

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** C00553826 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 03 / 18 / 2014 in the State of IL

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 02 / 26 / 2014

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 03 / 06 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="4554.85"/>	<input type="text" value="9377.61"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="4554.85"/>	<input type="text" value="9377.61"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="3925.34"/>	<input type="text" value="5204.95"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="3925.34"/>	<input type="text" value="5204.95"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="4172.66"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2839.85	5568.25
(ii) Unitemized.....	1715.00	3809.36
(iii) TOTAL of contributions from individuals ▶	4554.85	9377.61
(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))..	4554.85	9377.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4554.85	9377.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3925.34	5204.95
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3925.34	5204.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3543.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4554.85
25. SUBTOTAL (add Line 23 and Line 24).....	8098.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3925.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4172.66

**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 11
	<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)
Ronald Cutburth

Mailing Address 210 Sunnyside Rd

City: Greenville State: TN Zip Code: 37743

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

Name of Employer: Unknown Occupation: Unknown

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 01 / 2014

Transaction ID : SA11AI.4393

Amount of Each Receipt this Period: 100.00

Donation

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

Mailing Address 210 Sunnyside Rd

City: Greenville State: TN Zip Code: 37743

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

Name of Employer: Unknown Occupation: Unknown

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 01 / 28 / 2014

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period: 100.00

Donation

C. Full Name (Last, First, Middle Initial)
Carolyn Gerwin

Mailing Address 705 S Locust

City: Pontiac State: IL Zip Code: 61764

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

Name of Employer: Attorney Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 416.85

Date of Receipt: 01 / 30 / 2014

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period: 416.85

In-kind -

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

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

616.85

**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 11
	<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)
Carolyn Gerwin

Mailing Address 705 S Locust

City State Zip Code
Pontiac IL 61764

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

Name of Employer Occupation
Attorney Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
916.85

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
500.00

Donation

B. Full Name (Last, First, Middle Initial)
Sharon Hansen

Mailing Address 209 E. Howard St

City State Zip Code
Pontiac IL 61764

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
223.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
173.00

In-kind -

C. Full Name (Last, First, Middle Initial)
Robert Lassiter

Mailing Address 708 S. 7th St.

City State Zip Code
Fairbury IL 61739

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
1000.00

Donation

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

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

1673.00

**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 7 OF 11
	<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)
Donald Maldonado

Mailing Address 737 Deerpath Dr

City State Zip Code
Deerfield IL 60015

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

Name of Employer Self Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period
400.00

Donation

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

Mailing Address 109 Spring Court

City State Zip Code
Sheldon IL 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
450.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period
50.00

Donation

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

Mailing Address 109 Spring Court

City State Zip Code
Sheldon IL 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
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2014

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
50.00

Donation

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

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

500.00

**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 8 OF 11
	<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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11Al.4384

Amount of Each Receipt this Period
50.00

Donation

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).....

50.00

2839.85

**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 9 OF 11	
	<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) A. Carolyn Gerwin		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 705 S Locust		Amount of Each Disbursement this Period 416.85 Transaction ID : SB17.4370
City Pontiac	State IL	
Zip Code 61764	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Milner Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 292 Convent		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.4345
City Bourbonnais	State IL	
Zip Code 60914	Purpose of Disbursement Radio Advertising	Category/ Type
Candidate Name David Hale for Congress		
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) c. No Joke Martial Arts		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 6358 Daytona Drive		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4327
City Loves Park	State IL	
Zip Code 61111	Purpose of Disbursement Advertising Promotion	Category/ Type
Candidate Name David Hale for Congress		
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		

SUBTOTAL of Disbursements This Page (optional).....	1606.85
TOTAL 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 10 OF 11
	<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

A. Northwest Quarterly

Full Name (Last, First, Middle Initial)
Mailing Address 728 N. Prospect

City Rockford State IL Zip Code 61107

Purpose of Disbursement Magazine Ad

Candidate Name **David Hale for Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: IL District: 16

Date of Disbursement: 02 / 20 / 2014

Amount of Each Disbursement this Period: 692.50

Transaction ID : SB17.4336

Category/Type: 004

B. Transaxt

Full Name (Last, First, Middle Initial)
Mailing Address 190 Monroe Ave

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement Account Maintenance

Candidate Name **David Hale for Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: IL District: 16

Date of Disbursement: 02 / 26 / 2014

Amount of Each Disbursement this Period: 122.85

Transaction ID : SB17.4403

Category/Type: 001

c. Victory Store

Full Name (Last, First, Middle Initial)
Mailing Address 5200 SW 30th Street

City Davenport State IA Zip Code 52802

Purpose of Disbursement Campaign Signs

Candidate Name **David Hale for Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: IL District: 16

Date of Disbursement: 01 / 06 / 2014

Amount of Each Disbursement this Period: 695.49

Transaction ID : SB17.4325

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional)..... 1510.84

TOTAL 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 11 OF 11			
	<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) A. WZOE Radio		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address P.O. Box 69 2209 S. Main Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4343
City Princeton	State IL	
Purpose of Disbursement Radio Ad	Category/ Type 004	
Candidate Name David Hale for Congress	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	3517.69