



FILED

JUL 07 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report (check one)
 Monthly Amended Monthly
 Weekly 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

Please Print in Ink or Type.

| | | | |
|-----------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|-------------------------------------------|
| Name of Candidate or Elected Official JERRY BONE | | Political Party/Ballot Affiliation INDEPENDENT | |
| Office Sought or Held (include district or circuit number, if applicable) District #3 BDE | | | |
| Address <input type="checkbox"/> Check box if reporting new address 200 Glencrest Cir. | | | |
| City ATTALLA | State AL | ZIP Code 35954 | Telephone Number (256) 504-5656 |

| |
|--|
| |
| |
| |

Summary of activity since last filed report

| | | | | |
|---------------------------------------|---------------------------------------------------------------|----|-------|--------|
| 1 | Beginning balance (ending balance from previous filing) | | 1 | - 0 - |
| Cash Contributions | | | | |
| 2a | Itemized cash contributions (total from Form 2) | 2a | - 0 - | |
| 2b | Non-itemized cash contributions | 2b | - 0 - | |
| 2c | Total cash contributions (add lines 2a and 2b) | | 2c | \$0.00 |
| In-Kind Contributions | | | | |
| 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 | \$0.00 |
| Receipts from Other Sources | | | | |
| 4a | Itemized Receipts from Other Sources (total from Form 4) | 4a | - 0 - | |
| 4b | Non-itemized Receipts from Other Sources | 4b | - 0 - | |
| 4c | Total receipts from other sources (add lines 4a and 4b) | | 4c | \$0.00 |
| Expenditures | | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | - 0 - | |
| 5b | Non-itemized expenditures | 5b | - 0 - | |
| 5c | Total expenditures (add lines 5a and 5b) | | 5c | \$0.00 |
| Expenditures on Line of Credit | | | | |
| 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 | \$0.00 |
| 7 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | 7 | \$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.

Signature of Candidate or Elected Official: [Signature]
Date: 07/07/20

Sworn to and subscribed before me this 7 day of July of the year 2020. My commission expires the 24 day of Sept of the year 2020.

Signature of Notary Public: Pam Bone
Print Notary's Name: Pam Bone

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: JERRY BONE

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 | | |
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | | \$0.00 |

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jerry Bone



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.

| CONTRIBUTOR (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION (CHECK ONE) | | | | | | | | | | SOURCE (CHECK ONE) | | | | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION | | | |
|------------------------------------|------------------------------------------------------------------------------|---------------------------------------|-------------|--------------|---------|-----------|------|------|----------------|-------|-----------|-----------------------|------------|-----|----------------------------------------------|---------------------------------------------|------------------------|--|--|--------|
| | | Administrative | Advertising | Consultants/ | Polling | Equipment | Food | Rent | Transportation | Other | Business/ | Corporation | Individual | PAC | Other | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE | | | | | \$0.00 |



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jerry Bone

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 | | | |
| N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| TOTAL RECEIPTS THIS PAGE | | | | | | | | | | | | \$0.00 | |



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: TERRY BONE

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 | |
| N/A | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | TOTAL EXPENDITURES THIS PAGE | \$0.00 | | |