



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 15 2022

SCOTT W. HASSELL  
JUDGE OF PROBATE

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

[Empty box for Monthly Report Month]

8/12/22

[Empty box for Total Number of Pages]

Please Print in Ink or Type.

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>MAJOR 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	225.83	
<b>Cash Contributions</b>					
2a	Itemized cash contributions (total from Form 2)	2a	100		
2b	Non-itemized cash contributions	2b	0		
2c	Total cash contributions (add lines 2a and 2b)	2c	100	\$0.00	
<b>In-Kind Contributions</b>					
3a	Itemized in-kind contributions (total from Form 3)	3a	0		
3b	Non-itemized in-kind contributions	3b	0		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	\$0.00	
<b>Receipts from Other Sources</b>					
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	725		
4b	Non-itemized Receipts from Other Sources	4b	0		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	725	\$0.00	
<b>Expenditures</b>					
5a	Itemized expenditures (total from Form 5)	5a	805		
5b	Non-itemized expenditures	5b	0		
5c	Total expenditures (add lines 5a and 5b)	5c	805	\$0.00	
<b>Expenditures on Line of Credit</b>					
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	\$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.

Dr. John Jacobs  
 Signature of Candidate or Elected Official

8/15/22  
 Date

Sworn to and subscribed before me this 15 day of August of the year 2022. My commission expires the 01 day of September of the year 2023.

Jeri Timm  
 Signature of Notary Public

Jeri Timm  
 Print Notary's Name



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SCOTT W HASSELL  
JUDGE OF PROBATE

# Inventory of Assets & Liabilities

Case No. 12-1000000-0000

Asset or Liability	Value	Description
Real Estate		
Personal Property		
Accounts Receivable		
Accounts Payable		
Equity Interests		
Life Insurance		
Retirement Plans		
Other Assets		
Other Liabilities		



I, the undersigned, being a duly qualified and acting Judge of Probate in and for the County of \_\_\_\_\_ State of Florida, do hereby certify that the foregoing is a true and correct copy of the Inventory of Assets and Liabilities as filed in my office on this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

SCOTT W HASSELL  
Judge of Probate

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		
MR. & MRS. PERRY REGISTER	677 Red Bud Cir Sumter, SC 29150		<input checked="" type="checkbox"/>				8/6/22	\$100
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								\$100



