

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 10 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report (check one)

- Monthly
- Weekly
- Amended Monthly
- 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

8/14/2020
1

Please Print in Ink or Type.

Name of Candidate or Elected Official Clark Hopper		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Rainbow City Council Place 5			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 4164			
City Gadsden	State AL	ZIP Code 35904	Telephone Number (256) 312-2771

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$22.90
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	\$50.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$50.00
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	\$0.00
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	\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	\$30.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$30.00
Expenditures on Line of Credit			
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)		\$42.90

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.

Signature of Candidate or Elected Official: *[Signature]* Date: 8/10/20

Sworn to and subscribed before me this 10th day of August of the year 2020. My commission expires the 10th day of April of the year 2023.

Signature of Notary Public: *[Signature]*
Print Notary's Name: Cathy E. Green

