



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY


 20200803000325930 1/6 \$.00
 Shelby Cnty Judge of Probate, AL
 08/03/2020 11:04:52 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Hope Finley		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) City Council District 2			
Address ☐ Check box if reporting new address 415 Springs Crossing Drive			
City Columbiana	State AL	ZIP Code 35051	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

 For Monthly Reports
 Month for which the report is filed.

July

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

Total Number of Pages in Report

1

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)	1	0.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$700
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	700 \$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	1148.52
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	1148.52
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	-448.52

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: **Mendel Hov...**
 Date: **7/29/2020**

Sworn to and subscribed before me this **3rd** day of **August** of the year **2020**. My commission expires the **30th** day of **November** of the year **2022**.

Signature of Notary Public: **Charlene Tucker**
 Print Notary's Name: **Charlene Tucker**

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____



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 CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Casey Joiner	202 Pitts Drive Columbiana, AL 35051	☐	☒	☐	☐	☐	7/20/2020	\$ 100.00
Chris Gould	361 Gould Road Columbiana, AL 35051	☐	☒	☐	☐	☐	7/20/2020	\$ 250.00
Craig Davis	P.O. Box 195 Columbiana, AL 35051	☐	☒	☐	☐	☐	7/15/2020	\$ 50.00
Desiree Maples	419 Springs Crossing Drive Columbiana, AL 35051	☐	☒	☐	☐	☐	7/20/2020	\$ 100.00
Dr. Bill & LeAnne Andrews	2122 Longleaf Trail Vestavia, AL 35343	☐	☒	☐	☐	☐	7/20/2020	\$ 100.00
Zachery & Brandi Kellis	P.O. Box 1375 Columbiana, AL 35051	☐	☒	☐	☐	☐	7/20/2020	\$ 100.00
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TOTAL CASH CONTRIBUTIONS THIS PAGE								700.00

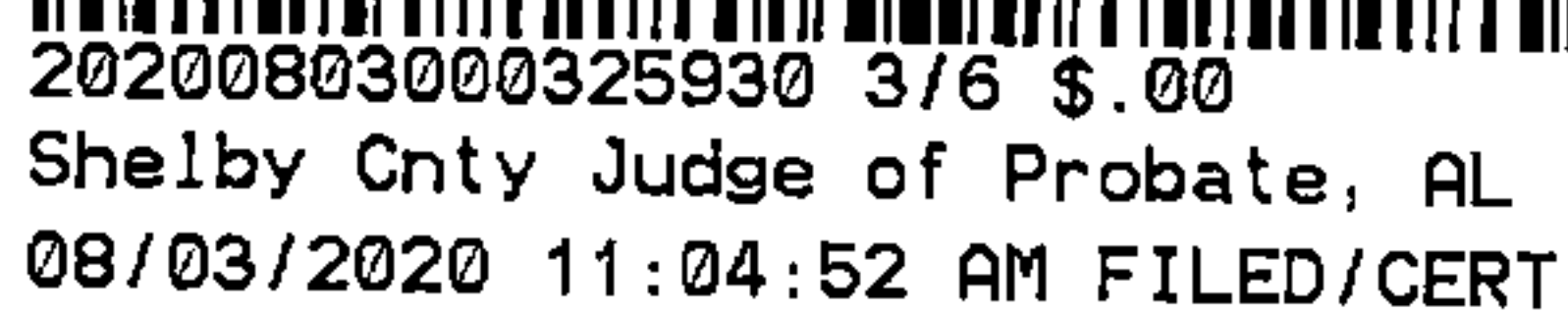


DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

FORM REVISED 9.2.2014

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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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		
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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mendal Hope Finley



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	Loan Repayment	Lodging			Transportation
Hope Finley	415 Springs Crossing Drive Columbiana, AL 35061	☐	☒	☐	☐	☐	☐	☐	☐	☐	7/16/2020	\$172.80
Hope Finley	415 Springs Crossing Dr. Columbiana, AL 35061	☐	☒	☐	☐	☐	☐	☐	☐	☐	7/16/2020	\$224.50
Hope Finley	415 Springs Crossing Dr. Columbiana, AL 35061	☐	☒	☐	☐	☐	☐	☐	☐	☐	7/16/2020	\$500.00
Hope Finley	415 Springs Crossing Dr. Columbiana, AL 35061	☐	☒	☐	☐	☐	☐	☐	☐	☐	7/20/2020	\$261.22
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FORM 6: Expenditures On Line of Credit by candidate or elected official



**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)**

Administrative

Advertising

Consultants/ Polling

Contribution

Food

Fundraising

Lodging

Transportation

Interest

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE
(mo./day/yr.)**

**AMOUNT
OF
EXPENDITURE**

TOTAL EXPENDITURES THIS PAGE