

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

 20120723000263860 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 07/23/2012 01:39:32 PM FILED/CERT

OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 20 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official MARK R HALL		Political Party/Ballot Affiliation Rep.	
Office Sought or Held (include district or circuit number, if applicable) MAYOR CITY OF HELENA			
Address <input type="checkbox"/> Check box if reporting new address 807 St Charles LN			
City Helena	State AL	ZIP Code 35080	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

 For Monthly Reports
 Month in which the report is filed.

 For Weekly Reports
 Date of Friday in the week in which the report is filed.

 Total Number of
 Pages in Report

7/20/12
3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	248³⁴/_{xx}
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	150⁰⁰/_{xx}
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	150⁰⁰
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	N/A
3b	Non-itemized in-kind contributions	3b	N/A
3c	Total in-kind contributions (add lines 3a and 3b)	3c	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	N/A
4b	Non-itemized Receipts from Other Sources	4b	N/A
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	100⁰⁰
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	100⁰⁰
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	298⁰⁰

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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 **19th** day of **July** of the year **2012**. My commission expires the **09** day of **Sept** of the year **2013**.

Signature of Notary Public

Kim Starling

 Print Notary's Name
 NOTARY PUBLIC STATE OF ALABAMA AT LARGE
 MY COMMISSION EXPIRES: Sep 9, 2012
 BONDED THRU NOTARY PUBLIC UNDERWRITERS

FORM 2: Contributions received by candidate or elected official

March 1944



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

CONTRIBUTOR <small>(INCLUDE FULL NAME)</small>	ADDRESS <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	SOURCE OF CONTRIBUTION <small>(CHECK ONE)</small>					DATE CONTRIBUTION RECEIVED <small>(mo./day/yr.)</small>	AMOUNT OF CONTRIBUTION
		<small>Business or Corporation</small>	<small>Individual</small>	<small>PAC</small>	<small>Other</small>	<small>Returned</small>		
Toby Miller	340 Cherokee St. Memphis TN 38000		<input checked="" type="checkbox"/>				7/16/12	\$50 ⁰⁰
Mack Hale	807 St Charles Ln Helena MT 59600		<input checked="" type="checkbox"/>				7/16/12	\$100 ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$150 ⁰⁰

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Back Hall



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

[illegible]



NAME OF CANDIDATE OR ELECTED OFFICIAL:

WEEK / ALL

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]

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TOTAL RECEIPTS THIS PAGE

FORM 5: Expenditures by candidate or elected official
NAME OF CANDIDATE OR ELECTED OFFICIAL: Mark L. Hall



**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)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE**
(mo./day/yr.)

**AMOUNT
OF
EXPENDITURE**

Helena Business Area

Stacy E. Adams #3500

Donation
Candidate
Next's Street

2/16/12

100

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