Printed Name of Notary Public



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

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization)



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

Amended Monthly

FRANK BARGER



Type of Report (check one)

Monthly

	North AL PAC  dress (as appears on Statement of Organization)   Check box if reporting new address  Ch	SS	) 	For Monthly R Month in which report is filed. For Weekly R Date of Friday week in which report is filed. Total Number Pages in Repo	Reports In the eports In the the	January 2	
Sı	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)				1 /	2,452.25	コ
	Cash Contributions						1724
2a	Itemized cash contributions (total from Form 2)	2a		)			
2b	Non-itemized cash contributions	2b			1		
2c	Non-itemized employee payroll contributions	2c			1		
2d	Total cash contributions (add lines 2a, 2b, and 2c)				2d	0	
	In-Kind Contributions				- Add E.		
3a	Itemized in-kind contributions (total from Form 3)	3a					A11
3b	Non-itemized in-kind contributions	3b			e agaset		
3с	Total in-kind contributions (add lines 3a and 3b)	3с					
	Receipts from Other Sources		to Classed Advisor Del		Ā.		:
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)			Aud and Comment	4c	0	
	Expenditures				igh is a		
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	l, 452, 22	
the_	arr to and subscribed before me this 27 day of arr 11 of the year 2016. My commission expires day of January of the year 2017.  Wilman, N. M.	swe atta- true state infor	ear or affirm to ched report() and correct ement of all ormation during	o the best of m s) and the inf and that this in	ny knowl formation formation expenditu e period	1/27/	t the are olete
1	Wilma H. Henson +	mitte		JOI SULL OF THE ASSAULT	21 OI FUHU	ical Com- Date	

Acronym for PAC

### FORM 2: Contributions received by political action committee

FORM REVISED 10.27.2011



NAME OF POLITICAL ACTION COMMITTEE: 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. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT ADDRESS** DATE **CONTRIBUTOR** Business
(not a corporation)
Corporation
Individual (ADDRESS SHOULD INCLUDE CONTRIBUTION OF (INCLUDE FULL NAME) Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Other (mo./day/yr.)

**TOTAL CASH CONTRIBUTIONS THIS PAGE** 

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

NAME OF POLITICAL ACTION COMMITTEE:

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1.10	<i>[[.</i> [&
	74/: []
VOZA.	

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.															
	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)		NAT	URE ((	OF C	ONT K ON	RIBU E)	MOIT	1	SOURCE (CHECK ONE)					
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business (not a corporation)	Corporation	Individual	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
	none														
FORM REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

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



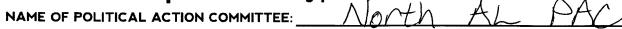
NAME OF POLITICAL ACTION COMMITTEE:

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.

	RECEIPT  ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)				COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	REC	EIPT CHEC	SOUR ( ONE)	CE	- DATE	AMOUNT
SOURCE OF RECEIPT (INCLUDE FULL NAME)			GUARANTORS  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	Individual Business Other		RECEIVED (mo./day/yr.)	OF RECEIPT			
	None										
ORM REVISED 10.27.2011  TOTAL RECEIPTS THIS PAGE											

### FORM 5: Expenditures by political action committee





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

					PL	JRPO	SE (						
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
	None												
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	,												
													· · · · · · · · · · · · · · · · · · ·
			20160127000041590 5/5 \$.00 Madison Chty Judge of Probate, AL 01/27/2016 01:13:31 PM FILED/CERT										
FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE												