

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160801000269510 1/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
 08/01/2016 11:22:36 AM FILED/CERT

Please Print in Ink or Type.

|                                                                                                                 |                    |                                    |                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Terry M. Hall</b>                                                   |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>City of Calera City Council</b> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>1315 5th Avenue</b>                   |                    |                                    |                                       |
| City<br><b>Calera</b>                                                                                           | State<br><b>AL</b> | ZIP Code<br><b>35040</b>           | Telephone Number<br><b>[REDACTED]</b> |

## Type of Report (check one)

- ☐ Monthly  
☒ Weekly  
☐ Amended Monthly  
☐ 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

8/5

5

## Summary of activity since last filed report

|                                    |                                                               |    |                  |                               |
|------------------------------------|---------------------------------------------------------------|----|------------------|-------------------------------|
| 1                                  | Beginning balance (ending balance from previous filing)       |    | 1                | <del>700</del> 0 <sup>+</sup> |
| <b>Cash Contributions</b>          |                                                               |    |                  |                               |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | 900              |                               |
| 2b                                 | Non-itemized cash contributions                               | 2b |                  |                               |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | 900 <sup>+</sup> |                               |
| <b>In-Kind Contributions</b>       |                                                               |    |                  |                               |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | 75               |                               |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | 0                |                               |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | 0                |                               |
| <b>Receipts from Other Sources</b> |                                                               |    |                  |                               |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | 0                |                               |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | 0                |                               |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | 0                |                               |
| <b>Expenditures</b>                |                                                               |    |                  |                               |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | 734.66           |                               |
| 5b                                 | Non-itemized expenditures                                     | 5b | 0.00             |                               |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | 734.66           |                               |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | 165.34           |                               |

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

8/1/14  
9/1/16

Sworn to and subscribed before me this 1<sup>st</sup> day of Aug of the year 2016. My commission expires the 31<sup>st</sup> day of March of the year 2020.

Signature of Notary Public

Print Notary's Name

**Charity R Hogg**  
**Charity R Hogg**

# FORM 2: Contributions received by candidate or ~~elected~~ official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE OF CONTRIBUTION (CHECK ONE) |                                     |     |       |          | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|------------------------------------|------------------------------------------------------------------------------|------------------------------------|-------------------------------------|-----|-------|----------|------------------------------------------|------------------------|
|                                    |                                                                              | Business or Corporation            | Individual                          | PAC | Other | Returned |                                          |                        |
| Terry Hall                         | 1315 5th Avenue Colerain A1 35040                                            |                                    | <input checked="" type="checkbox"/> |     |       |          | 7/7/16                                   | 100 \$                 |
| Christy Haigler-Hall               | 1315 5th Avenue Colerain A1 35040                                            |                                    | <input checked="" type="checkbox"/> |     |       |          | 7/11/16                                  | 200 \$                 |
| Christy Haigler-Hall               | 1315 5th Avenue Colerain A1 35040                                            |                                    | <input checked="" type="checkbox"/> |     |       |          | 7/12/16                                  | 300 \$                 |
| Christy Haigler-Hall               | 1315 5th Avenue Colerain A1 35040                                            |                                    | <input checked="" type="checkbox"/> |     |       |          | 7/18/16                                  | 200 \$                 |
| Terry E. Hall                      | P.O. Box 226 Colerain A1 35040                                               |                                    | <input checked="" type="checkbox"/> |     |       |          | 7/24/16                                  | 100 \$                 |
|                                    |                                                                              |                                    |                                     |     |       |          |                                          |                        |
|                                    |                                                                              |                                    |                                     |     |       |          |                                          |                        |
|                                    |                                                                              |                                    |                                     |     |       |          |                                          |                        |
|                                    |                                                                              |                                    |                                     |     |       |          |                                          |                        |
| TOTAL CASH CONTRIBUTIONS THIS PAGE |                                                                              |                                    |                                     |     |       |          |                                          | 900 \$                 |

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

# FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



**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.**

Shelby Cnty Judge of Probate, AL  
08/01/2016 11:22:36 AM FILED/CERT

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          | SOURCE<br>(CHECK ONE) |     |       |         | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|-----------------------|-----|-------|---------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual            | PAC | Other |         |                                                   |                              |
| Terry M. Hall                      | 1315 5 <sup>th</sup> Ave. College A1<br>32040                                   |                                       |             |                         |           |      |      |                |       |                          |                       |     |       | 7/12/16 | 75 <sup>00</sup>                                  |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |         |                                                   |                              |
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