

Print Form

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MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED IN OFFICE  
PROBATE COURT  
FEB 01 2016  
ALAN L. KING  
Judge of Probate  
E.O.D.

MAY 11 2016  
James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>GARY IVEY</b>	Political Party/Ballot Affiliation
Office Sought or Held (Include district or circuit number, if applicable) <b>MAYOR</b>	
Address <input type="checkbox"/> Check box if reporting new address <b>709 Crested Fern Ln</b>	
City <b>HOOVER</b>	State <b>AL</b>
ZIP Code <b>35244</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

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>47487.30</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		
<b>In-Kind Contributions</b>				
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		
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>100,000</b>	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		
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		<b>147,487.30</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.

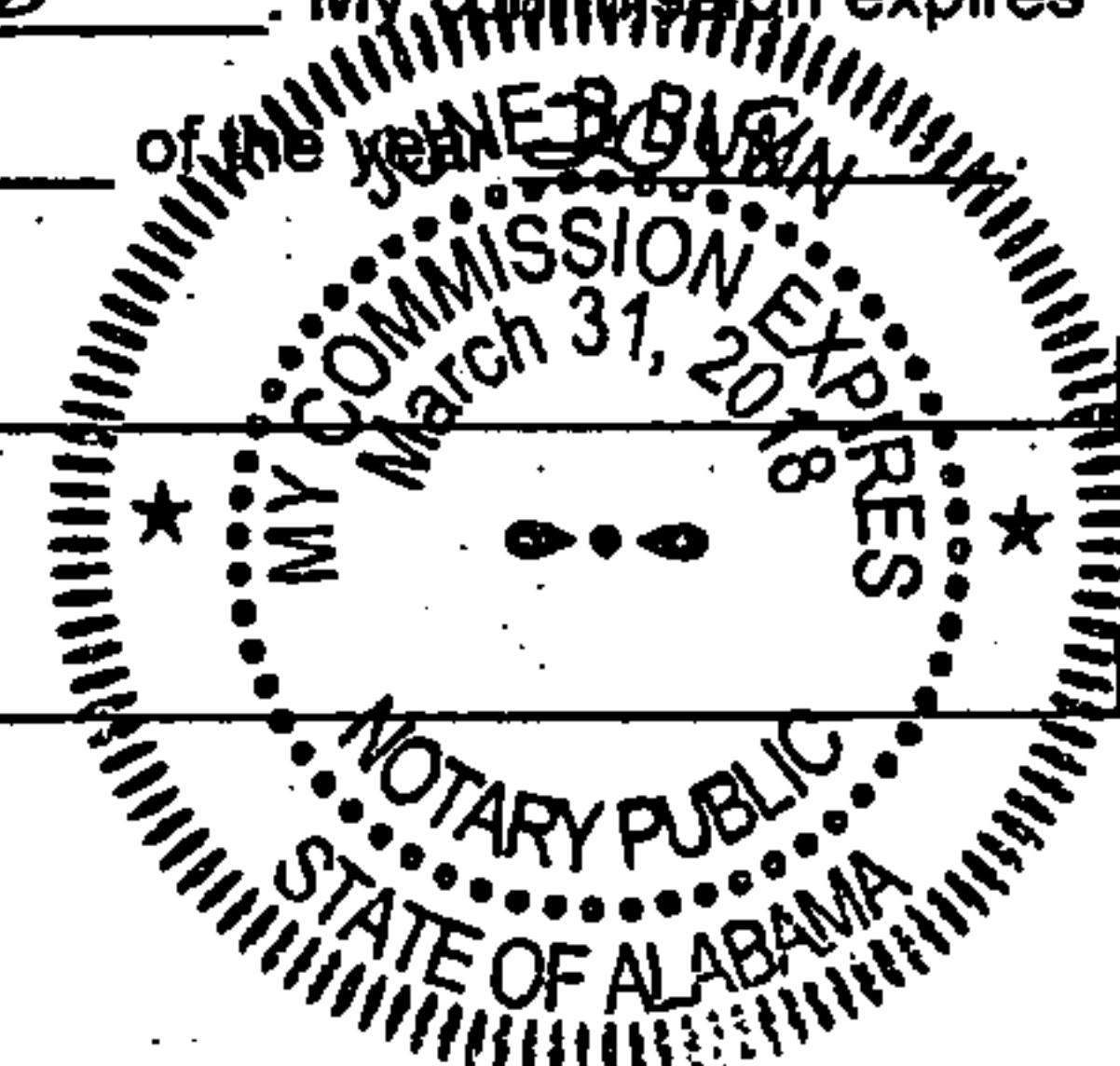
Signature of Candidate or Elected Official

Date  
**1-28-16**

Sworn to and subscribed before me this **28** day of **January** of the year **2016**. My commission expires the **31** day of **March** of the year **2018**.

Signature of Notary Public  
**June B. Bunn**

Print Notary's Name  
**June B. Bunn**



FORM REVISED 10.27.2011



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Shelby Cnty Judge of Probate, AL  
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

**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 <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)</small>	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
GARY IVEY	709 Crested Fern La Hoover 35244		X								1-28-16	100,000
TOTAL RECEIPTS THIS PAGE												

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