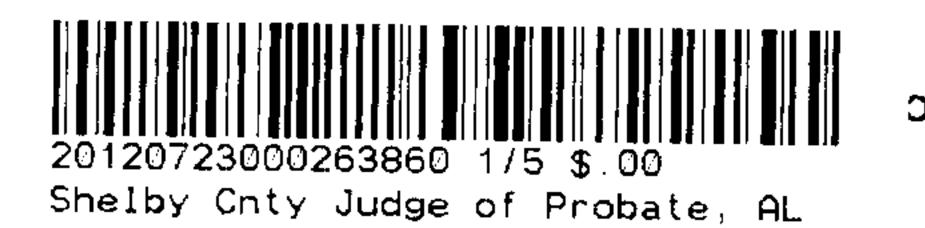
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### FAIR CAMPAIGN PRACTICES ACT

### RECEIVED

JUL 20 2012

James W. Fuhrmeister Judge of Probate

#### Candidate & Elected Official Campaign Finance SUMMARY FORM 1 Campaign Finance Report

Please Print in Ink or Type.			
Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Type of Report (check	<u>-</u>
MARK R HALL	Rep.	Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)		Weekly	Amended Weekly
Mayor Lity of HELENA  Address Check box if reporting new address	· · · · · · · · · · · · · · · · · · ·	For Monthly Reports  Month in which the	
		report is filed.	
807 St Charles LN	Talankana Niverkana	For Weekly Reports  Date of Friday in the	-1/201/20
City State ZIP Code AL 35080	Telephone Number	week in which the report is filed.	1/20/12
HERENA FIL 35080		Total Number of	
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previo	ous filing)	1	24834
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a	150%	
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)		2c	1500
In-Kind Contributions		<u> </u>	
3a Itemized in-kind contributions (total from Form	3) 3a		
3b Non-itemized in-kind contributions	3b ///	4	
3c Total in-kind contributions (add lines 3a and 3b	) 3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total fro	m Form 4) 4a	1	
4b Non-itemized Receipts from Other Sources	4b	7	
4c Total receipts from other sources (add lines 4a	and 4b)	4c	13
Expenditures	<del></del>	<u> </u>	7
5a Itemized expenditures (total from Form 5)	5a 1/2/	3	
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5c	1000
6 Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)	6	29892
Candidates for State Office: File this report with the Off	ice of the Secretary of Stat	<u> </u>	
Candidates for County or Municipal Office: File this re			nich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I her		ribed before me this	1911 day of
swear or affirm to the best of my knowledge and belief that	the ///		My commission expires
attached report(s) and the information contained herein	are A Of the	ie year	iviy commission expires
true and correct and that this information is a full and comp statement of all contributions, expenditures, and other requ	ired the day	of ept of the	e year <u>AO/A</u> .
information during the applicable period of time.	10 /	4.1.	•
16/X(  /  /  /  /  /  /  /  /  /  /  /  /  /	Signature of Notary Pu	blic	·_ <del></del> ,_
Signature of Candidate or Elected Official Date	· Usualule of Rolary Fu	?	•
T-1/1/	Dried Alexander Alexander	Staclin	ATLARGE
FORM REVISED 10.27.2011	MY COM	UBLIC STATE OF ALABAMA MISSION EXPIRES: Sep 9	9, 2012

BONDED THRU NOTARY PUBLIC UNDERWRITERS

## ALABAMA FAIR CAMPAIGN PRACTICES ACT -CAMPAIGN FINANCE REPO RT FOR CANDIDATE Qο ELECTED OFFICIAL

### Contributions candidate Q elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for Use Forms 3 and 4 for those listings. from that source to be itemize

THS PA
Business or Corporation Individual PAC Other Returned
SOURCE OF CONTRIBUTION (CHECK ONE)

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# CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contri <u>j</u> **DS** reçeived Яd candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: ///

When total contributions from a single source exceed \$100.00, the FCPA requires an contributions from a single source exceed \$100.00, the FCPA requires and 4 for those listings.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

SOUR CHECK all contributions from that source to be itemize

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3860 3/5															
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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
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FORM 4: Recei pts from SUD loans, terest and other sources 악 income

NAME OF CANDIDATE OR EL ECTED OFFICIAL: requires all contributions from that source ♂ be itemized.

FORM REVISED 10.27.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA response to the bound of the form. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE AND אור אייי 유 Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPL ETE **GUARANTORS** IS A LOAN Use Forms TOTAL and 3 for those RECEIPT RECEIPTS Lending listings. Institution RECEIPT SOURCE (CHECK ONE) PAC SHI Individual Business PAGE Other RECEIVED (mo./day/yr.) ECEIVED RECEIPT AMOUNT 유 20120723000263860 4/5 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2012 01:39:32 PM FILED/CERT



ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

NAME OF FORM Expenditures 9 official

CANDIDATE OR ELECTED OFFICIAL:	
MARK	
Z /	
MI	

When total expenditures ಠ single recipient exceed \$100.00, the CPA requires all expenditures ರ that recipient be itemized.

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De Contraction	Z/MM/Z	Mest & Greet					7			Gma # 3500	Mb Man 526 M	Helena Business Har.
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	ADDRESS ESS SHOULD INCLUDE O. BOX, CITY, STATE, AND ZIP) istraction in the street of t	(ADDRESS SHOULD IN STREET OR P.O. BOX, CITY, S	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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