

Print Form

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160819000299150 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
08/19/2016 01:29:00 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Joseph Boyd Rives, III</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Hoover City Council Member, Place 1</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>3404 Wellford Circle</b>			
City <b>Hoover</b>	State <b>AL</b>	ZIP Code <b>35226</b>	Telephone Number

Type of Report (check one)

☐ Monthly ☐ Amended Monthly  
☒ Weekly ☐ Amended Weekly

For Monthly Reports  
Month in which the report is filed.

For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

**July 29, 2016**

**5**

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<b>-0-</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>-0-</b>
2b	Non-itemized cash contributions	2b	<b>-0-</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>-0-</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>1,445.41</b>
3b	Non-itemized in-kind contributions	3b	<b>40.00</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>1,485.41</b>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>-0-</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>-0-</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>-0-</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>1,445.41</b>
5b	Non-itemized expenditures	5b	<b>0</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>1,445.41</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>-1,445.41</b>

Candidates for State Office: File this report with the Office of the Secretary of State.

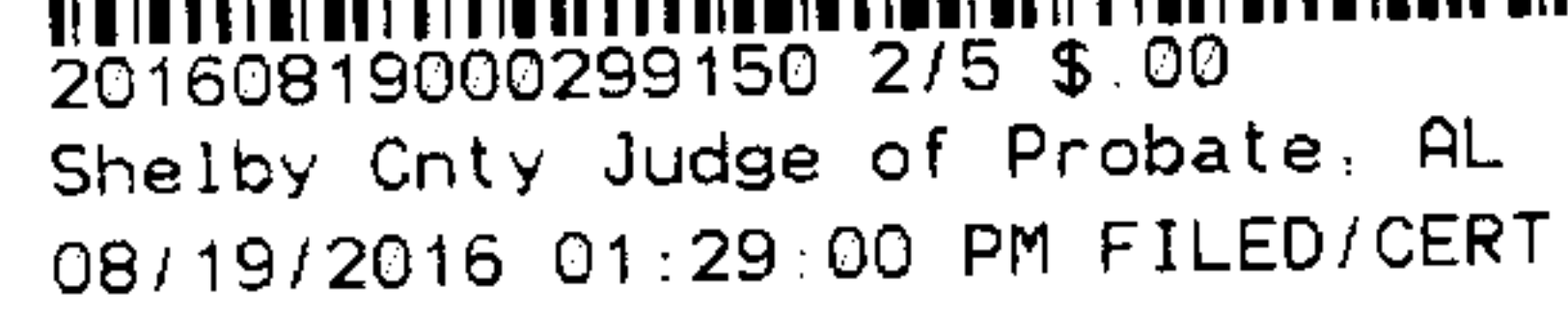
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

**Joseph Boyd Rives, III** **8/1/2016**  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **1st** day of **August** of the year **2016**. My commission expires the **17th** day of **August** of the year **2017**.

**Vanessa C. Bradstreet**  
Signature of Notary Public  
**Vanessa C. Bradstreet**  
Print Notary's Name



NAME OF CANDIDATE OR ELECTED OFFICIAL: Joseph Boyd Rives, III

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 loans on this form. Use Forms 3 and 4 for those listings.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.									
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)						DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned			
		TOTAL CASH CONTRIBUTIONS THIS PAGE							

FORM REVISED 10.27.2011



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## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

**FORM 3: In-Kind Contributions** received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Joseph Boyd Rives, III

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 loans on this form. Use Forms 2 and 4 for those listings.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
Joe B. Rives, III	3404 Wellford Circle Hoover, AL 35226		X									X			6/9/2016	932.25		
Joe B. Rives, III	3404 Wellford Circle Hoover, AL 35226		X									X			7/15/2016	205.61		
Joe B. Rives, III	3404 Wellford Circle Hoover, AL 35226								X			X			7/11/2016	50.00		
Joe B. Rives, III	3404 Wellford Circle Hoover, AL 35226								X			X			7/15/2016	141.00		
Joe B. Rives, III	3404 Wellford Circle Hoover, AL 35226		X									X			7/26/2016	116.55		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															1,445.41			

FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL: Joseph Boyd Rives, III



DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those usings.													
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN  GUARANTORS  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)						DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													0-

FORM REVISED 10.27.2011

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Joseph Boyd Rives III



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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Crown Graphics	P.O. Box 261 Springville, AL 35146		X									6/9/2016	932.25
Pete's Print	1615 Montgomery Highway Suite 110 Hoover, AL 35216		X									7/15/2016	205.41
City of Hoover, Alabama	100 Municipal Lane Hoover, AL 35216										Election Qualifying Fee	7/11/2016	50.00
United States Post Office	1809 Riverchase Dr. Hoover, AL 35244-9998										Postage	7/15/2016	141.00
Pete's Print	1615 Montgomery Highway Suite 110 Hoover, AL 35216		X									7/26/2016	116.55
TOTAL EXPENDITURES THIS PAGE													1,445.41