expenditures										
5a Itemized expenditures	(total from Form 5)		5a	5,0	000					
5b Non-itemized expendit	5b		Ø							
5c Total expenditures (add	d lines 5a and 5b)					5c	5,0	200	. 00))
6 Ending balance (add lin	es 1, 2d, & 4c, then subtra	act line 5c)				6	41.	261.	13	
Sworn to and subscribed before					by the Alabama F					
ANGUST of the year 2	expires	attac	ched re	port(s) and the	informa	ation co	ontained	hereir	n are	
the In day of FLOY	IAN of the year 2018		true	and cor	rect and that this	s inform	ation is	a full ar	nd com	plete

FRANK BARGER

FORM 2: Contributions received by political action committee



NAME OF POLITICAL ACTION COMMITTEE: 1817/00

FORM REVISED 9.2.2011

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 CONTRIBUTION** (CHECK ONE) **AMOUNT** DATE CONTRIBUTOR **ADDRESS** CONTRIBUTION OF (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE Business or Corporation Individual Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Other (mo./day/yr.) PAC Kimberly Ford Fordumas LLC \$ \$52.50 PO Box 18054 Hunsville 12 35804 8 3 16 \$52.50 TOTAL CASH CONTRIBUTIONS THIS PAGE

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

AT STATE

NAME OF POLITICAL ACTION COMMITTEE: BizPac

FORM REVISED 10.27.2011

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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) DATE **AMOUNT** CONTRIBUTOR **ADDRESS** Business (not a corporation) Administrative Transportation Corporation Consultants/ Polling Equipment CONTRIBUTION OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Advertising Individual CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** Other (mo./day/yr.) Rent Food

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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

	(* (****)*)*
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	CAL SIN

NAME OF POLITICAL ACTION COMMITTEE: Biz 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.

			FORM		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		EIPT CHECK			DATE	AMOUNT OF RECEIPT
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	Individual	Business	Other	RECEIVED (mo./day/yr.)	
FORM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE										Ø

FORM 5: Expenditures by political action committee NAME OF POLITICAL ACTION COMMITTEE: BizPac



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

		1			PU	IRPO		FEX					
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Laurie McCaulley Campo	gn POBox 3725 Huntsvillet 35810	4			✓							8/2/16	\$5,000
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3 N													
1016080500													
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20160805000442070 5/5 \$.00													
ORM REVISED 10.27.2011					T	OTA	AL I	EXF	PEN	DIT	URES THIS	PAGE	\$5,000.