Type of Report (check one

Monthly

Weekly

Name of Candidate or Elected Official

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print In Ink or Type

FILED

AUG 2 2 2022

SCOTT W. HASSELL

UDGE OF PROBATE

Amended Weekly

Add City	ice Sought or Held (include district or circuit number, If applicable) ANDROF GADSDEN Check box if reporting new address Check box if reporting new address State ZIP Code Telephone Number Can Sden AL 35903 Cash Contributions Telephone Number Cash Contributions			For Monthly F Month for which report is filed. For Weekly Ro Date of Friday week for which report is filed. Total Number Pages in Report	h the ports in the the of	8/19/22 4/5.83
2b	Itemized cash contributions (total from Form 2) Non-itemized cash contributions	2a 2b	1,00	00	-	
2c	Total cash contributions (add lines 2a and 2b)				2c	1000 \$0.00
	In-Kind Contributions	1			120	7 500 \$0.00
За	Itemized in-kind contributions (total from Form 3)	За	0		1	
3b	Non-itemized in-kind contributions	3b	0		1	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	\$0.00		
	Receipts from Other Sources				J	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0			
4b	Non-itemized Receipts from Other Sources	4b	0			
4c	Total receipts from other sources (add lines 4a and 4b)				4c	\$0.00
	Expenditures					
5a	Itemized expenditures (total from Form 5)	5a	0			
5b	Non-itemized expenditures	5b	0			
5c	Total expenditures (add lines 5a and 5b)				5c	\$0.00
	Expenditures on Line of Credit			2	<u> </u>	
6a	Itemized expenditures (total from Form 6)	6a	0			
6b	Non-itemized expenditures	6b	0			
6c	Total expenditures on credit (add lines 6a and 6b)	6c	0	\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		_		7 /	245-83
attactrue state nfor	ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required mation during the applicable period of time. Signal acture of Candidate or Elected Official Date	ature o			this	day of McColomission expires year 2023 VBLV A STATE PT

Political Party/Ballot Affiliation

Age of the said

FIRE 5 5 505.

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Terans.	- 1 Spainter at 1 (\$1.59), 1 (1)
	一流态度为自然。4
·森尼尔斯森特点	acoll M. HASSEL

1963年 1967 - 1963年 1 property and property and the

医性性腺素 电线 160,00 pertake 120

resultant a design of the common to the constitution of the consti I par tugal to the ther larger price to passe to have a given

. Jama oga erri saggadi eti teheri stessi (120

在事中的特殊的人類的中的**在**中

Jagor of Moreovalla (安全全)(G. 是150 是150 G. 在150 A. 在150 A.

gy come a tempo while a fair real wall for

े हुं हिस्से प्रकृति । के क्षुप्रे इंक्रियासम्बर्धे एक तम्बुध्यक्ष कृति ते छण्ड इ.स. कुरूत के प्रमुख के ने तारुक राज प्रकृतिक सम्बर्धिक स्थापिक राजिल adjirin sir kinasi dopin maja a perebada etan mare di ispirare

Employable of the of sets of the thinks of

Secretary was a

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: DR. JOHN Jacobs

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 toans on this form. Use Forms 3 and 4 for those listings.											
			\$(CO	OUR	CE BUT	ON					
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION			
Twin City Used Car sales	901 1st Ave Gadsden, AL 35905	/					8/15/22	\$ 1,000			
	·										
,	·										
FORM REVISED 10.27.2011	TOTAL CASH CON	ITRI	BU	TIC	NS	TH	IIS PAGE	#1,000			

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

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



NAME OF POLITICAL ACTION COMMITTEE: DR. JOLN Jacobs

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. **COMPLETE THIS BLOCK IF RECEIPT FORM** RECEIPT SOURCE OF RECEIPT IS A LOAN (CHECK ONE) **SOURCE OF RECEIPT ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED OF STREET OR P.O. BOX, Individual Business Other Lending Institution PAC (mo./day/yr.) CITY, STATE, AND ZIP) RECEIPT [FCPA REQUIRES FULL NAME AND COM-Other Loan PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN TOTAL RECEIPTS THIS PAGE FORM REVISED 9.2.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: DR. JOHN JOCOBS

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)				PI	URPO	SE (C						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Charitable	Food	Fundraising	Loan	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
													Ø
FORM REVISED 10.27.2011 TOTAL EXPENDITURES THIS PAGE									AGE	\$0.00			