

FILED

Oct 06 2021

SCOTT W. HASSELL  
JUDGE OF PROBATE

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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

For Monthly Reports  
Month for which the report is filed. September

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

Total Number of Pages in Report

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>Mayer 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>256-515-0250</u>

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 0
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a 317.25	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c 317.25	\$0.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a 1,500.00	
4b	Non-itemized Receipts from Other Sources	4b 0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c 1,500	\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a 1,500	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c 1,500	\$0.00
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7 317.25	\$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  
Date 10/5/21

Sworn to and subscribed before me this 5th day of October of the year 2021. My commission expires the day of September of the year 2022.

[Signature]  
Signature of Notary Public

Alabama State Seal  
Print Notary's Name



# 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		
Gwendolyn Wright	3508 Brightseat Rd Landover, MD 20785		<input checked="" type="checkbox"/>				9/16/21	\$100
Dwayne Wright	3508 Brightseat Rd Landover, MD 20785		<input checked="" type="checkbox"/>				9/16/21	\$100
Dwight Bush	PO Box 1181 Gadsden, AL 35902		<input checked="" type="checkbox"/>				9/19/21	\$97.25
James & Susie Adams	108 Harwood DR Gadsden, AL 35901		<input checked="" type="checkbox"/>				9/21/21	\$20.00
							<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>	\$ 317.25





**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
Chris D. Barrineau	1527 Montague Rd Prattville, AL 36067			✓							10/1/21	\$ 1500. <sup>00</sup>
<b>TOTAL EXPENDITURES THIS PAGE</b>											<u>\$ 1500.<sup>00</sup></u>	