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

March of the year 2016. My commission expires

Printed Name of Notary Public

day of Januaril of the year 20

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

Please Print in Ink or Type.

THIS AREA FOR OFFICIAL USE ONLY



Madison Chty Judge of Probate, AL 03/30/2016 02:25:28 PM FILED/CERT

Amended Monthly

Amended Weekly

FRANK BARGER

Type of Report (check one)

Monthly

Weekly

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 Treasure of Political Com-

For Monthly Reports Month in which the report is filed.



City	State ZIP Code Telephone Nu			Por Weekly Re Date of Friday in week in which the						
	funtsville AL 35801 2565	640	140	01	Total	is filed. Number s in Rep			7	
Sι	ummary of activity since last filed report									
1	Beginning balance (ending balance from previous filing)						1	119	52.2	2
	Cash Contributions									
2a	Itemized cash contributions (total from Form 2)	2a	2	5.00	00.	00				
2b	Non-itemized cash contributions	2b	······································	/) 						
2c	Non-itemized employee payroll contributions	2c								
2d	Total cash contributions (add lines 2a, 2b, and 2c)						2d	5	,000	00
	In-Kind Contributions						·		,	
За	Itemized in-kind contributions (total from Form 3)	3a		\mathcal{C})					
3b	Non-itemized in-kind contributions	3b								
Зс	Total in-kind contributions (add lines 3a and 3b)	3c								
	Receipts from Other Sources						-			
4a	Total itemized receipts from other sources (total from Form 4)	4a			7					
4b	Total non-itemized receipts from other sources	4b								
4c	Total receipts from other sources (total from Form 4)						4c		Ø	
	Expenditures									
5a	Itemized expenditures (total from Form 5)	5a		5, 0C)O.	00				
5b	Non-itemized expenditures	5b)			1			
5с	Total expenditures (add lines 5a and 5b)						5c	5.	000.	OD
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)						6	1,9	52.2	2
	orn to and subscribed before me this day of								actices Act	

FORM 2: Contributions received by political action committee



NAME OF POLITICAL ACTION COMMITTEE: NORTH AL 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 in-kind contributions or loands on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **CONTRIBUTOR ADDRESS** DATE **AMOUNT** Corporation (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Individual Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Other (mo./day/yr.) See attached TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

W.S. & Eloise Propst	517 Adams Street, Huntsville, AL 35801	Source	Date A	mount \$5,000.00
2016 March	North Address	Alabama		Contributions

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



NAME OF POLITICAL ACTION COMMITTEE: North AL 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 contributions or loans on this form. Use Forms 2 and 4 for those listings. **NATURE OF CONTRIBUTION** SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** Business (not a corporation) Administrative (INCLUDE FULL NAME) Transportation (ADDRESS SHOULD INCLUDE Advertising Corporation CONTRIBUTION OF Equipment Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION Other Food (mo./day/yr.) Rent TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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.

COURSE OF PEOPLET	ADDRESS	ADDRESS DDRESS SHOULD INCLUDE GUARANTORS		ECEIPT SOURCE (CHECK ONE)							
SOURCE OF RECEIPT (INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX,			Lending Institution	Lending Institution Individual Business Other		DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT			
	none										
	_					77.74					
·											
						,					
FORM REVISED 10.27.2011		TOTAL RECEIPTS THIS PAGE									

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE:	Δ	10/	11	1		<u> </u>		A	<u>_</u>
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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)	ON/GROUP/BUSINESS IVING EXPENDITURE CLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
***************************************	See attached											1	

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											Name and the second sec		
FORM REVISED 10.27.2011					T	ATC	AL E	EXF	PEN	DIT	URES THIS I	PAGE	

2016 March Name	North Address	Alabama Reason		Expenditures Amount
Richard Showers Campaign	PO Box 3235, Huntsville, AL	35810 contribution	3/14/2016	\$5,000.00

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