

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED
THIS AREA FOR OFFICIAL USE ONLY

AUG 08 2022

SCOTT W. HASSELL
JUDGE OF PROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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

Aug 5 th

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>BONNIE YARNELL</u>		Political Party/Ballot Affiliation <u>N/A</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>City of Gadsden School Board District 5</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>641 HARALSON AVE.</u>			
City <u>Gadsden</u>	State <u>AL</u>	ZIP Code <u>35901</u>	Telephone Number <u>256-553-3887</u>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<u>523.74</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>
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>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>0</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>0</u>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<u>0</u>
5b	Non-itemized expenditures	5b	<u>0</u>
5c	Total expenditures (add lines 5a and 5b)	5c	<u>0</u>
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>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>523.74</u>

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.

Bonnie Yarnell
Signature of Candidate or Elected Official

8/8/2022
Date

Sworn to and subscribed before me this 8th day of Aug. of the year 2022. My commission expires the 29th day of April of the year 2025.

Janetta Hunter
Signature of Notary Public

Janetta Hunter
Print Notary's Name

1954

NOV 10 1954

DEPARTMENT OF STATE
WASHINGTON, D.C.





FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Bonnie Yarnell

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 CANDIDATE OR ELECTED OFFICIAL: Bonnie Yarnell

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE												0	

