

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

RECEIVED

MAY 11 2016

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

|                                                                                                   |                                    |
|---------------------------------------------------------------------------------------------------|------------------------------------|
| Name of Candidate or Elected Official<br><b>Gary Ivey</b>                                         | Political Party/Ballot Affiliation |
| Office Sought or Held (Include district or circuit number, if applicable)<br><b>Mayor</b>         |                                    |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>709 Crested Fern Ln</b> |                                    |
| City<br><b>Hoover</b>                                                                             | State<br><b>AL</b>                 |
| ZIP Code<br><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.

**Feb.**

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>147,487.30</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>0.00</b>       |
| <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 |   |                   |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b |   |                   |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c |   | <b>0.00</b>       |
| <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 |   | <b>0.00</b>       |
| 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

**3-18-16**

Sworn to and subscribed before me this **18th** day of **March** of the year **2016**. My commission expires the **1st** day of **July** of the year **2017**.

Signature of Notary Public

**Thomas P. Strickland**

Print Notary's Name

FORM REVISED 10.27.2011



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Shelby Cnty Judge of Probate, AL  
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