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.

FORM REVISED 06.06.2

FILED

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

DEC 0 1 2021

SCOTT W. HASSELL

February of the year 2025

Z	SUMMARY FORM 1				Type o	Republic	(C)Eck	W. HASSELL XPPPROBATE
0.000	Please Print in Ink or Type.				>	Monti	nly	Amended Monthly
+	ame of Candidate or Elected Official Political Party	/Ballo	t Affi	liation		Week	150	Amended Weekly
	DR. John Jacobs					nthly Re		November
,	ffice Sought or Held (include district or circuit number, if applicable)				report is	s filed.		1000 EMDE
	Mayor DF Gadsden ddress T Check box if reporting new address 11 2					ekly Rep Friday in		
	130 George Wallace DR. # 102				week fo	r which t		
Ci	ty State ZIP Code Telephone Nu				report is	umber o	f	
	Gadsolen AL 35903 622-2	240	49			in Repor		5
\$	Summary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)						1 /	496.83
	Cash Contributions						/	
2a	Itemized cash contributions (total from Form 2)	2a		55	0			
2b	Non-itemized cash contributions	2b		0				
20	Total cash contributions (add lines 2a and 2b)						2c	550 \$0.00
	In-Kind Contributions							
За	Itemized in-kind contributions (total from Form 3)	За						
3b	Non-itemized in-kind contributions	3b						
30	Total in-kind contributions (add lines 3a and 3b)	3с				\$0.00		
	Receipts from Other Sources							
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		1,50	00			
4b	Non-itemized Receipts from Other Sources	4b		<i>O</i>				
4c	Total receipts from other sources (add lines 4a and 4b)		X-22 11			4	lc	1,500 \$0.00
	Expenditures							/
5a	Itemized expenditures (total from Form 5)	5a	3	,60	8.3	34		
5b	Non-itemized expenditures	5b	_	\tilde{O}				
5c	Total expenditures (add lines 5a and 5b)						ic 3	3,608.340.00
	Expenditures on Line of Credit	L,						
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	61.51 \$0.00
swe	all of annual to the best of my knowledge and belief that the			d subscrib		re me th		day of day commission expires

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

FORM 2: Contributions received by candidate or elected official

IAME OF CANDIDATE OR ELECTED OF	FFICIAL: DR.	John	acobs
			,

	O NOT LIST in-kind contributions or loans on this form. Use Forms 3 and						o to be nemized.	
CONTRIBUTOR	ADDRESS	OF	CO	SOURCE CONTRIBUTION (CHECK ONE)		DATE	AMOUNT	
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	
Marvin Simmers	1144 Brombey Rd Avondale Est, 6A 30002-1524		/				11/4/21	\$50
Charles Ware	5032 Rushlight Path Columbia, MD 21044		~				11/9/21	\$100
Sidney Patterson			~	1			11/10/21	\$ 250
Blanche Danuels	3708 Clairtan DR. Mitchellville, MD 20721-2138		~				11/18/21	\$50
Delorep Gadson	70 BOX 2452; Gadsden, Al 35903		~				11/24/21	\$ 50
Pangela McGee	924 E. Tomahawk Trl. 6adsden, AL 35903		~				11/24/21	\$50
FORM REVISED 10.27.2011	TOTAL CASH CON	TRI	BU	TIO	NS	TH	IIS PAGE	[⋬] 550

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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. 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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. **COMPLETE THIS BLOCK IF RECEIPT FORM** RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) SOURCE OF RECEIPT **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED OF STREET OR P.O. BOX. Business (mo./day/yr.) Lending Institution RECEIPT CITY, STATE, AND ZIP) Interest [FCPA REQUIRES FULL NAME AND COM-Other Loan Other PLETE ADDRESS OF INDIVIDUAL(S) EN-PAC DORSING OR GUARANTEEING LOAN 1021 Warnwright JOHN Jacobs John Jacobs Ave, 1021 Walnuright Are Gadsden, AL 35903 Gadsden A1 35903 **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 Jalobs



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

				•		İ					
				PUR	PURPOSE OF EXPENDITURE (CHECK ONE)	OF E	XPEN ONE)	оща	::		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	evitertainimbA grisinevbA	Vancantants/ Polling	Charitable Contribution	Food Fundraleing	Repayment Loan	Lodging	notetrogenerT	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Chris Barrineau	1527 Montauga Rd Prattville, AL 36067			•						12/1/21	1,500
UPS	430 George Wallace Br Gadsden, AL 35903	>								12/2/11	127.60
240	,	>								12/51/1	117.81
S4N) 1	,								11/4/21	63.58
UPS	, (12/61/11	95.70
I mage Media										11/23/4	1,22701
UPS	430 660-50 Wallare Dr Gadsden, AC 35903	3								h/h/11	125.96
S4N) t	7								\ ¹ /4/∠	124.04
WPS	/1	9								11/4/2	126,44
FORM REVISED 10.27.2011				5	TAL	EX	PEN	Ī	TOTAL EXPENDITURES THIS PAGE	**	3,508.11

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 Jacobs

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

					PU	RPO	SE C	F E)	(PEN ONE)	DITU	RE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Poling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
ups	(/		1									14/21	#100.2
			L										
DRM REVISED 10.27.2011			•		T	OTA	\L E	EXF	PEN	DIT	URES THIS	PAGE	5100,2