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Shelby Cnty Judge of Probate, AL
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ONLY

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED IN OFFICE
PROBATE COURT

AUG 01 2016

ALAN L. KING
Judge of Probate

E.O.D.

Please Print in Ink or Type.

Name of Candidate or Elected Official Gene Smith		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 2			
Address <input type="checkbox"/> Check box if reporting new address 1080 Magnolia Run			
City Hoover	State Al.	ZIP Code 35226	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, 2016

For Weekly Reports
Date of Friday in the
week in which the
report is filed.

Total Number of
Pages in Report

Five

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$ 0.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$ 5,000.00
2b	Non-Itemized cash contributions	2b	None
2c	Total cash contributions (add lines 2a and 2b)	2c	\$ 5,000.00
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	\$ 1250.00
5b	Non-itemized expenditures	5b	None
5c	Total expenditures (add lines 5a and 5b)	5c	\$ 1250.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$ 3750.00

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.

Gene Smith
Signature of Candidate or Elected Official

7-29-16
Date

Sworn to and subscribed before me this **29** day of
July of the year **2016**. My commission expires
the **15** day of **Sept** of the year **2019**.

Marilyn J. Crumbley
Signature of Notary Public

Marilyn J. Crumbley
Print Notary's Name

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official

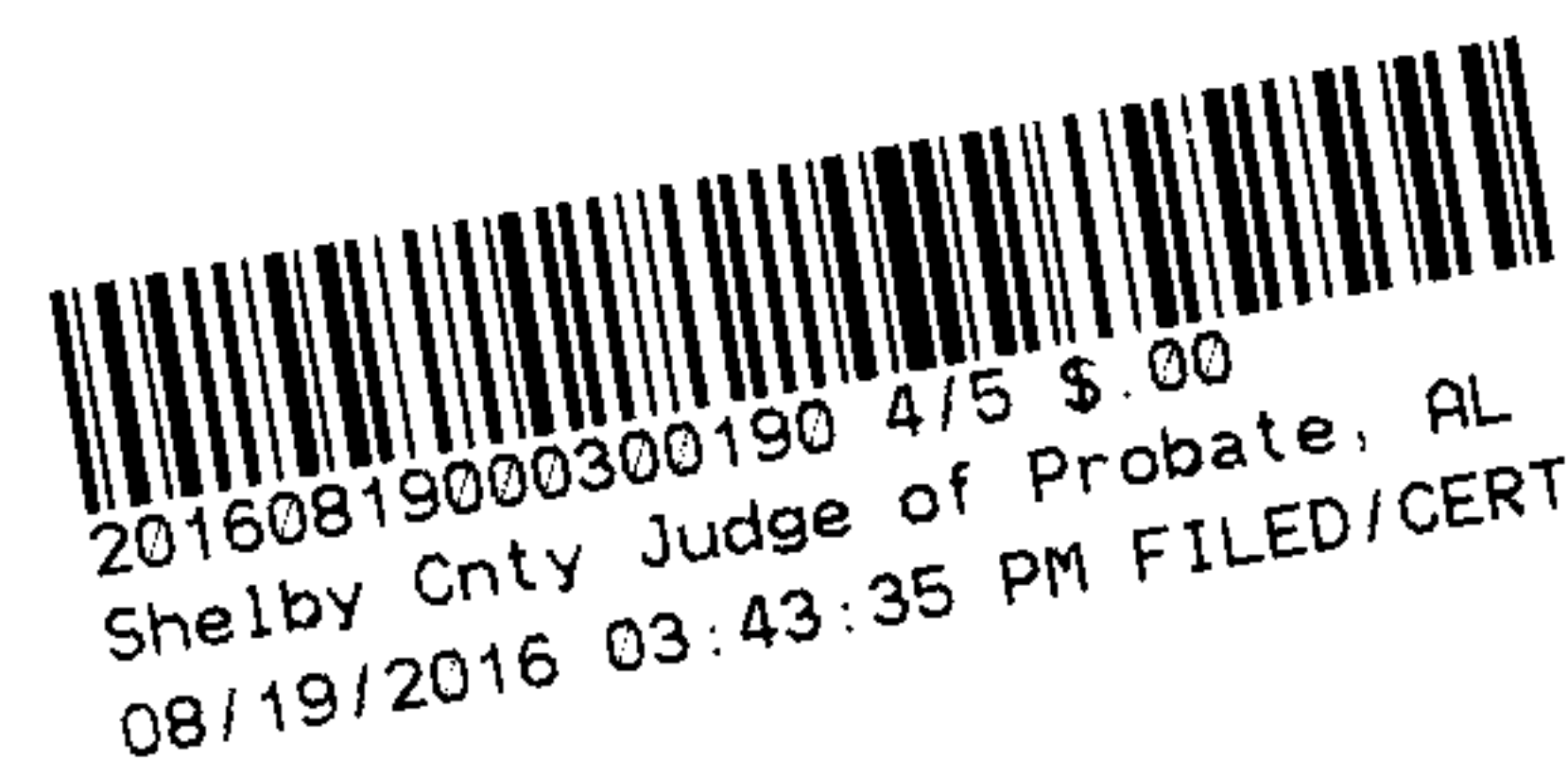


NAME OF CANDIDATE OR ELECTED OFFICIAL: Gene Smith Hoover City Council Place 2

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															None		

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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: Gene Smith Hoover City Council Place 2



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		
Bell Media	5027 Mercer Street Montgomery, Al. 36116		X									7-27-16	\$1250.00
TOTAL EXPENDITURES THIS PAGE													\$1250.00

FORM REVISED 9.2.2011

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