Political Action Committee Campaign Finance Report SUMMARY FORM 1

20160707000378200 1/5 \$.00

20160707000378200 1/5 \$.00 Madison Cnty Judge of Probate, AL 07/07/2016 02:25:21 PM FILED/CERT

Please Print in Ink or Type.	type of Report (check one)					
Name of Political Committee (as appears on Statement of Organization) Business Political Action Committee BizPac	Monthly Weekly	Amended Monthly Amended Weekly				
Address (as appears on Statement of Organization) Check box if reporting new address PO Box 18864	For Monthly Reports Month in which the report is filed.					
State ZIP Code Telephone Number Huntsville A 35804 USUS 5704	For Weekly Reports Date of Friday in the week in which the report is filed.	7/8/16				
	Total Number of Pages in Report	5				

S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	118,944,23
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	131.25	7	
2b	Non-itemized cash contributions	2b	Ø		•
2c	Non-itemized employee payroll contributions	2c	Ø′	1	
2d	Total cash contributions (add lines 2a, 2b, and 2c)			2d	131.25
	In-Kind Contributions				
За	Itemized in-kind contributions (total from Form 3)	3a	Ø]	
3b	Non-itemized in-kind contributions	3b	Ø	1	
3с	Total in-kind contributions (add lines 3a and 3b)	3с	Ø	1	
	Receipts from Other Sources			J	
4a	Total itemized receipts from other sources (total from Form 4)	4a	Ø]	
4b	Total non-itemized receipts from other sources	4b	Ø	1	
4c	Total receipts from other sources (total from Form 4)			4c	Ø
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	10,850	1	
5b	Non-itemized expenditures	5b	Ø	1	_
5с	Total expenditures (add lines 5a and 5b)			5c	10,850,00
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)			6	10,850.00

Sworn to and subscribed before me this day of
of the year My commission expires
the 10th day of Flowary of the year 1018
South S. Sless
Signature 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 Com-

FORM 2: Contributions received by political action committee NAME OF POLITICAL ACTION COMMITTEE: BizPac



CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS		SOURCE OF CONTRIBUTION (CHECK ONE)					_	AMOUNT OF CONTRIBUTION	
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business (not a compretion)	(not a corporation) Corporation Individual Other Returned		DATE CONTRIBUTION RECEIVED (mo./day/yr.)					
Jonathan Frazier	711 Nance Rd, Harselle, AL 35640 Magnolia Piver Services, Inc.		1				7	8	16	\$26.25
Bill Sullins	603 Franklin St. Hav AL 35801	- 1		/			7	8]16	\$52.50
Rich McAdams	Relia One, Inc. 35756 283 Mulberry Rd Hazel Green, Ar		V				7	8	16	\$52.50
	9									
	·									
ORM REVISED 10.27.2011	TOTAL CASH CO	NTR	IBU	TIC	NS	TH	IIS P	AG	E	\$131.25

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



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

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

FORM 4: Receipts from Other Sources loans, interest, and other sources of income NAME OF POLITICAL ACTION COMMITTEE: ### PizPac



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ABP-706		FORI RECI	VI EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN			SOUF ONE			
	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	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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M REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE								E	Ø	

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Biz Pac



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** Administrative (ADDRESS SHOULD INCLUDE OTHER Advertising Consultants/ Polling RECEIVING EXPENDITURE Contribution EXPENDITURE OF Fundraising STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) GIVE (mo./day/yr.) **EXPENDITURE** Lodging BRIEF Food EXPLANATION 1428 18705 I85 Parkway Suite B Montgomery 17. 3010 Southeast Research Inc. \$10,850.00 20160707000378200 5/5 \$.00 Madison Cnty Judge of Probate, 07/07/2016 02:25:21 PM FILED/C **TOTAL EXPENDITURES THIS PAGE** \$10,850.00 FORM REVISED 10.27.2011