

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

20120810000296060 1/6 \$.00
Shelby Cnty Judge of Probate, AL
08/10/2012 12:55:26 PM FILED/CERT

FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 10 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 ☐ 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

Aug 10, 2012

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	238.40
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
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	1,926.40	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	1,926.40	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1,926.40	
5b	Non-itemized expenditures	5b	159.00	
5c	Total expenditures (add lines 5a and 5b)	5c	2,085.40	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	79.00	

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 **9th** day of **Aug** of the year **2012**. My commission expires the **20th** day of **October** of the year **2012**.

Amanda C Traywick

Signature of Notary Public

Amanda C Traywick

Print Notary's Name

AMANDA C. TRAYWICK
MY COMMISSION EXPIRES
OCTOBER 20, 2012

Max Hale

Max Hale

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.

[illegible]

FORM REVISED 10.27.2011



20120810000296060 3/6 \$.00
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FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: MARK LALL

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business			Other
MARK & KATHY LALL	807 St Charles Ln Helena, AL 35080		☒		MARK & KATHY LALL 807 St Charles Ln/Helena, AL 35080		☒					1,926 ⁴⁰
TOTAL RECEIPTS THIS PAGE											1,926 ⁴⁰	

FORM REVISED 10.27.2011



20120810000296060 4/6 \$.00
Shelby Cnty Judge of Probate, AL
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20120810000296060 5/6 \$.00
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MARK HALL 8/7/12
Itemized Expense Invoice

MAIL South, inc.

Billed To: Mark Hall

210 Quail Ridge Rd
Helena, AL 35080

Invoice Date: 7/27/2012

Invoice No: 3088389

Customer No: 608649

Invoice Total: \$1,926.40

Please Pay This Amount

Comments:

Copy name of MARK HALL.

In-Home Date	Insertion Order	Type	Due Date	Rep
8/14/2012	87106545	Turnkey solo	8/2/2012	5902

Description	Market	Qty	Unit Price	Extended Price
87106545: 35080/B000 - HELENA		315	\$305.00 /M	\$96.08
87106545: 35080/R801 - HELENA		497	\$305.00 /M	\$151.59
87106545: 35080/R802 - HELENA		641	\$305.00 /M	\$195.51
87106545: 35080/R803 - HELENA		530	\$305.00 /M	\$161.65
87106545: 35080/R804 - HELENA		620	\$305.00 /M	\$189.10
87106545: 35080/R805 - HELENA		606	\$305.00 /M	\$184.83
87106545: 35080/R806 - HELENA		639	\$305.00 /M	\$194.90
87106545: 35080/R807 - HELENA		622	\$305.00 /M	\$189.71
87106545: 35080/R808 - HELENA		678	\$305.00 /M	\$206.79
87106545: 35080/R809 - HELENA		614	\$305.00 /M	\$187.27
87106545: 35080/R810 - HELENA		554	\$305.00 /M	\$168.97

Current Order Tax Summary By State

State	Gross Sales	Taxable Sales	Sales/Use Tax
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Households Mailed:

6,316

Sales Tax: \$0.00

Invoice Total: \$1,926.40

Please Pay This Amount

Remit To: MailSouth, Inc.

P.O. Box 532536
Atlanta, GA 30353-2536
(205) 620-6200

- * The unit price includes a \$0.00 carrier route upcharge.
- ** The unit price includes a \$0.00 Target Plus Neighborhood Cluster (zip split) upcharge.
- *** The client has chosen an abbreviated invoice which does not display the full pricing breakdown for the mailing pattern. The unit price shown is an average, based on a Shared Mail unit price of \$305.00 and includes item(s) with carrier route (\$0.00) and/or Target Plus Neighborhood Cluster (\$0.00) upcharges. Invoices are available with complete details. Please consult your Account Representative.
- # The unit price includes a \$0.00 oversized piece upcharge.

