


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Campaign Fi SUMMARY FORM 1



20200814000351860 1/6 \$.00  
Shelby Cnty Judge of Probate, AL  
08/14/2020 11:30:21 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

Please Print in Ink or Type.

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

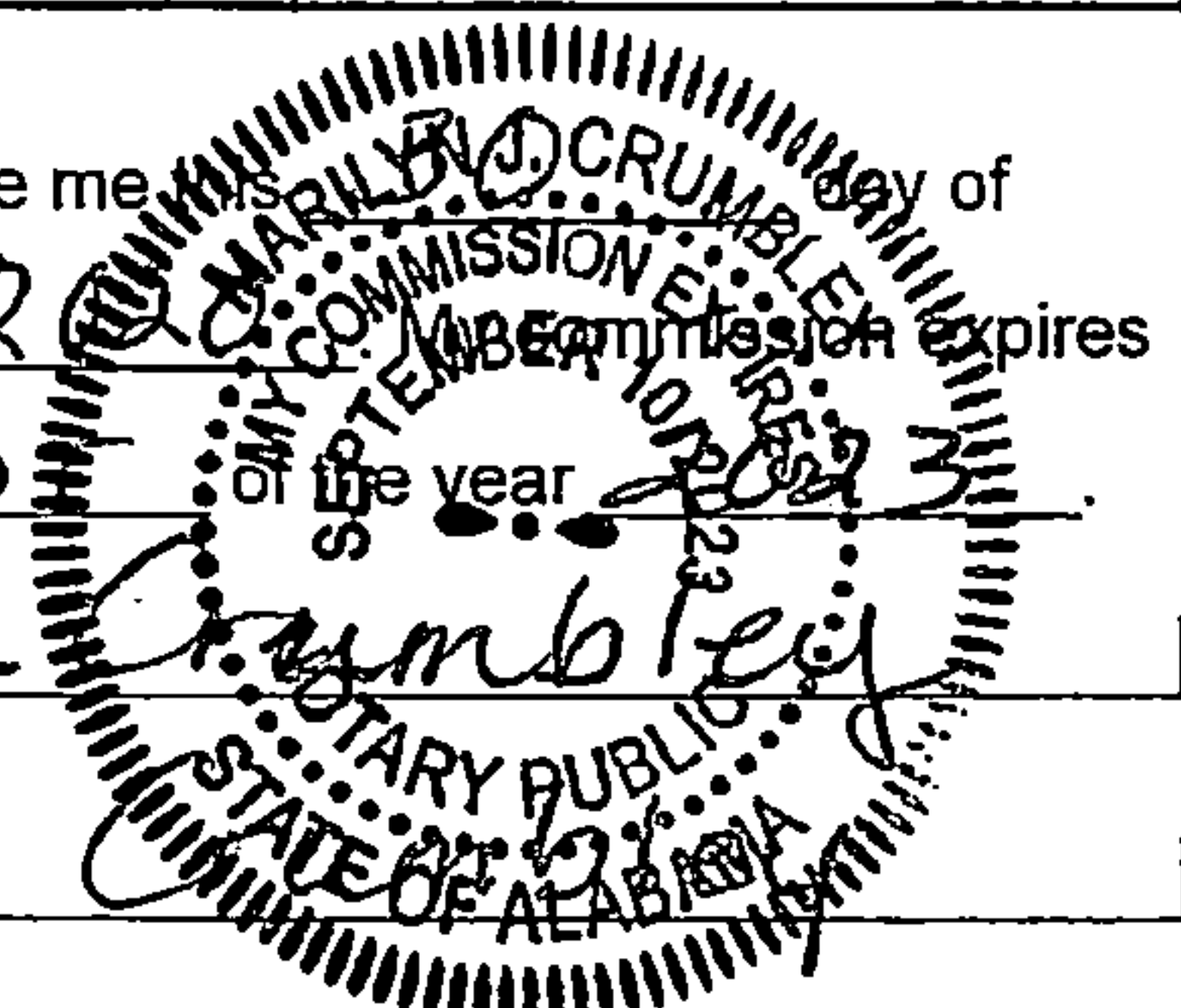
1	Beginning balance (ending balance from previous filing)	1	13062.69
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	3,000.00
2b	Non-itemized cash contributions	2b	0.00
2c	Total cash contributions (add lines 2a and 2b)	2c	3,000.00
<b>In-Kind Contributions</b>			
3a	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

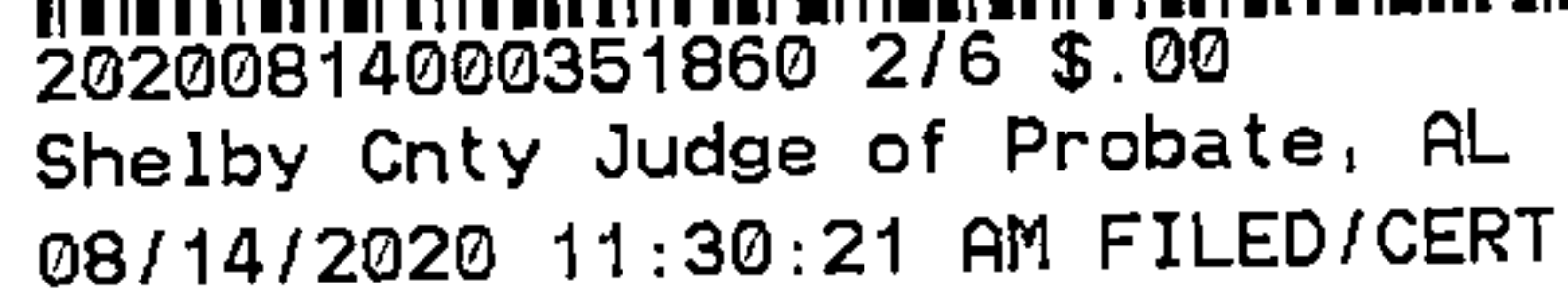
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures,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

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

Sworn to and subscribed before me on March of the year 2020  
the 10 day of Sep of the year 2020

Signature of Notary Public \_\_\_\_\_  
Print Notary's Name Marilyn J. Crumbley

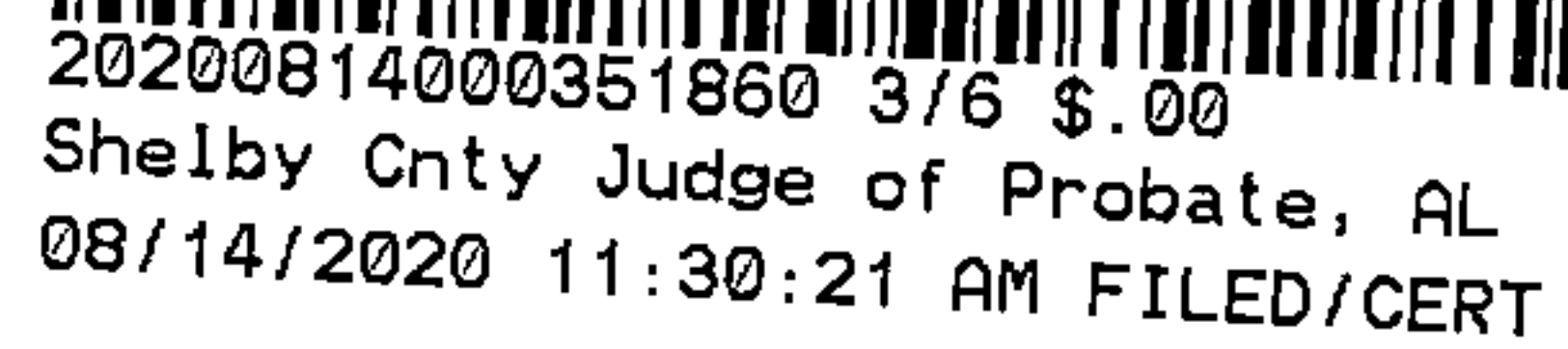




NAME OF CANDIDATE OR ELECTED OFFICIAL: H.E. "Gene" Smith III

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.

[illegible]



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

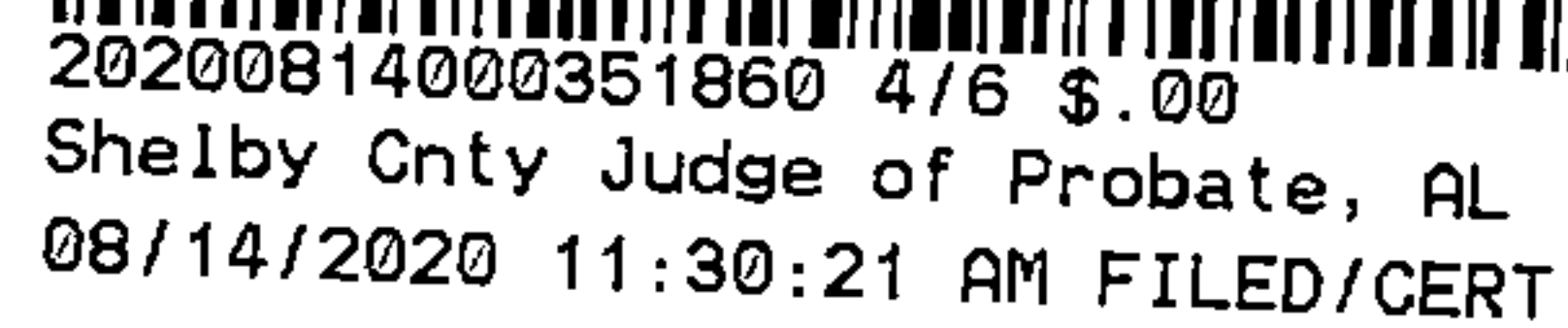
NAME OF CANDIDATE OR ELECTED OFFICIAL: H.E. "Gene" Smith III



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.  
DO NOT LIST 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	0.00	
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															0.00	





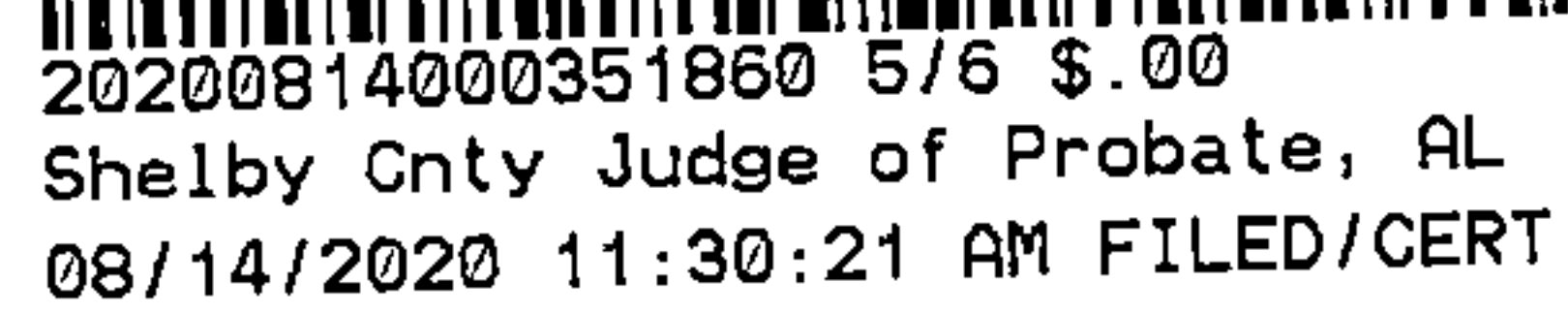
**FORM 4: Receipts from Other Sources** loans, interest, and other sources of income

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.

[illegible]



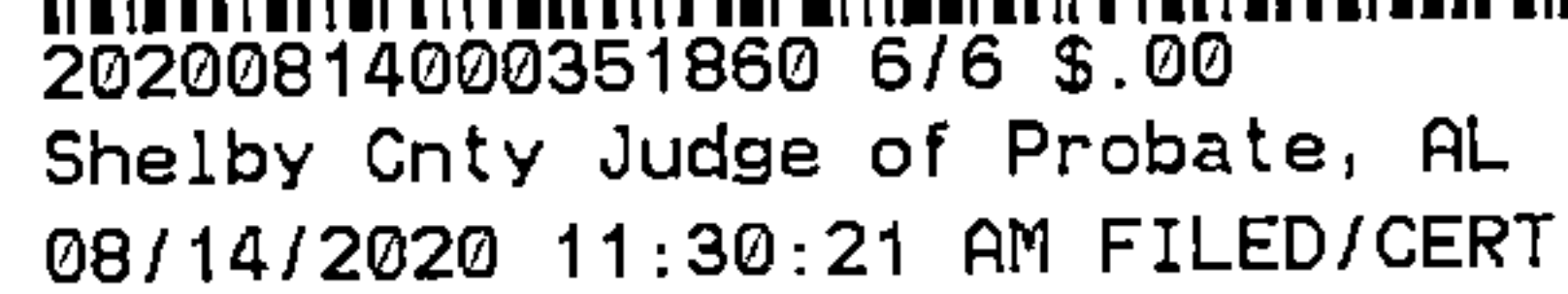
## FORM 5: Expenditures by candidate or elected official

**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]



## FORM 6: Expenditures On Line of Credit by candidate or elected official

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



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	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
None	N/A										N/A	N/A	0.00
TOTAL EXPENDITURES THIS PAGE												0.00	