

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160802000271780 1/3 \$.00
Shelby Cnty Judge of Probate, AL
08/02/2016 09:25:26 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official: MARIL R HALE		Political Party Suffix Affiliation: 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: Helena	State: Az	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:

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	0
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b	0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	3,466.00
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	3466.00

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

7/29/16Sworn 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**.

Signature of Notary Public

Barbara F. Hycle

Print Notary's Name

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Marie / Mrs. [Signature]



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)										OTHER (GIVE BRIEF EXPLANATION)	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation				
Marie Davis	807 S. Phillips Ln Tuscaloosa, AL 35601		☒									ADS Expense Reimbursed	5/26/16	325.00
Miss Terry AHA	Tuscaloosa, AL			☒									7/23/16	100.00
AHS Photo	Helena, AL				☒								7/24/16	100.00
Helena City News	Helena, AL 35060		☒										7/1/16	595.00
TOTAL EXPENDITURES THIS PAGE														1120.00

NAME OF CANDIDATE OR ELECTED OFFICIAL:

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

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