

MONTHLY &amp; WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

MAR 29 2016

In Charge of Campaign



20160405000108890 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
04/05/2016 08:11:02 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>MARK R HALL</b>		Political Party Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>MAYOR</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>807 ST CHARLES LN</b>			
City <b>HELENA</b>	State <b>AL</b>	ZIP Code <b>35081</b>	Telephone Number <b>205-664-0059</b>

Type of Report (check one)

☒ Monthly  
☐ Weekly

☐ Amended Monthly  
☐ Amended Weekly

For Monthly Reports  
Month in which the  
report is filed.

**MARCH**

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

Total Number of  
Pages in Report

**2****Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)	1	<b>346.77</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>2,500.00</b>
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>2,500.00</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>
3b	Non-itemized in-kind contributions	3b	<b>1</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>0</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>0</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>0</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>2,846.77</b>

**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  
**MARK R HALL**

Date  
**3/28/16**

Sworn to and subscribed before me this **28th** day of **March** of the year **2016**. My commission expires the **21st** day of **July** of the year **2018**.

Signature of Notary Public  
**Teresa M. Amos**

Print Notary's Name  
**Teresa M. Amos**

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

Mark R. 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.

[illegible]