



FAIR CAMPAIGN PRACTICES  
STATE OF ALABAMA

20200728000313750 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
07/28/2020 09:04:27 AM FILED/CERT

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040  
Inst. # 2020042571 Pages: 1 of 6  
I certify this instrument filed on  
5/4/2020 11:21 AM Doc: ELANN  
Alan L. King, Judge of Probate  
Jefferson County, AL.

Clerk: PEEPLESC

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

|                                                                                                     |                  |                                    |                                |
|-----------------------------------------------------------------------------------------------------|------------------|------------------------------------|--------------------------------|
| Name of Candidate or Elected Official<br>H.E. "Gene" Smith III                                      |                  | Political Party/Ballot Affiliation |                                |
| Office Sought or Held (include district or circuit number, if applicable)<br>Mayor - City of Hoover |                  |                                    |                                |
| Address <input type="checkbox"/> Check box if reporting new address<br>1080 Magnolia Run            |                  |                                    |                                |
| City<br>Hoover                                                                                      | State<br>Alabama | ZIP Code<br>35226                  | Telephone Number<br>[REDACTED] |

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month for which the report is filed.

March, 2020

For Weekly Reports

Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

Six (6)

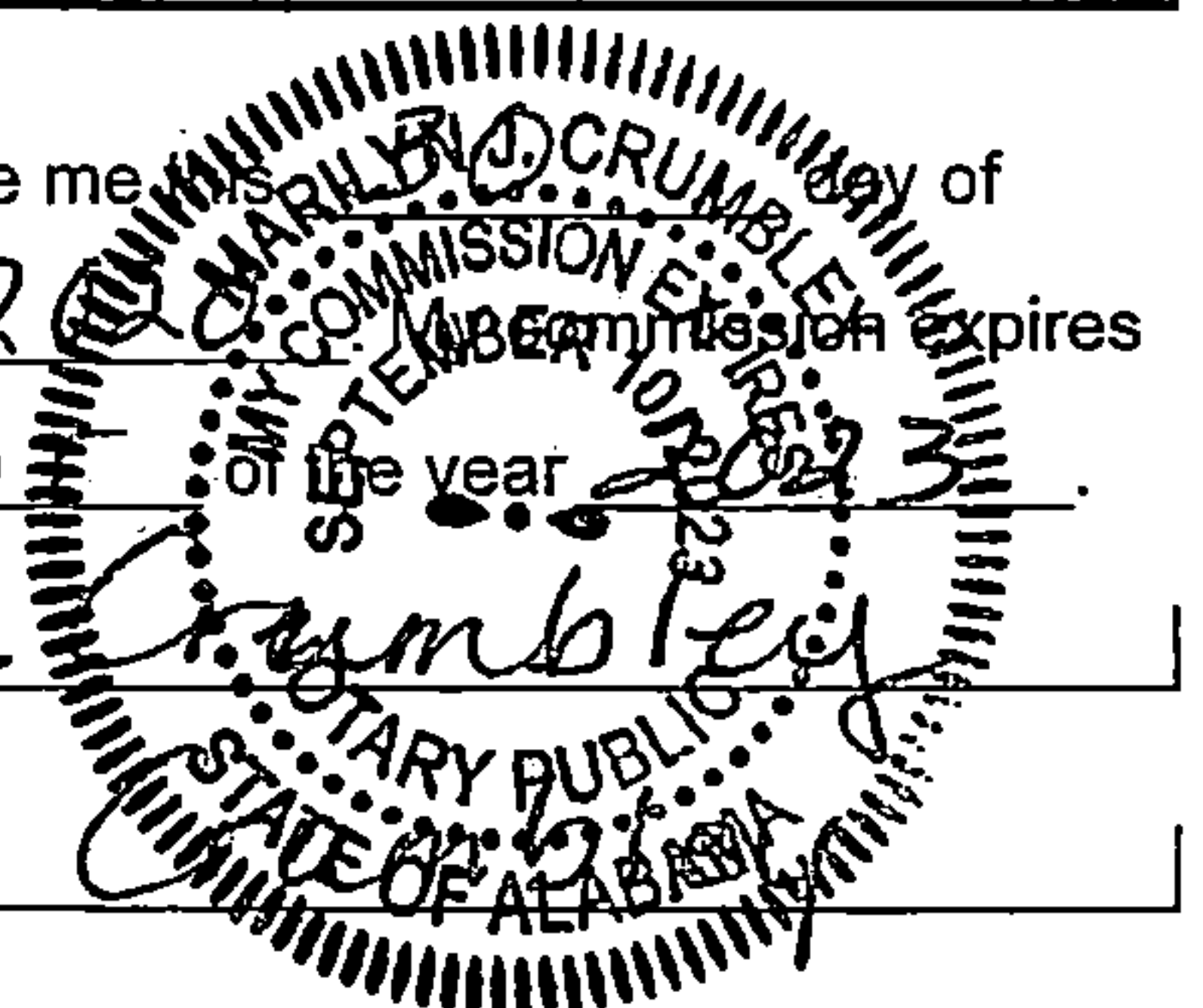
## Summary of activity since last filed report

|                                       |                                                               |    |           |
|---------------------------------------|---------------------------------------------------------------|----|-----------|
| 1                                     | Beginning balance (ending balance from previous filing)       | 1  | 13062.69  |
| <b>Cash Contributions</b>             |                                                               |    |           |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a | 3,000.00  |
| 2b                                    | Non-itemized cash contributions                               | 2b | 0.00      |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c | 3,000.00  |
| <b>In-Kind Contributions</b>          |                                                               |    |           |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a | 0.00      |
| 3b                                    | Non-itemized in-kind contributions                            | 3b | 0.00      |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c | 0.00      |
| <b>Receipts from Other Sources</b>    |                                                               |    |           |
| 4a                                    | Itemized Receipts from Other Sources (total from Form 4)      | 4a | 0.00      |
| 4b                                    | Non-itemized Receipts from Other Sources                      | 4b | 0.00      |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)       | 4c | 0.00      |
| <b>Expenditures</b>                   |                                                               |    |           |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a | 12,673.75 |
| 5b                                    | Non-itemized expenditures                                     | 5b | 0.00      |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c | 12673.75  |
| <b>Expenditures on Line of Credit</b> |                                                               |    |           |
| 6a                                    | Itemized expenditures (total from Form 6)                     | 6a | 0.00      |
| 6b                                    | Non-itemized expenditures                                     | 6b | 0.00      |
| 6c                                    | Total expenditures on credit (add lines 6a and 6b)            | 6c | 0.00      |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7  | 3388.94   |

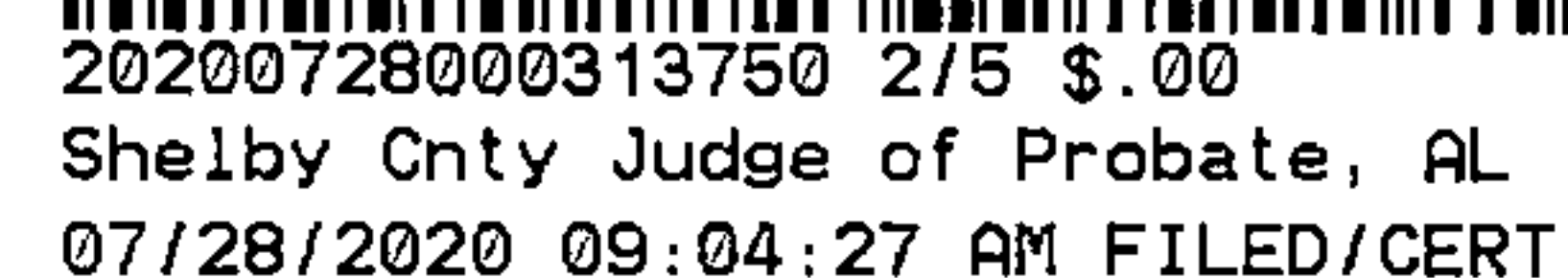
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures,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

Signature of Candidate or Elected Official \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this March of the year 2020  
the 10 day of Sep of the year 2020  
Signature of Notary Public Marilyn J. Crumbley  
Print Notary's Name Marilyn J. Crumbley







## FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: H.E. "Gene" Smith III

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

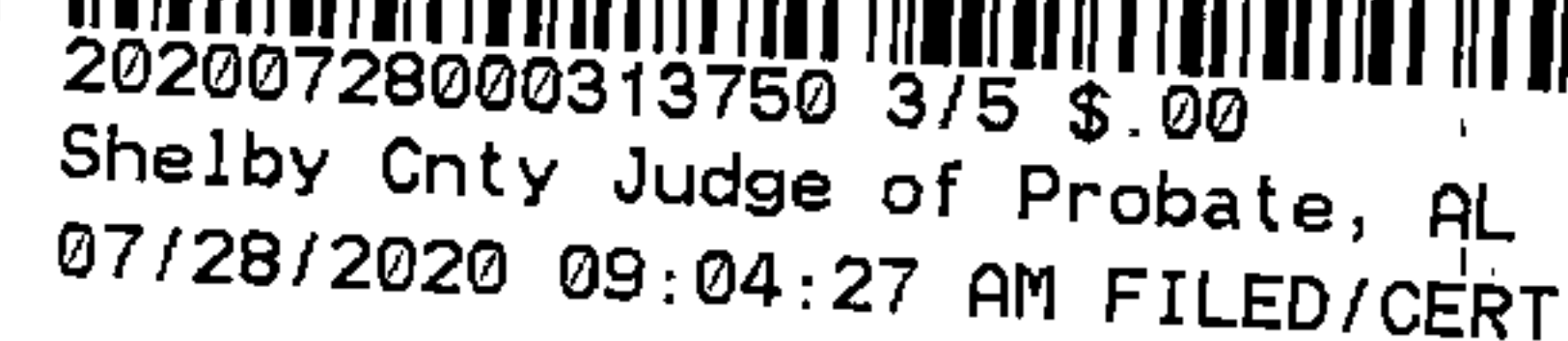
**DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for these listings.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          |            | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------|-----|-------|----------|------------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Business or<br>Corporation               | Individual | PAC | Other | Returned |            |                                                   |                              |
| Mike Payne                         | 3524 Shandwick Place<br>Birmingham, Alabama 35242                               |                                          | ✓          |     |       |          | 03-09-2020 | 500.00                                            |                              |
| Centennial Homes, LLC              | 847 Bishops Court<br>Birmingham, Alabama 35242                                  | ✓                                        |            |     |       |          | 03-09-2020 | 2,500.00                                          |                              |
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FORM REVISED 10.27.2011





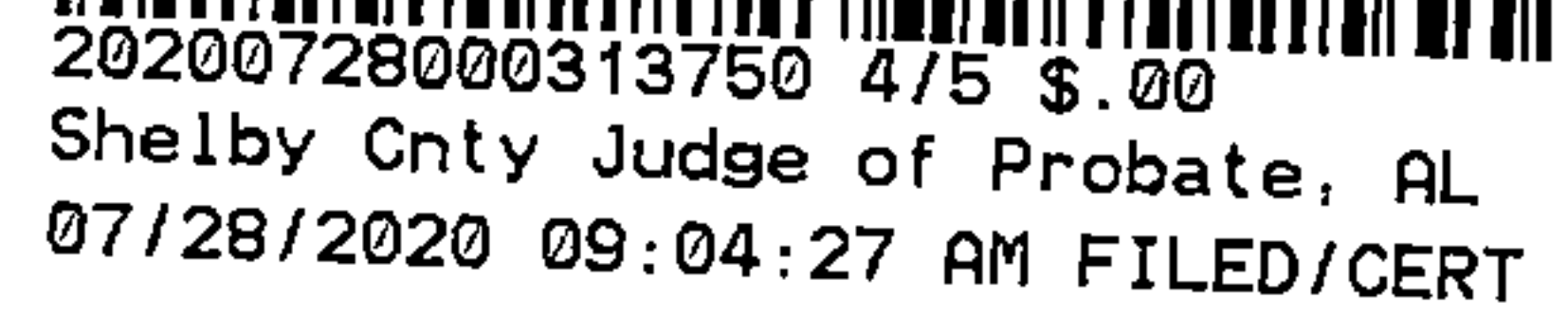
## FORM 3: In-Kind Contributions received by candidate or elected official



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 loans on this form. Use Forms 2 and 4 for those listings.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) |  | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       |     | DATE CONTRIBUTION RECEIVED<br>(mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|------------------------------------|--|------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|-----|---------------------------------------------|------------------------|
|                                    |  |                                                                              | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |     |                                             |                        |
| None                               |  | N/A                                                                          |                                       |             |                         |           |      |      |                |       |                          |            |     |       | N/A | 0.00                                        |                        |
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|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |
|                                    |  |                                                                              |                                       |             |                         |           |      |      |                |       |                          |            |     |       |     |                                             |                        |





## FORM 4: Receipts from Other Sources

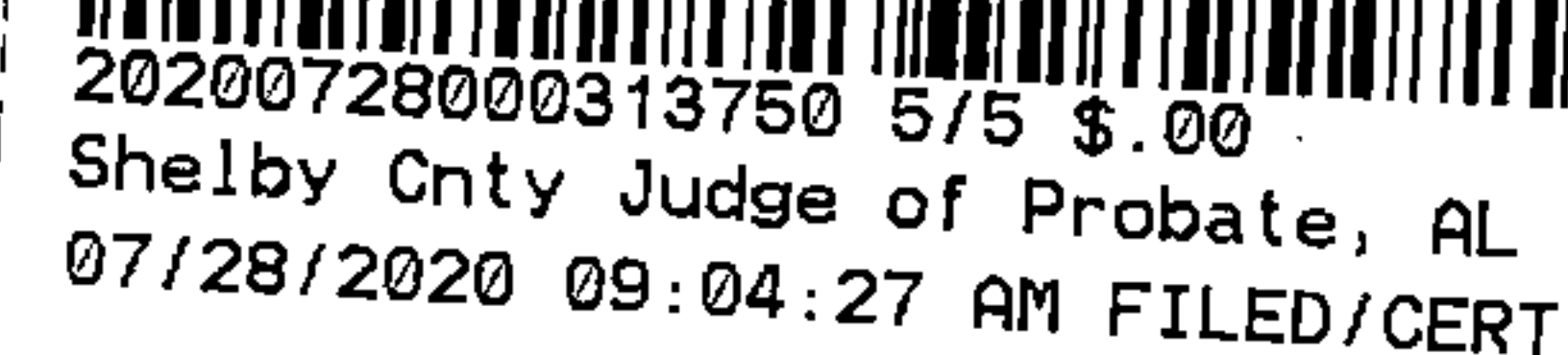
**NAME OF CANDIDATE OR ELECTED OFFICIAL:** H.E. "Gene" Smith III



**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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.**

| SOURCE OF RECEIPT<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE<br>(CHECK ONE) |     |            |          |       | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |
|------------------------------------------|------------------------------------------------------------------------------|-----------------|------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----|------------|----------|-------|--------------------------------|-------------------|
|                                          |                                                                              | Interest        | Loan | Other |                                                                                                                                                                  | Lending Institution           | PAC | Individual | Business | Other |                                |                   |
| None                                     | N/A                                                                          |                 |      |       | N/A                                                                                                                                                              |                               |     |            |          |       | N/A                            | 0.00              |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       |                                |                   |
| TOTAL RECEIPTS THIS PAGE                 |                                                                              |                 |      |       |                                                                                                                                                                  |                               |     |            |          |       | 0.00                           |                   |





## FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: H.E. "Gene" Smith III



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]