



FILED

MAY 02 2022

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Type of Report (check one)
 Monthly
 Weekly
 Amended Monthly
 Amended Weekly

For Monthly Reports
Month for which the report is filed.

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

Total Number of Pages in Report

SCOTT W HASSELL
JUDGE OF PROBATE

April

4

Name of Candidate or Elected Official <u>DR. JOHN JACOBS</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>MAYOR OF GADSDEN</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>430 GEORGE WALLACE DR. #102</u>			
City <u>Gadsden</u>	State <u>AL</u>	ZIP Code <u>35903</u>	Telephone Number <u>256-622-2449</u>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>231.45</u>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<u>0</u>	
2b	Non-itemized cash contributions	2b	<u>0</u>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>0</u>	\$0.00
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>	
3b	Non-itemized in-kind contributions	3b	<u>0</u>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u>	\$0.00
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>2,600</u>	
4b	Non-itemized Receipts from Other Sources	4b	<u>0</u>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<u>2,600</u>	\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<u>2,623.51</u>	
5b	Non-itemized expenditures	5b	<u>0</u>	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>2,623.51</u>	\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	<u>0</u>	
6b	Non-itemized expenditures	6b	<u>0</u>	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<u>0</u>	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>207.94</u>	\$0.00

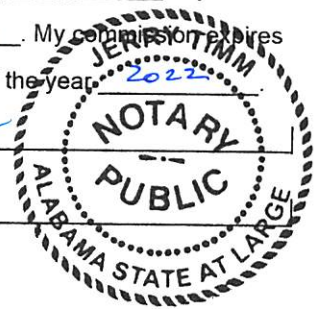
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

John Jacobs 15/2/22
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 2 day of May of the year 2022. My commission expires the 1 day of Sept of the year 2022.

[Signature]
Signature of Notary Public

Jerry Turner
Print Notary's Name



FILED

MAY 3 1954

SCOTT W. HASSELL
JUDGE OF PROBATE

State of Alabama
County of [illegible]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]



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 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		
TOTAL CASH CONTRIBUTIONS THIS PAGE							0	



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.

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			
John Jacobs	1021 Mauwright Ave Gadsden, AL 35903		<input checked="" type="checkbox"/>		John Jacobs 1021 Mauwright Ave Gadsden, AL 35903			<input checked="" type="checkbox"/>				4/1/22	\$2,600
												TOTAL RECEIPTS THIS PAGE	<u>\$2,600</u>



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.

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Cris Barrineau	1527 Montaug Rd Prattville, AL 36067			✓								4/1/22	\$1,500
Trash Talk Gaming	752 Lone Oak Dr Taylor Mill, KY 41015		✓									4/1/22	\$321.06
RM Capturez	1117 49th St Birmingham, AL		✓									4/7/22	\$200
Postal SVC	Anniston, AL	✓	✓									4/15/22	\$43.50
RM Capturez	1117 49th St Birmingham, AL		✓									4/21/22	\$100
Amazon			✓									4/22/22	\$114.45
MBM ASSOC	3049 Chloe Rd Pikeville, KY 41501		✓									4/30/22	\$344.50
TOTAL EXPENDITURES THIS PAGE													\$2,623.51