THIS AREA FOR OFFICIAL USE ONLY FILED

Type of Report (check one) OF PROBATE

JAN 2 2 2024

SCOTT W. HASSELL

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	JOHNAKI I OKIT I				Mon	thly	Amended Mont	hly
Non	Please Print in Ink or Type. ne of Candidate or Elected Official	Political Party/	Railot	Affiliation	ı ☐ Wee	kly	Amended Weel	kly
_	Δ	N/		7	For Monthly R	eports		-1
Offi	on craig Ford ce Sought or Held (include district or circuit number, if applicable)	<u> </u>			Month for which	h the		
	layor of Gadsden				report is filed. For Weekly Re	ports		
	ress Check box if reporting new address				Date of Friday	in the	00.00	_
P	BOX 8208				week for which report is filed.	the	08.05.2	2
City		l, '			Total Number		1	
6	gadsden M 35902	(256)39	3.0	1009	Pages in Repo	ort	9	
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previo	ue filina)				1	68,054.10	
-	Cash Contributions	us illing)	ł				40,009.10	
2a	Itemized cash contributions (total from Form 2)	· · ·	2a		11 ((0 00	1		
2b			2b		<u>4,550.00</u>	1		
_	Non-itemized cash contributions		20		$\underline{\hspace{1cm}}^{\varphi}$			
2c	Total cash contributions (add lines 2a and 2b)		-			2c	4,550.03	\$0.00
	In-Kind Contributions		L.	 		-		
3a	Itemized in-kind contributions (total from Form 3	3)	3a		500.00			
3b	Non-itemized in-kind contributions		3b		φ			
3с	Total in-kind contributions (add lines 3a and 3b))	3c		500. DO:00			
	Receipts from Other Sources	-				-		
4a	Itemized Receipts from Other Sources (total from	m 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		1			L		
5a	Itemized expenditures (total from Form 5)		5a	15	,437.14			
5b	Non-itemized expenditures		5b		φ			
5c	Total expenditures (add lines 5a and 5b)					5c	15,437.14	\$0.00
	Expenditures on Line of Credit						· ·	
6a	Itemized expenditures (total from Form 6)		6a		_			ľ
6b	Non-itemized expenditures		6b			1		

6с

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.

Total expenditures on credit (add lines 6a and 6b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Signature of Candidate or Elected Official

Dinvary	of the year _	2024	My comr	nission expires
the 6	day of <u>floo</u>	ven ber o	f the year	2024
11 Quace	iM.	Corde		/ 1 - - :
Signature of Notar	ry Public	Corde		
Print Notary's Nan	M.	Corae	21	

Sworn to and subscribed before me this

\$0.00

day of

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1. April 1. April 2. April 2. April 2. April 2. April 2. April 2. April 3. Apr

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FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

WALD!	

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	4000500	O	CO	OUR NTRI ECK	BUTI	ON		ASSOLIST
(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
Biz Pac	P.O Box 230035 Montgomery, Al 36123 1508 Waterfall Prwy			X			8-4-22	2,850
Biz Pac Jeneur Burdhlick	1508 Craterfall (160) Tes caloosa, Al 35406 10. Box 3723		X				8-42	
COG PAC	Montgomery, AL 36109 3610 Dunbarton Drive			X			8-4-22	1,000
Teff Colm	3610 Dunbarton Prive B'ham, AV 35223		χ				8-5-22	200,
	·							
	·							1,6
FORM REVISED 10.27.2011	TOTAL CASH CO	NTR	IBU	JTIC	ONS	S TI	HIS PAGE	4,550

FORM 3: In-Kind Contributions received by candidate or elected official



N	AME OF CANDIDATE OR E			-/->	8								300			
26	When total of	contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this	0, the	e FC n. U	PA rose Fo	equir orms	es a 2 a	con nd 4	tribu for t	ıtion hos	s from	m tha ings	at sc	urce	to be itemized.	
					JRE C		ONTR	IBUT				SOU:	RCE			AMOUNT
	CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
For	d Insurance Agency	1957 Runhow 1000- Galszen, AL 38901	X												852	500
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	FORM REVISED 10.27.2011		٦	ГОТ	ΓAL	IN-	KIN	D C	:01	NTF	RIBI	UTI	ON	S T	HIS PAGE	500

FORM REVISED 10.27.2011

FORM 4. Pagaints from Other Sources loans interest and other sources of income

When total	al contributions from a single source DO NOT LIST cash or in-k	exce	ed \$ ontrib	100. ution	00, the FCPA requires all contributions from ns on this form. Use Forms 2 and 3 for the	m tha se list	t sou ings	rce 1	to be	iter	nized.	
	ADDDESS		ORN		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RI	CHI	PT SC		CE	DATE	AMOUNT
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	OF RECEIPT
					·							
					Al I.A							
			1									
		1										
		1	<u> </u>	<u> </u>	TOTAL REC	EID	- T€	TU	<u> </u>			\$

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Crain Fort



					PU	RPO		OF EX	(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/ Poliing	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Naller 360	2501 E F: + th St. Mentgomery, AL 3607		X									9-4-12	3,049581
ty of Guzsam	90 Brock St codgden, 196 35901	X	入									8-8-00	60
ircle V	1747 Rainbow Orive Gords Zeen, A~ 35901 340 iAlbert Rains Bluz									Х		8-570	65-86
Chilis	Galsden, Al 35901					X							7438.
ity of Galshin	90 Break St Gudsdur, AL 35901	R	X									8-532	300° •
ruets	(617 Rainbow Prine Godsay, Mt					X						83.32	5424
incle 4	1797 Rainbow 119000 Colstan A2 3590									X		6-1-97	11084.
hism Strategics	Malison, MS 39110		X									8-1-22	5,323 °
ack Forty Compay	Madison MS 39110 Buck Forty Company 200 N 6th St., Gadson, AL	32	101			χ						8-3-22	88 ³⁴ .
FORM REVISED 10.27.2011	·				T	OTA	AL	EXF	EN	DIT	URES THIS		9,0268

FORM 5: Expenditures by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL:

					PU	RPO		OF EX		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/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITU	
Apple Bees	1722 Robbow Drive Galsden, AL 35901 1747 Runbow Drove					X						8-2.22	111 (2)	•
Mople Bees cale V_	Galsten, Al 35901									X		8-3-22	70 SE	(
	·													
	1													
FORM REVISED 10.27.2011		.1	.1	.L.	T	OT	AL	EXI	PEN	רוסו	URES THIS	PAGE	18219	

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



					PU	IRPO		ECK ((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/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Office Papot	530 George Wallace Drive Godsden, AL 35903 2501 E E + + + + + +	X									·	8-4.22	151 1
Walker 360	Montgomera AL 36109		X	•								8-5-22	3,04958
EL Jones	Endy 2007 AL 35903	X										8-5-32	•
omunity Desciopment	924 East Brook st. Gadedyn, AL 35903		Y									Q-Y-22	250, √
hemesseng a	1959 Rambon Aring Galster, Al 35901		X									8-4-22	500 v
o Womans Chilosocksdon Frefighters	862 chestout st. Galsden, Al 35901 P.O. Box 1983		X									8.5-22	250° V
rodsdon Kinetig Ntos	Gadsten, AL 35902		X									8:4.23	1250
Ponchue Abuchisar	11205 Helber RE Logian, OH 43138 530 Garge waller Dr.		X	<u> </u>								 	42941
Africe Depot	Galsken, AL 35903	X					<u> </u>						47313
FORM REVISED 10.27.2011	era vera filo divisioni di la vivi are del revalva. El mastro dello il travetto il 1991, filosopo di vivi esta	. 7			T(OT/	AL I	EXF	PEN	DIT	URES THIS	PAGE	6, 228"

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:





				ā	PURPOSE OF EXPENDITURE (CHECK ONE)	SE (CH	ECK E	PEN SNE)) Tio	RE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	evitertainimbA	Advertising Consultants/	Poliing Contribution	Food	Fundraising	Содділя	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		D				_						
FORM REVISED 5.19.2017			·		5	뒫		Ę I		TOTAL EXPENDITURES THIS PAGE	PAGE	\$ 0.00