

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

David Hale for Congress

ADDRESS (number and street)

P.O. Box 6004

Check if different than previously reported. (ACC)

Rockford

IL

61125

2. FEC IDENTIFICATION NUMBER ▼

C C00553826

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Jerry Hale Jr.

Signature of Treasurer David Jerry Hale Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**David Hale for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	4812.76	135.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4812.76	135.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	1269.61	731.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1269.61	731.85
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	3543.15	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**David Hale for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2698.40	100.00
(ii) Unitemized.....	2114.36	35.00
(iii) TOTAL of contributions from individuals ▶	4812.76	135.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4812.76	135.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4812.76	135.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1269.61	731.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1269.61	731.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4812.76
25. SUBTOTAL (add Line 23 and Line 24).....	4812.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1269.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3543.15

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tony Corso**

Mailing Address 1657 Candlewick Dr SW

City State Zip Code  
Poplar Grove IL 61065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Stone Source Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2013

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
250.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Cutburth**

Mailing Address 210 Sunnyside Rd

City State Zip Code  
Greenville TN 37743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unknown Unknown

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2013

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
300.00

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Cutburth**

Mailing Address 210 Sunnyside Rd

City State Zip Code  
Greenville TN 37743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unknown Unknown

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2013

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
100.00

Donation

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**292.51**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : SA11AI.4246**

Amount of Each Receipt this Period  
**153.15**

In-kind - Tshirts

**B.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**312.51**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : SA11AI.4280**

Amount of Each Receipt this Period  
**20.00**

In-kind - Gun Show Admission

**C.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**318.25**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
**5.74**

In-kind - Printing

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**178.89**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**358.25**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2013**

**Transaction ID : SA11AI.4276**

Amount of Each Receipt this Period  
**40.00**

In-kind - NRA Fundraiser Ticket

**B.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**379.20**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2013**

**Transaction ID : SA11AI.4247**

Amount of Each Receipt this Period  
**20.95**

In-kind - Printing

**C.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**412.76**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2013**

**Transaction ID : SA11AI.4255**

Amount of Each Receipt this Period  
**33.56**

In-kind - Printing

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**94.51**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**477.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
**65.00**

In-kind - Business Cards

**B.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**517.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2013

**Transaction ID : SA11AI.4275**

Amount of Each Receipt this Period  
**40.00**

In-kind - NRA Fundraiser Ticket

**C.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C H4IL16020**

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**537.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2013

**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period  
**20.00**

In-kind - Gun Show Admission

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**125.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Harner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2013
Mailing Address 3271 Mornlake Dr		<b>Transaction ID : SA11AI.4147</b>
City Rockford	State IL	
Zip Code 61114		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Retired	Occupation Retiree	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Sherry Hellmuth</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2013
Mailing Address 8450 Country Lane		<b>Transaction ID : SA11AI.4145</b>
City Dekalb	State IL	
Zip Code 60115		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Retired	Occupation Retiree	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Kristine Lamendola</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2013
Mailing Address 5776 Vesper Dr		<b>Transaction ID : SA11AI.4102</b>
City South Beloit	State IL	
Zip Code 61080		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Rockford Health System	Occupation Nurse	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William McCarthy**

Mailing Address 109 Spring Court

City Sheldon State IL Zip Code 60966

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2013**

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
**250.00**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**William McCarthy**

Mailing Address 109 Spring Court

City Sheldon State IL Zip Code 60966

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 16 / 2013**

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
**50.00**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**William McCarthy**

Mailing Address 109 Spring Court

City Sheldon State IL Zip Code 60966

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 21 / 2013**

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
**100.00**

Donation

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**400.00**

**2698.40**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Jerry Hale Jr.**

Mailing Address 412 Washington St

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. **C** H4IL16020

Name of Employer Occupation  
Allscripts Solutions Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
637.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2013

**Transaction ID : SA11D.4272**

Amount of Each Receipt this Period  
100.00

In-kind - Hotel room

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11D

Transaction ID : SA11D.4272

Used hotel points to stay in this room. Fair Market Value \$100.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

Full Name (Last, First, Middle Initial) <b>A. A'Deas Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 719 S. St. Francis		Amount of Each Disbursement this Period 368.95 <b>Transaction ID : SB17.4234</b>
City Wichita	State KS	
Purpose of Disbursement Printing		Category/ Type 004
Candidate Name <b>David Hale for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>B. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 153.15 <b>Transaction ID : SB17.4251</b>
City Rockford	State IL	
Purpose of Disbursement In-kind - Tshirts		Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>c. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.4283</b>
City Rockford	State IL	
Purpose of Disbursement In-kind - Gun Show Admission		Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IL	District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	542.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 5.74 <b>Transaction ID : SB17.4263</b>
City Rockford	State IL	
Purpose of Disbursement In-kind - Printing	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>B. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.4277</b>
City Rockford	State IL	
Purpose of Disbursement In-kind - NRA Fundraiser Ticket	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>c. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 20.95 <b>Transaction ID : SB17.4250</b>
City Rockford	State IL	
Purpose of Disbursement In-kind - Printing	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	66.99
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 33.56 <b>Transaction ID : SB17.4258</b>
City Rockford	State IL	
Zip Code 61104	Purpose of Disbursement In-kind - Printing	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 16	

Full Name (Last, First, Middle Initial) <b>B. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 65.00 <b>Transaction ID : SB17.4249</b>
City Rockford	State IL	
Zip Code 61104	Purpose of Disbursement In-kind - Business Cards	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 16	

Full Name (Last, First, Middle Initial) <b>c. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.4278</b>
City Rockford	State IL	
Zip Code 61104	Purpose of Disbursement In-kind - NRA Fundraiser Ticket	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 16	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Hale for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 20.00
City Rockford	State IL	
Zip Code 61104	Purpose of Disbursement In-kind - Gun Show Admission	Transaction ID : SB17.4282
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>B. David Jerry Hale Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 412 Washington St		Amount of Each Disbursement this Period 100.00
City Rockford	State IL	
Zip Code 61104	Purpose of Disbursement In-kind - Hotel room	Transaction ID : SB17.4273
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>c. Transaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 190 Monroe Ave		Amount of Each Disbursement this Period 362.90
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Payment for Donation Maintanace	Transaction ID : SB17.4219
Candidate Name <b>David Hale for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	382.90
<b>TOTAL</b> This Period (last page this line number only).....	1130.25