

Print Form

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
 STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160822000301400 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/22/2016 09:48:35 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Joseph Boyd Rives, III		Political Party/Ballot Affiliation	
Office Sought or Held (Include district or circuit number, if applicable) Hoover City Council Member, Place 1			
Address <input type="checkbox"/> Check box if reporting new address 3404 Wellford Circle			
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.

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

Total Number of Pages in Report

[Empty Box]
8/12/2016
5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 -1,445.41
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a -0-	
2b	Non-itemized cash contributions	2b -0-	
2c	Total cash contributions (add lines 2a and 2b)		2c -0-
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a -0-	
3b	Non-itemized in-kind contributions	3b -0-	
3c	Total in-kind contributions (add lines 3a and 3b)	3c -0-	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a -0-	
4b	Non-Itemized Receipts from Other Sources	4b -0-	
4c	Total receipts from other sources (add lines 4a and 4b)		4c -0-
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a -0-	
5b	Non-itemized expenditures	5b -0-	
5c	Total expenditures (add lines 5a and 5b)		5c 0-
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 -1,445.41

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.

Sworn to and subscribed before me this 15 day of August of the year 2016. My commission expires the 20 day of May of the year 2019.

Joseph Boyd Rives, III
 Signature of Candidate or Elected Official 8/15/16
 Date

Lisa N. Lindsey
 Signature of Notary Public
 Notary Public, Alabama
 My Commission Expires May 20, 2019
 Print Notary Name: Lisa N. Lindsey
 ALABAMA STATE AT LARGE

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: Joseph Boyd Rives, III



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					
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															- 0 -	

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