



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

DAILY

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

FILED

AUG 21 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Chris Hale</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Coliseum Mayor</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>501 Park Ave</i>			
City <i>Glencoe</i>	State <i>AL</i>	ZIP Code <i>35905</i>	Telephone Number <i>205-966-1029</i>

Date Covered by Report *8-21-2020*

Amended Daily Report

Total Number of Pages in Report *5*

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 <i>950.⁰⁰</i>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a <i>2000⁰⁰</i>	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c <i>2950.⁰⁰</i>	
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	<i>\$0.00</i>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a <i>2750.⁰⁰</i>	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c <i>2750.⁰⁰</i>	
Expenditures on Line of Credit			
6a	Itemized expenditures on line of credit (total from Form 6)	6a	
6b	Non-itemized expenditures on line of credit	6b	
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<i>200.⁰⁰</i>

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.

Chris Hale
Signature of Candidate or Elected Official
Date *8-21-2020*

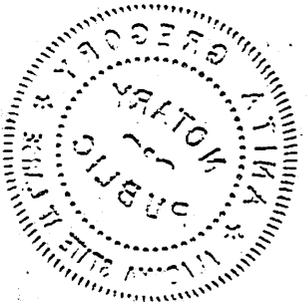
Sworn to and subscribed before me this *21st* day of *August* of the year *2020*. My commission expires the *1st* day of *March* of the year *2023*.

Anita Gregory
Signature of Notary Public
Anita Gregory
Print Notary's Name

FILED

AUG 7 2020

SCOTT W. HASSELL
JUDGE OF PROBATE





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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Ch. Hale

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P O BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													0.00		

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



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR PO BOX CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)</small>	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
<i>Ch Hale</i>												
<i>Ch Hale</i>	<i>501 Poplar Ave Glen AL 35805</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Ch Hale</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>8-17-2020</i>	<i>\$ 2000.</i>
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