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

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party Ballot Affiliation
MARK R Hyde	Rep

Office Sought or Held (include district or circuit number if applicable)
MAYOR

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: July

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

Total Number of Pages in Report: 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1 3586.00
	Cash Contributions		
2a	Itemized cash contributions (total from Form 2)	2a 1,000	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)		2c 1,000.00
	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 Ø	
	Receipts from Other Sources		
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b Ø	
4c	Total receipts from other sources (add lines 4a and 4b)		4c Ø
	Expenditures		
5a	Itemized expenditures (total from Form 5)	5a 1,120.00	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)		5c
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 3,466.00

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: 7/29/16

Sworn to and subscribed before me this 29th day of July of the year 2016. My commission expires the 22nd day of October of the year 2016.

Barbara F. Hyde
Signature of Notary Public

Barbara F. Hyde
Print Notary's Name

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		
Mark Hall	807 S Charles Ln		✓								ADS Expense Reimbursed	5/26/16	325.00
Miss Teen ALA	TIARA Pennington Teen Ala, Alabama				✓							7/23/16	100.00
HHS Band	Helena High Helena, AL				✓							7/24/16	100.00
Helena City News	HCN Helena AL 35080		✓									7/1/16	595.00

TOTAL EXPENDITURES THIS PAGE 1120.00

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)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Wheeler Heather Roger Wheeler	1 Rue West Alabaster, AL		✓				7/15/16	1,000
	TOTAL CASH CONTRIBUTIONS THIS PAGE							1,000

FORM REVISED 10.27.2011