FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2013 DEC 27 AND OTH 29
1. NAME OF COMMITTEE (ir	full) (Check if name Example: If typing, type over the lines.	12FEMMAIL CENTER
Dav	d Hale For Congress	
ADDRESS (number a	nd street) L_PiO_BOX_6004_1_1_1	
<ul> <li>(Check if a is changed</li> </ul>	1) Rockford I tic I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
	CITY A	STATE A ZIP CODE A
COMMITTEE'S E-MA	IL ADDRESS	
(Check if a is changed	) DavidhaleCongass @ 9	mail.com
	Optional Second E-Mail Address	
· · ·	<u>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ </u>	
COMMITTEE'S WEB	PAGE ADDRESS (URL) address WWW. electdguidhale.	
2. DATE	2'12'2013	
3. FEC IDENTIFIC		
4. IS THIS STATE		<u> </u>
I certify that I have e	examined this Statement and to the best of my knowledge and belief it i	is true, correct and complete.
Type or Print Name	of Treasurer	vid J. Hale JR
Signature of Treasure	D = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date 72 12 2013
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing th ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	· · · · · · ·
Office Use Only	For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE	OF C	DMMITTEE										
	Candidate Committee:												
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)											
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)										
	Name Cand		David J. Vale J.R.										
	Cand Party	idate Affiliatio	on R Sought: House Senate President State										
	(C)	and	This committee supports/opposes only one candidate, and is NOT an authorized committee.										
	Name Candi		David JHale JR										
	Part	v Con	mittee:										
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.										
	Polit	tical A	ction Committee (PAC):										
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:										
	.,	ವಿಷ್ಣವರಿಗ	Corporation w/o Capital Stock Labor Organization										
			Membership Organization I Trade Association Cooperative										
			In addition, this committee is a Lobbyist/Registrant PAC.										
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)										
			In addition, this committee Is a Lobbyist/Registrant PAC.										
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)										
	Joint	t Fund	raising Representative:										
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a foderal candidate.										
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.										
		Com	mittees Participating in Joint Fundraiser										
		1.											
		2.											
		3.											
		4.											
			in the second										

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Write or Type Committee Name

. Name of Any Connected O	rganization, Affiliated Committee, Jo	int Fundraising Representative,	or Leadership PAC Sponsor
Mailing Address			
			<b>1 1-1</b>
	CITY	STATE	ZIP CODE
····	Organization Affiliated Committee	····	·
books and records.			
Full Name	id J Hale		
Mailing Address	1. P. U. Box (	5004	
	Rock ford,		
	Roucford	LI LL	61125-
Title or Position	CITY	STATE	ZIP CODE
L'Candidate	Treasurer	Telephone number	7.9-13981-15927
. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o Issistant treasurer).	of the treasurer of the committee	; and the name and address of
Full Name of Treasurer	avid J. Male	JR	
Mailing Address	4/12 Nas	hing tom st	
	L		61/104 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	<u> </u>	Telephone number 7	7.9-1345-5427

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Full Name of Designated Agent	L		Ņ		l_	Ą		L			_1_	_!			 i				1						<u>.</u>	1							1	1	įl	
Mailing Address				L		1	1		_1_				1		 _1_	<b>i</b>				1		_ <u>_</u>					1		_1.				L	<u>.</u>	<b>.</b>	
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Title or Position		LL	L	<u> </u>		<u> </u>		1		<u>t</u>	1							Tel	epł	ion	e n	um	ber		L		1.	_]-	- [.	- J	<u> </u>	_] -	L	1	1	

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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Associated Bank		
Mailing Address	4400 Centes Terrace	<u> </u>	<u></u>
	Rouxford	14	61108
	CITY	STATE	ZIP CODE
Name of Bank, I	Depository, etc.		
	L. Transaxt	<u> </u>	
Mailing Address	190 Monroe Ave	NN	1, Stc 500, 1
	Grand, Rapids		
	Grand Rapids	MI	A9503-L.
	CITY	STATE	ZIP CODE

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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of R Other (Specify):	eceipt or Postmarked
	12/27/13
PREPARER (8/2013)	DATE PREPARED

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