Signature of Candidate or Elected Official

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

RECEIVED

JAN 1 4 2013

James W. Fuhrmelster Judge of Probate

	Please Print in Ink or Type.						
Na	me of Candidate or Elected Official Political Part	//Ballot	Affilia	ation	Calendar Year covered by this		+
	GARY MILLER INEY				COVERED DY UNI	a reput	2012
Of	fice Sought or Held (include district or circuit number, if applicable)						Amended Annual Report
	MAYOR OF CITY OF HOOVER	,) .
Ad	dress Check box if reporting new address			\			Termination Report
	709 CRESTED FERN LN				Total Pages in	-	rt
Cit					Include this page	ge in	5
	NOOVER AL. 35244 205.7	33.	17	49	your course		
G	ECTION I - Summary of activity from last filed report				ombor 31 of	Fran	orting voor
1	Beginning balance (ending balance from previous filing)		Jug	ii Dec	stiller of O	1	59469.05
-	Cash Contributions	-				<u></u>	31761.
22	Itemized cash contributions (total from Form 2)	2a		25	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	}	
	Non-itemized cash contributions	2b	 				
}	Total cash contributions (add lines 2a and 2b)	1201	····	,— <u>———————————————————————————————————</u>		2c	
26	In-Kind Contributions	1				201	
32	Itemized in-kind contributions (total from Form 3)	3a		······································			
<u></u>	Non-itemized in-kind contributions	3b] 	
	Total in-kind contributions (add lines 3a and 3b)	3c	······································				
	Receipts from Other Sources		·	<u>, </u>	20130115000	<i>9</i> 01968	0 1/5 \$ 00
<u></u>	Total itemized receipts from other sources (total from Form 4)	4a			01/15/2013	/ Juag 09:26	e of Probate, AL: 58 AM FILED/CERT
	Total non-itemized receipts from other sources	4b	 	<u> </u>			
	Total itemized receipts from other sources (add lines 4a and 4b)	_		_ 		4c	·
	Expenditures						
	Itemized expenditures (total from Form 5)	5a		873	1.75		
5b	Non-itemized expenditures	5b					
	Total expenditures (add lines 5a and 5b)		 			5c	······································
	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)					6	
SE	CTION II - Summary of activity for entire reporting y	ear -	- Ja	inuary	1st throug	h De	cember 31st
7	Beginning balance (as of January 1 of reporting year)			•		7	
	Total cash contributions for year	:		:		8	
9	Total in-kind contributions for year	9					
10	Total receipts from other sources for year					10	
11	Total expenditures for year					11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)					12	50987.30
13	Total campaign debt (total debt owed as of December 31)	13				·	
	quired by the Alabama Fair Campaign Practices Act, I hereby swear or Sworn	to and	leuha	erdhad hafi	ore me this:	Th	day of JAMUANLIA
	to the best of my knowledge and belief that the attached report(s) and	ブカ	12			7/	day of July of
<u>-</u>		77	AL	$\sigma \setminus A$	mission expires in		day ofof
	ill and complete statement of all contributions, expenditures, and other the yeard information during the applicable period of time.	ar _				18	
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	() / /	11100 000	No.	ry Public	que		
		7	, 14(8) P		Y) C		
		I la		AUL	/\	WI	VIRMA .

Date

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACT FICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received рd candidate 9 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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

5 NO 00	IS PAGE	いゴエ	Ž N N	3UT	AL CASH CONTRIBU		FORM REVISED 9.2.2011
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380 2/5 3 dge of Pro 26:58 AM F	80 2/5 \$						
JUALE: ""	00		,				
1000	8-8-12			<u>×</u>	35226	3408 Polo Downs	Nick Sellers
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, A	(INCLUDE FULL NAME)
		E)	CK CK CK	CHE CON	Q	ADDRESS	CONTRIBUTOR
		ii iyo.					

ALABAMA FAIR CAMPAIGN PRACTIC CES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contrib tions received рu candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: GARY 708

When total contributions from a single source DO NOT LIST cash or loans on this form. exceed \$100.00, the FCPA Use Forms 2 and 4 for those listings. \ requires : all contributions from that source to be itemized

FORM REVISED 9.2.2011								(INCLUDE FULL NAME)	
								(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
=								Administrative	
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38								Business/ Corporation	
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SNC								PAC	QΩ
7								Other	m m
IIS PAGE		20130	115000019	680 3/5	\$ 00			CONTRIBUTION RECEIVED (mo./day/yr.)	
10A		Sheib	y Cnty Ju /2013 09:	idge of Pi	robate, A	RT		CONTRIBUTION	

TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts from Other Sources loans, interest, and other sources of

NAME OF CANDIDATE OR ELECTED

When total contribution OFFICIAL: GARY

DO NOT LIST cash or in-kind contributions on this form. ions from a single source exceed \$100.00, the FCPA requires Use Forms 2 and 3 for those listings. all contributions from that source to be itemize

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M FILED/C	\$.00 Probate,							
ERT								
AMOUNT RECEIPT	RECEIVED (mo./day/yr.)	Individual Business Other	Lending Institution PAC	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Interest	R P.O. BOX, E, AND ZIP)	(INCLUDE FULL NAME)
		T SOURCE CK ONE)	RECEIP1	COMPLETE THIS BLOCK IF RECEIPT	RM	유공	ADDRESS	SOURCE OF RECEIPT

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 2 1 July



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

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SOO	8-8-12	1 1300					~ ~ ~				MOD OFFICE PARK DR. Suite 310 Bhom 35223	J.H. RANCH
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Food Fundraising	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		PRE) NDIT	ONE)	OSE OF E		PUR					