

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

Aug 03 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL

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

Month for which the report is filed: [Blank]
Date of Friday in the week for which the report is filed: 8/7/2020
Total Number of Pages in Report: 6

Please Print in Ink or Type.

Name of Candidate or Elected Official: Clark Hopper
Political Party/Ballot Affiliation: [Blank]
Office Sought or Held (include district or circuit number, if applicable): Rainbow City Council Place 5
Address 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)		\$111.08
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	\$200.00	
2b	Non-itemized cash contributions	\$50.00	
2c	Total cash contributions (add lines 2a and 2b)		\$250.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	\$2,609.50	
3b	Non-itemized in-kind contributions	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	\$2,609.50	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	\$0.00	
4b	Non-itemized Receipts from Other Sources	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)		\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	\$143.75	
5b	Non-itemized expenditures	\$194.43	
5c	Total expenditures (add lines 5a and 5b)		\$338.18
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	\$0.00	
6b	Non-itemized expenditures	\$0.00	
6c	Total expenditures on credit (add lines 6a and 6b)	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		\$22.90

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: 8/3/20

Sworn to and subscribed before me this 3 day of Aug of the year 2020. My commission expires the 24 day of Sept of the year 2020.

Signature of Notary Public: [Signature] Print Notary's Name: Pam Bone

FILED

APR 19 1964

SCOTT W. HASSLER
JUDGE OF PROBATE

CONFIDENTIAL - SECURITY MATTER

RE: [Illegible]

MEMORANDUM FOR THE DIRECTOR

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]





FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Clark 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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE												\$0.00	



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Clark Hopper

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		
TOTAL EXPENDITURES THIS PAGE													\$ 0.00