

ANNUAL

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMAFILED IN OFFICE
PROBATE COURT

SEP 01 2016

Judge of Probate

E.O.

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY

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Shelby Cnty Judge of Probate AL
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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]

Calendar Year
covered by this report.**2016**☐ Amended Annual Report☒ Termination ReportTotal Pages in Report
Include this page in
your count.**Five**

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	None
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	None	
2b	Non-itemized cash contributions	2b	None	
2c	Total cash contributions (add lines 2a and 2b)	2c	None	
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	Total itemized receipts from other sources (total from Form 4)	4a	None	
4b	Total non-itemized receipts from other sources	4b	None	
4c	Total itemized receipts from other sources (add lines 4a and 4b)	4c	None	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	None	
5b	Non-itemized expenditures	5b	None	
5c	Total expenditures (add lines 5a and 5b)	5c	None	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	None	

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	None
8	Total cash contributions for year	8	\$57,902.03
9	Total in-kind contributions for year	9	None
10	Total receipts from other sources for year	10	None
11	Total expenditures for year	11	\$57,902.03
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	None
13	Total campaign debt (total debt owed as of December 31)	13	

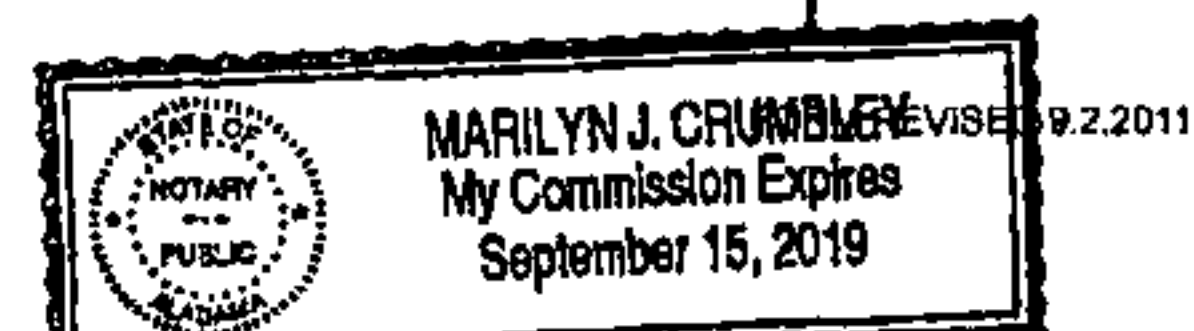
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

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

Gene Smith
Signature of Candidate or Elected Official

8-29-16
Date

Marilyn J. Crumley
Signature of Notary Public
Marilyn J Crumley
Print Notary's Name





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

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

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
None	N/A						N/A	None
TOTAL CASH CONTRIBUTIONS THIS PAGE								None



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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	None	
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 4: Receipts from Other Sources loans, interest, and other sources of incomeNAME 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 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 [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
None	N/A				N/A						N/A	None
FORM REVISED 9.2.2011		TOTAL RECEIPTS 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 officialNAME 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		
None	N/A										N/A	N/A	None
TOTAL EXPENDITURES THIS PAGE													None