THIS AREA FOR OFFICIAL USE ONLY

JAN 2 2 2024

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

a Campaign Finance r	rebor (SCOTT	W. HASSELL	
SUMMARY FORM 1		SCOTT UDGE Type of Report Check of	one)	
Please Print in Ink or Type.		Monthly	Amended Monthly	
Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Weekly	Amended Weekly	
Jon Craig Ford	NIA	For Monthly Reports Month for which the		-
Office Sought or Held (include district or circuit number, if applicable)		report is filed.		
Mayor of Gadsden		For Weekly Reports	00.00.1-	=
Address Check box if reporting new address		Date of Friday in the	09.05 to	
PO BOX 8208		week for which the report is filed.	09.12	
City State ZIP Code	Telephone Number	Total Number of	27	=
Gadsden AL 35902	(254)393.0009	Pages in Report	4	
Valuation				_

S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	178,869.83
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	21,900.00]	
2b	Non-itemized cash contributions	2b	φ] .	
2c	Total cash contributions (add lines 2a and 2b)		,	2c	21,900.00.00
	In-Kind Contributions				
За	Itemized in-kind contributions (total from Form 3)	За	303.75]	
3b	Non-itemized in-kind contributions	3b	P	1	
3c	Total in-kind contributions (add lines 3a and 3b)	3с	303.750.00		
	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	14,143.25]	
5b	Non-itemized expenditures	5b	ϕ	1	
5c	Total expenditures (add lines 5a and 5b)			5c	14,143.2050
	Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	-]	
6b	Non-itemized expenditures	6b	_		
6с	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	186.626.5800

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

Date

Sworn to and subscribed before me this day	of
Anvary of the year 2024 My commission	expires
the 6 day of Abvember of the year 200	<u>4</u> .
Brace M. Cadell	*
Signature of Notary Public	
TRACCI M. Cordell	
Print Notary's Name	

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SCOTT W. HASSELL WILDLE OF PROBATE

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FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contr	butions from a single source exceed \$100.00, the FCPA requires all contri DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 are	bution ad 4 fe	ns fro	ım ti ose l	rat s istin	ourc	e to be itemized.	
CONTRIBUTOR		T	Se Se	OUR	CE BUT	ON		
(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
AG PAC	P.O. Box 240 montgowery AC 36101			人			9-6-22	1,0,00
J:m Pruenal	1885 Compon bars Rd Gadedon, AV		ľ				9-7-27	٠ س
ET PAC :	P.O. Box 2663 Tuscalossa, Al 3540	1		Х			9-6-22	5,000
united PAC	P.O. BOX 2663, Tuscalosa, AL 354	<u> </u>		ኦ			9-6-72	5,000
win PAC	P.O. Box 2663 Tuscaloose Al 35403			ᆺ			9-6-22	5,006
Palph Burke	P.U. Box 1236 Galsen, AL 3590	2	7	-	_		9-10-2	250"
FORM REVISED 10.27.2011	TOTAL CASH CO	VTR	BU	Tic)NS	S TI	HIS PAGE	16,550

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **CONTRIBUTOR ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED Other (mo./day/yr.) P. P. 1,000 1104 Euclid Ave, Mfn. Brook East QuitmAN Prop LLC 304 HWY 9 1,000 Savah M. Miller 100 500 208 500 000 500 500 250 1419 Belle Meade Blvd 5,350 **TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011**

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

FORM 3: In-Kind Contributions received by 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** cash or loans on this form. Use Forms 2 and 4 for those listings.

			NAT	URE (ONT K ON		TION	1	(6		I RCE K ON			
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Marcell Tillman	404 Montgowers St. Gadsten, AL 35901					入								9-10-22	30375
	·														
															,
•.															
FORM REVISED 10.27.2011		T	ΓΟΤ	AL	IN-	KIN	D C	ON	ITR		JTK	ONS	S TI	HIS PAGE	303 ⁷⁸

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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



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-ki	nd c	ontri	butio	ns on this form. Use Forms 2 and 3 for tho	se lis	tings	3.				
SOURCE OF RECEIPT	ADDRESS		FORI REC	M EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEI (CH	PT S ECK	OUR ONE)	CE	DATE	AMOUNT
(INCLUDE FULL NAME)	(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	PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	OF RECEIPT
				L								
					IA							
				V				_				
						L						
		_		_								
RM REVISED 10.27.2011					TOTAL REC	EIP.	TS	THI	SF	PAG	E	

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 6: Expenditures On Line of Credit by candidate or elected official Crada Fact

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

	AGE	TOTAL EXPENDITURES THIS PAGE	Į	PE	V	Į Ž	o To					FORM REVISED 5.19.2017
						-						
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										<u> </u>	1011	
										4	7 ,	
				·								
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Fundraising Lodging	Food	Charitable Contribution	Polling	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	PURPOSE OF EXPENDITURE (CHECK ONE)	C ONE	유민	20 E	ş				T	

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

					PU	RPO		F 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 EXPENDITURE
Hokes Bluff Athktic Club	P.O. Box 2401 Gadsden, AL 35903		/									9/6/22	· 250.0°
Walker 340	2501 E Fifth St. Montgomery, AZ 36107		/									9/6/22	5262.60
Spectrum Reach	307 Broad Street Gadsden, AL 35901		~	1								1	5004.60
New South Outdoor			~										. 1,400.00
DAD Supercentur	: Kainbow City, AUZE	90¢		 	 					χ	,	,	55679
Chism Stratege	305 Green Oak Ln. es Madison, MS.3110		<u> </u>									9/9/22	340.00
Valler 360	2501 East 5th St Montgomery, AZ BABB		V									9/1/22	
Nalker 360	Montgonery, AC36107		6									9/9/22	
walker 760	(1)		V								W5-184-24	9/10/22	. 3,049 8B
					T) TC	AL E	EXP	ΈN	DIT	URES THIS I	PAGE	19 1000

FORM REVISED 10.27.2011

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:	Craia	Cocy
	3	



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

					PU	JRPC		OF EX	KPEN 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 man	530 George Wallace Dr. Godsden, AL 35903	χ										9-6-22	67312
odsden Parks + Rec	90 Brook St. Godsten, AL 35901	χ	ኢ									9-1-22	60
Carole V	1747 Reinbow Dr. Godsten, AL 35903									X		9-8-22	1788
Moters Pizza	339 boust Gardsden, AL: 35901					ኦ						9-6-22	12971
Chism Strategies	Madison, MS 39110		χ									9-7-21	800
Baja California	Rainbow City, AL 359de (734 Rainbow Drioc					X						9-8-22	9681
Shew oil	(734 Rainbow Disoc Gadsden, pl 35901									入		9-9-22	144 144
enn. Wallay Sign	301 Thomas French Arive Scottsboro, AL 35969		X									1	1,32950
- country sign	scotts borg, HC 35769		<u> </u>									7-10-	16
		i			<u> </u>		<u> </u>	-J		L	<u></u>		63

FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE

3,41263

\$ 1.329.80