



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20120629000229990 1/5 \$.00
Shelby Cnty Judge of Probate, AL
06/29/2012 01:11:51 PM FILED/CERT

RECEIVED

JUN 26 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Gene Smith			Political Party/Ballot Affiliation		
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place #2					
Address ☐ Check box if reporting new address 2212 Avanti Lane					
City Hoover	State Al.	ZIP Code 35226	Telephone Number [REDACTED]		

Date Covered by Report

July 2, 2012

☐ Amended Daily Report

Total Number of Pages
in Report

Five

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	None
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	50,000
2b	Non-itemized cash contributions	2b	None
2c	Total cash contributions (add lines 2a and 2b)	2c	50,000
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	None
3b	Non-itemized in-kind contributions	3b	None
3c	Total in-kind contributions (add lines 3a and 3b)	3c	None
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	None
4b	Non-itemized Receipts from Other Sources	4b	None
4c	Total receipts from other sources (add lines 4a and 4b)	4c	None
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	None
5b	Non-itemized expenditures	5b	None
5c	Total expenditures (add lines 5a and 5b)	5c	None
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	50,000

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

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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]
Signature of Candidate or Elected Official

6-25-12
Date

Sworn to and subscribed before me this **25th** day of **June** of the year **2012**. My commission expires the **11** day of **10** of the year **2017**.

[Signature]
Signature of Notary Public

Dorothy S. Rice
Print Notary's Name

Hoover City Council

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gene Smith

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		
None	N/A													N/A	N/A

FORM REVISED 9.2.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

N/A



20120629000229990 3/5 \$.00
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FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gene Smith Hoover City Council

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 [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			
Gene Smith	2212 Avanti Ln. Hoover, AL 35226		X		Gene Smith 2212 Avanti Ln. Hoover, AL. 35226							6-12-12	\$46,000
TOTAL RECEIPTS THIS PAGE													\$46,000



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gene Smith Hoover City Council

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
None	N/A											N/A	N/A
TOTAL EXPENDITURES THIS PAGE												None	