



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

FILED

JAN 30 2019

SCOTT W. HASSELL
JUDGE OF PROBATE

**Waiver of Report
FOR CANDIDATES
(OPTIONAL FORM)**

Please Print in Ink or Type.

| | | | |
|--|--------------------|------------------------------------|---|
| Name of Candidate Virginia A Smith | | Political Party/Ballot Affiliation | |
| Office Sought (include district or circuit number, if applicable) Council District 4 | | | |
| Address <input type="checkbox"/> Check box if reporting new address 649 TAFT Ave | | | |
| City Attalla | State Al | ZIP Code 35954 | Telephone Number 256-538-7069 |

Type of Report (check one)

| | |
|---|--|
| <input type="checkbox"/> Monthly Report Month in which the report is filed. | |
| <input type="checkbox"/> Weekly Report Date of Friday in the week in which the report is filed. | |
| <input checked="" type="checkbox"/> Annual Report Calendar year covered by this report. | |

This form is not for use by principal campaign committees for elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing thresholds are as follows:

- ▶ \$25,000 - candidates for state offices
- ▶ \$10,000 - candidates for State Senate
- ▶ \$5,000 - candidates for State House of Representatives
- ▶ \$5,000 - candidates for district or circuit offices
- ▶ \$1,000 - candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This **OPTIONAL** form gives notice that no contribution or expenditure report will be submitted.

Virginia Smith | 1/30/19
Signature of Candidate | Date



This Form May Be Completed Online at www.ethics.alabama.gov

ALABAMA ETHICS COMMISSION - 334.242.2997

100 N. Union Street, Suite 104 (RSA Union) 36104 - P O Box 302300, Montgomery, AL 36130-2300

STATEMENT OF ECONOMIC INTERESTS

Instructions are available on our website.

FOR 2018 CALENDAR YEAR-TO BE FILED NO LATER THAN April 30, 2019, **EXCEPT FOR CANDIDATES**, who must file **SIMULTANEOUSLY** with the Ethics Commission on the date(or before)qualifying papers are filed as required by Section 36-25-15, Code of Alabama, 1975.

| | | | |
|---|--|--|--|
| Candidate Information Are you a Candidate <u>YES</u> NO For Public Office? Please Circle For Office In _____ State _____ County _____ Please Check <u>X</u> City _____ For Office Of <u>Council Member</u> <u>Dist 4</u> | | Law Enforcement Information Are you in Law Enforcement? YES NO Please Circle _____ Judge - Any Level _____ District Attorney/Asst or Deputy DA/DA Investigator _____ Attorney General/AG Attorney, Special Agent/Investigator _____ POST Certified Law Enforcement Officers | |
|---|--|--|--|

01. Full Name, Home Address and Telephone Number of Filing Person:

Smith Virginia A
 LAST FIRST MIDDLE SUFFIX NICKNAME
649 TRFT Ave Attalla Al 35954 Etowah 256-538-7069
 STREET PO BOX CITY ZIP COUNTY BUSINESS PHONE

PLEASE FILL IN THE BLANKS AND CIRCLE ANSWERS AS APPROPRIATE

02. Last year, I was an (elected official) (appointed official) (employee) with the (State) (County) (Municipality) and the NAME and ADDRESS of my (department) (office) (agency) (board) (College) (County) (Municipality) (Commission) was

City of Attalla 612 4th St NW Attalla Al 35954

02.1 As an (elected) appointed/employee last year, my Job Title/Position was Council Member District 4

02.2 Last year, the name(s) of the (State) (County) (Municipal) Boards, Commissions, Committees, Authorities, Councils of which I was a Member was/were Attalla City Council

02.3 Last year in the above public position(s) in 02. thru 02.2, I earned: [\$0-\$1,000] (\$1,000-\$10,000) [More than \$10,000]

03. Other than my public position(s) in 02. thru 02.2, my and/or my spouse's occupation(s) or business(es) last year to which 1/3 or more of working time was spent was/ were N/A

03.1 The NAME and ADDRESS of my employer listed in 03. above was N/A

03.2 I was SELF-EMPLOYED last year and the NAME and ADDRESS of my business was N/A
N/A

03.3 From the Occupations or Businesses listed in 03. 1, My Spouse and/ or Dependents earned *last year* an aggregate of
[\$0 - \$1,000] N/A [\$1,000 - \$10,000] N/A [More than \$10,000] N/A

03.4 Last year, [I], [My Spouse], [Dependents] owned 5% or more of the stock in the firm(s) listed in 03.1 and/or 3.2 N/A

03.5 Last year, [I], [My Spouse], [Dependents] was a CONSULTANT and earned more than \$1,000 from each firm listed in 03.1 and/or 3.2 N/A

03.6 Last year, [I], [My Spouse], [Dependents] served as an [Officer] [Director] [Trustee] of the firm(s) listed in 03.1 and/or 3.2 N/A

04. INFORMATION ON FAMILY MEMBERS

Deceased

SPOUSE - Name, Address, Employer or Business Name

NONE

DEPENDENT CHILDREN - Name(s), Address and Any Employment

Lisa Patterson & Melanie Bartlett

LIVING ADULT CHILDREN - Name(s) Only

NONE

LIVING PARENTS - Name(s) Only (No Maiden Names)

Jimmy Clive, Kay Mitchell, Benny Clive, Deborah Bennett, Randall Clive

LIVING SIBLINGS - Name(s) Only (No Maiden Names)

NONE

LIVING PARENTS OF SPOUSE - Name(s) Only (No Maiden Names)

05. OTHER INCOME INFORMATION FOR YOU, YOUR SPOUSE AND DEPENDENT CHILDREN

| OTHER HOUSEHOLD INCOME: not reported in 03.-03.6. Provide the name(s) of each SOURCE(s) of income | TYPE OF INCOME RECEIVED: Salary, Fees, Dividends, Profits, Commissions, Bank Interest, Other Compensation | Check Appropriate Box | | | | | |
|---|--|-----------------------|---------------------|----------------------|-----------------------|------------------------|---------------------|
| | | Less than \$1,000 | \$1,000 to \$10,000 | \$10,000 to \$50,000 | \$50,000 to \$150,000 | \$150,000 to \$250,000 | More than \$250,000 |
| SOURCE OF INCOME | TYPE OF INCOME | | | | | | |
| 1 Social Sec. | Social Sec | | | X | | | |
| 2 Council Position | Salary | | X | | | | |
| 3 LTV | Pension | | X | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

Please Circle Applicable Response:

05.1 Last year, did you earn more than \$5,000 as an: Officer Director Trustee Consultant N/A

05.2 Last year, did you earn more than \$1,000 but less than \$5,000 as an: Officer Director Trustee Consultant N/A

05.3 Last year, did YOU, YOUR SPOUSE or DEPENDENTS serve as an: Officer Director Trustee Consultant N/A

05.4 Name any business or subsidiary thereof in which YOU, YOUR SPOUSE, or DEPENDENTS, jointly or severally, owned 5% or more of the stock or in which YOU, YOUR SPOUSE or DEPENDENTS served as an OFFICER, DIRECTOR, TRUSTEE or CONSULTANT where the service provides income of at least \$1,000 and less than \$5,000; or at least \$5,000 or more for the reporting period.

N/A

06. REAL ESTATE HOLDINGS - DO NOT INCLUDE HOMESTEAD

*****TO BE COMPLETED ONLY BY ELECTED OFFICIALS, APPOINTED OFFICIALS AND ALL CANDIDATES*****

06.1 Did YOU, YOUR SPOUSE or DEPENDENTS own real estate for investment or revenue production last year?

 X NO

 YES

If YES, list each property below and provide requested information.

06.2 Did YOU, YOUR SPOUSE, DEPENDENTS or A BUSINESS WITH WHICH YOU ARE ASSOCIATED receive rent or lease income from ANY GOVERNMENTAL AGENCY IN ALABAMA last year?

 X NO

 YES

If YES, specific details of the lease or rent agreement shall be filed with the Alabama Ethics Commission.

| Location of Real Estate | What is the Fair Market Value? | | | | | What is the Annual Gross Rent/Lease Income | | | |
|-------------------------|--------------------------------|--------------------|-----------------------|------------------------|------------------------|--|--------------------|---------------------------------|------------------|
| | City, County, State | Less than \$50,000 | \$50,000 to \$100,000 | \$100,000 to \$150,000 | \$150,000 to \$250,000 | More than \$250,000 | Less than \$10,000 | \$10,000 but less than \$50,000 | \$50,000 or more |
| | | | | | | | | | |
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Add Additional Sheets As Necessary

07. INDEBTEDNESS INFORMATION: Report debts owed to all businesses operating in Alabama** as of December 31 of the reporting year. Include debts for YOU, YOUR SPOUSE and DEPENDENT CHILDREN.

**Doing Business in Alabama, regardless of where the home office is located or where you mail your payment.

DO NOT INCLUDE indebtedness associated with HOMESTEAD - the home in which you live.

Provide ACTUAL Number of Debts and Check Corresponding COMBINED Dollar Amount.

DO NOT list Debtor's Names or Accounts Numbers.

| | INDEBTEDNESS TYPE | How MANY do you OWE? NUMBER | How MUCH do you OWE? Check Box That Reflects Combined Total Owed | | | | | |
|------|--|--------------------------------|---|----------------------|-----------------------|------------------------|------------------------|---------------------|
| | | | Less than \$25,000 | \$25,000 to \$50,000 | \$50,000 to \$100,000 | \$100,000 to \$150,000 | \$150,000 to \$250,000 | More than \$250,000 |
| 07.1 | BANKS Include Credit Cards | | | | | | | |
| 07.2 | CREDIT UNIONS and SAVINGS and LOAN ASSOCIATIONS Include Credit Cards | | | | | | | |
| 07.3 | INSURANCE COMPANIES | | | | | | | |
| 07.4 | MORTGAGE FIRMS | 1 | | X | | | | |
| 07.5 | STOCKBROKERS or BOND FIRMS | | | | | | | |
| 07.6 | INDIVIDUALS or OTHER BUSINESSES Include Store Credit Cards | 4 | X | | | | | |
| 07.7 | STUDENT LOANS | | | | | | | |

08. **PROFESSIONAL OR CONSULTING SERVICES:** Complete this Section **ONLY** if YOU or YOUR SPOUSE received income *last year* in return for professional or consulting activities.

State the NUMBER OF CLIENTS and CHECK Corresponding Income and/or Retainer Income.



Check if No Income was received for Professional or Consulting Services for the Categories of Clients shown below

| | Categories of Clients | Number of Clients | Annual Gross Income During Reporting Year | | | | | | | Anticipated Annual Retainer Income | | | |
|------|----------------------------|-------------------|---|---------------------|----------------------|----------------------|-----------------------|------------------------|------------------------|------------------------------------|-------------------|--------------------|-------------------|
| | | | Less than \$1,000 | \$1,000 to \$10,000 | \$10,000 to \$25,000 | \$25,000 to \$50,000 | \$50,000 to \$100,000 | \$100,000 to \$150,000 | \$150,000 to \$250,000 | More than \$250,000 | Less than \$1,000 | \$1,000 to \$5,000 | More than \$5,000 |
| 08.1 | UTILITIES | | | | | | | | | | | | |
| | Electric | | | | | | | | | | | | |
| | Gas | | | | | | | | | | | | |
| | Telephone | | | | | | | | | | | | |
| | Water | | | | | | | | | | | | |
| | Cable Television Companies | | | | | | | | | | | | |
| 08.2 | TRANSPORTATION | | | | | | | | | | | | |
| | Intrastate Companies | | | | | | | | | | | | |
| | Pipeline Companies | | | | | | | | | | | | |
| | Oil Exploration | | | | | | | | | | | | |
| | Gas Exploration | | | | | | | | | | | | |
| | Oil and Gas Retailers | | | | | | | | | | | | |

| | Categories of Clients | Number of Clients | Annual Gross Income During Reporting Year | | | | | | | Anticipated Annual Retainer Income | | | |
|------|--------------------------------|-------------------|---|---------------------|----------------------|----------------------|-----------------------|------------------------|------------------------|------------------------------------|-------------------|--------------------|-------------------|
| | | | Less than \$1,000 | \$1,000 to \$10,000 | \$10,000 to \$25,000 | \$25,000 to \$50,000 | \$50,000 to \$100,000 | \$100,000 to \$150,000 | \$150,000 to \$250,000 | More than \$250,000 | Less than \$1,000 | \$1,000 to \$5,000 | More than \$5,000 |
| 08.3 | FINANCE & INSURANCE | | | | | | | | | | | | |
| | Banks | | | | | | | | | | | | |
| | Savings & Loan Associations | | | | | | | | | | | | |
| | Loan or Finance Companies | | | | | | | | | | | | |
| | Manufacturing Firms | | | | | | | | | | | | |
| | Mining Companies | | | | | | | | | | | | |
| | Life Insurance Companies | | | | | | | | | | | | |
| | Casualty Insurance Co. | | | | | | | | | | | | |
| | Other Insurance Companies | | | | | | | | | | | | |
| | Retail Companies | | | | | | | | | | | | |
| | Beer Companies | | | | | | | | | | | | |
| | Wine Companies | | | | | | | | | | | | |
| | Liquor Companies | | | | | | | | | | | | |
| | Beverage Distributors | | | | | | | | | | | | |
| 08.4 | ASSOCIATIONS | | | | | | | | | | | | |
| | Trade | | | | | | | | | | | | |
| | Professional | | | | | | | | | | | | |
| | Governmental | | | | | | | | | | | | |
| | Public Employee | | | | | | | | | | | | |
| | Public Official | | | | | | | | | | | | |

| | Categories of Clients | Number of Clients | Annual Gross Income During Reporting Year | | | | | | | Anticipated Annual Retainer Income | | | |
|------|--|-------------------|---|---------------------|----------------------|----------------------|-----------------------|------------------------|------------------------|------------------------------------|-------------------|--------------------|-------------------|
| | | | Less than \$1,000 | \$1,000 to \$10,000 | \$10,000 to \$25,000 | \$25,000 to \$50,000 | \$50,000 to \$100,000 | \$100,000 to \$150,000 | \$150,000 to \$250,000 | More than \$250,000 | Less than \$1,000 | \$1,000 to \$5,000 | More than \$5,000 |
| 08.5 | GOVERNMENT | | | | | | | | | | | | |
| | State | | | | | | | | | | | | |
| | County | | | | | | | | | | | | |
| | Municipal | | | | | | | | | | | | |
| | Other Government Corporations or Authorities | | | | | | | | | | | | |
| 08.6 | MISCELLANEOUS | | | | | | | | | | | | |

09. DECLARATION OF REPORTING PERSON

I have read and completed this Statement of Economic Interests Form, and do swear (or affirm) that the information contained in said Statement of Economic Interests is true and correct. I fully understand that anyone who violates the disclosure provision of this Act shall be subject to a fine of \$10.00 per day, up to \$1,000 annually. I also understand that any attachments that I place with this form become a part of this public record.

Signature of Reporting Person

Date

PRINTED NAME of Reporting Person

*****Forms Received by FAX or Email will NOT be Accepted*****

RETURN COMPLETED, ORIGINAL SIGNED FORM TO:



Alabama Ethics Commission
RSA Union - Suite 104 P O Box 302300
100 N Union Street, Suite 104 Montgomery, AL 36130-2300
Montgomery, AL 36104

Revised December 2018