Print Form

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
SEP 07 2012
James W. Fuhrmeister
Judge of Probate

20120907000340130 1/4 $.00
Shelby Cnty Judge of Probate, AL
09/07/2012 02:07:41 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
MARK R HALL	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 / State / ZIP Code	Telephone Number
Helena AL 35080	[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. Sept. 7, 12

Total Number of Pages in Report 4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	614.00
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	1,205.00		
2b	Non-itemized cash contributions	2b			
2c	Total cash contributions (add lines 2a and 2b)			2c	1,205.00
	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	∅		
4b	Non-itemized Receipts from Other Sources	4b	∅		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	∅
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	860.66		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	860.60
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	958.40

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

9/6/12
Date

Sworn to and subscribed before me this 6th day of September of the year 2012. My commission expires the 11 day of June of the year 2014.

Heather Long Larson
Signature of Notary Public

Heather Long Larson
Print Notary's Name

FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: MARK HALL

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE) Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
WARREN BAKER	413 PARK LAKE TERRACE HELENA AL 35080		✓				9/3/12	$1,000.00
JAMES KESSINGER	2200 OLD CAHABA PKY HELENA, AL 35080		✓				9/7/12	$25.00
SCOTT CARPENTER	103 ST CHARLES DRIVE HELENA, AL 35080		✓				9/3/12	$180.00

TOTAL CASH CONTRIBUTIONS THIS PAGE $1,205.00

FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: MARK HALL

When total expenditures to a single recipient exceed $100.00, the FCPA requires all expenditures to that recipient be itemized.

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Southern Nameplate	1510 4th Ave North Bessemer AL 35020		✓								Signs	9/5/12	793.10
Facebook Ads	156 Univ Ave Palo Alto Calif. 94301		✓								Ads	9/3/12	67.50
	TOTAL EXPENDITURES THIS PAGE												860.60

FORM REVISED 10.27.2011

SOUTHERN NAMEPLATE
& GRAPHICS
1510 4TH AVE N
DESSEMER AL 35023
205-426-0181

C O P Y
09/05/2012 16:11:52
Sale:

Transaction # 2
Card Type: Visa
Acc: **********9054
Entry: Swiped
Amount: 793.10

Device ID: TSR7
Reference No.: 282249753103889
Auth.Code: 074046
Respon. AUTH/TKT 074046
Merchant number ***91125
CUSTOMER COPY

SNG Signs
1510 4th Avenue North
Bessemer, AL 35020
Ph: (205) 426- 0181
FAX: (205) 426- 0182
Email: sales@sngsigns.com
Web: www.sngsigns.com

Invoice #: 11264

Order Created: 8/29/2012 8:50:41AM

1AM

Created Date:	8/29/2012 8:50:41AM
Salesperson:	House Account
Email:	N/A
Phone:	N/A
Fax:	N/A

20120907000340130 4/4 $.00
Shelby Cnty Judge of Probate, AL
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		Quantity	Unit Price	Subtotal
	file emailed 05/31 • 4- 48 in x 48 in Single Sided Print(s) made from Coro - 4 mil White stock material • Custom Finishing	4.00	$60.00	$240.00
2	**Product:** Screenprinting Coro 4 Mill Only **Description:** make look like 4x4 • 100- 18 in x 24 in Double Sided Screen Print(s) made from Coro - 4 mil White 18 x 24 stock material • 1800 UV Screen Ink- red, 1800 UV Screen Ink- blue, • Custom Finishing	100.00	$4.16	$416.00
3	**Product:** Frames or Stakes **Description:** Frames or Stakes • 100 Wire Stakes	100.00	$0.65	$65.00

Rec'd 9/5/12

MRA

Order Subtotal:	$721.00
Total Taxes:	$72.10
Total:	$793.10
Order Balance:	$793.10

Payment Terms: Payment Due Upon Receipt

Date/Time Completed: _____ Follow Up: ☐ YES ☐ NO

Technician: _____ Reason: _____

Accepted: _____ Date: _____

x _____ _____
If paying by credit card: (Cardholder's Signature). I agree to pay the above total amount according to the card issuer agreement. Date

Tax ID:

Print Date: 9/5/2012