MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Carlena Mopper	

Office Sought or Held (include district or circuit number, if applicable)
Park & Rec

Address ☐ Check box if reporting new address
6225 Sloan Dr.

City	State	ZIP Code	Telephone Number
Altona	AL	35952	205-359-4256

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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	0
	Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)		2c	$0.00
	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		
5c	Total expenditures (add lines 5a and 5b)		5c	$0.00
	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)		7	$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.

Carlena Mopper | _8/24/20_
Signature of Candidate or Elected Official | Date

Sworn to and subscribed before me this _24th_ day of _August_ of the year _2020_. My commission expires the _15th_ day of _October_ of the year _2026_.

Tressa Beck
Signature of Notary Public

Tressa Beck
Print Notary's Name

FORM REVISED 06.06.2017