

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

 20120404000114550 1/6 \$.00
 Shelby Cnty Judge of Probate, AL
 04/04/2012 09:09:09 AM FILED/CERT

Print Form

OR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

APR - 2 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official GARY MILLER ZUEY		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) MAYOR CITY OF HOOVER			
Address ☐ Check box if reporting new address 709 CRESTED FERN LN.			
City HOOVER	State AL.	ZIP Code 35244	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.**MARCH**For Weekly Reports
Date of Friday in the
week in which the
report is filed.Total Number of
Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	23140
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	0
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	0
3b	Non-itemized in-kind contributions	3b	0
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0
4b	Non-itemized Receipts from Other Sources	4b	0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	0
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	23140

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.

 Signature of Candidate or Elected Official
[Signature]

 Date
3-30-12

 Sworn to and subscribed before me this **30** day of
March of the year **2012**. My commission expires
 the **31** day of **March** of the year **2014**.

 Signature of Notary Public
[Signature]

 Print Notary's Name
June B. Bunn

 NOTARY PUBLIC STATE OF ALABAMA AT LARGE
 MY COMMISSION EXPIRES: Mar 31, 2014



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: GARY MILLER ZVEY

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.

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	
John Darna 11 IV	3332 Briere Ln Road B'ham 35223		✓				750 ⁰⁰
Pat Lynch	1240 Highland Lakes Trail B'ham 35242		✓				2500 ⁰⁰
Gene Hallman Jr	2018 Rosemont Place B'ham 35243		✓				2500 ⁰⁰
AQ2 Technologies	135 Gemini Circle B'ham 35209	✓					350 ⁰⁰
Ronald Bruno	100 Grandview Place B'ham 35243		✓				2500 ⁰⁰
Dr Amanda Martin	3465 Manor Ln. #202 B'ham 35209	✓					500 ⁰⁰
Mathew Lemak	2316 1st Ave S. Suite 105 B'ham 35233	✓					2500
Dr Larry Lemak	2316 1st Ave S. Suite 105 B'ham 35233	✓					2500
Gene Smith	2212 Avant, Ln B'ham 35226						5000
TOTAL CASH CONTRIBUTIONS THIS PAGE							19100



NAME OF CANDIDATE OR ELECTED OFFICIAL: Gary Zve-1

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.

[illegible]



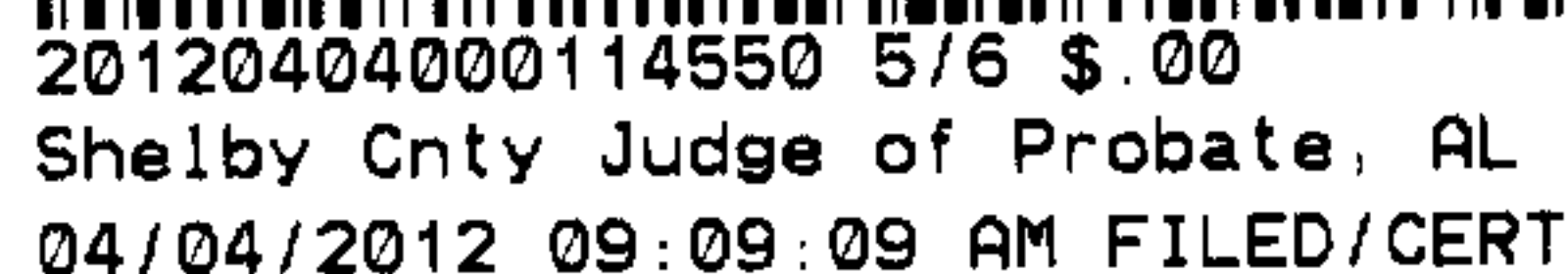
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

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		



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

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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 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 GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.27.2011					TOTAL RECEIPTS THIS PAGE								0



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: GARY MILLER IVEY

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		
		TOTAL EXPENDITURES THIS PAGE											