

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 11 2020

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL  
JUDGE OF PROBATE

Type of Report (check one)

Monthly  Amended Monthly

Weekly  Amended Weekly

For Monthly Reports  
Month for which the report is filed.

For Weekly Reports  
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

Please Print in Ink or Type.

Name of Candidate or Elected Official: Carlana Lynn Mopper Political Party/Ballot Affiliation: \_\_\_\_\_

Office Sought or Held (include district or circuit number, if applicable): Place 3 Park Rec

Address  Check box if reporting new address: 6225 Sloan Drive

City: Altona State: Alabama ZIP Code: 35952 Telephone Number: 205-359-4056

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<del>500.00</del> 500.00
2b	Non-itemized cash contributions	2b	<del>500.00</del>
2c	Total cash contributions (add lines 2a and 2b)	2c	500.00 \$0.00
<b>In-Kind Contributions</b>			
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	\$0.00
<b>Receipts from Other Sources</b>			
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	\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	500.00 \$0.00

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.

Carlana Lynn Mopper 8/11/2020  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 11 day of Aug of the year 2020. My commission expires the 3 day of Jan of the year 2021.  
Theresa Hutchens  
Signature of Notary Public  
Theresa Hutchens  
Print Notary's Name

FILED

Aug 1 1958

SCOTT W HASSBELL  
JUDGE OF PROBATE

25-101-22-10-10-10



1958



# FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Carlene Lynn Hopper

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other		
Carlene Lynn Hopper	6225 Sloan Drive Auburn Ala 36852		<input checked="" type="checkbox"/>			\$ 500.00	
TOTAL CASH CONTRIBUTIONS THIS PAGE							
						\$0.00	







# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$0.00

**FORM 6: Expenditures On Line of Credit by candidate or elected official**



NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION			
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$ 0.00	