



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20120801000279260 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/01/2012 08:23:39 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official GARY MILLER ZVEY		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) NOOBER MAYOR			
Address ☐ Check box if reporting new address 709 CRESTED FERN LN			
City NOOBER	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.**July**For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	60885.15
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	3100
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	4516.10
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	59469.05

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 **7.31.12**

Sworn to and subscribed before me this **31st** day of **July** of the year **2012**. My commission expires the **8th** day of **July** of the year **2016**.

Signature of Notary Public **[Signature]**
Print Notary's Name **Thomas D. Strickland**

GARY ZULEY

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.



