



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

MONTHLY & WEEKLY

**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1**

FILED

AUG 25 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Billy Fred Billingsley SR</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>CITY COUNCILMAN DISTRICT # 5</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>931 Holly ST</i>			
City <i>Gadsden</i>	State <i>AL</i>	ZIP Code <i>35901</i>	Telephone Number <i>256390-8838</i>

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

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For Weekly Reports

Date of Friday in the week in which the report is filed.

<i>8-22-14</i>

Total Number of Pages in Report

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Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>213.98</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>300.00</i>	
2b	Non-itemized cash contributions	2b	<i>0</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>300.00</i>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b	<i>0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>100.00</i>	
5b	Non-itemized expenditures	5b	<i>64.01</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>164.01</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>349.97</i>	

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

Billy Fred Billingsley Sr. *8-25-14*
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *25th* day of *August* of the year *2014*. My commission expires the *1st* day of *October* of the year *2016*.

Tena M. Wright
Signature of Notary Public

Tena M. Wright
Print Notary's Name

MY COMMISSION EXPIRES OCTOBER 1, 2016

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred Billivestley SR.



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		
<i>New South Alliance</i>	<i>Gadsden, AL</i>			<input checked="" type="checkbox"/>			<i>8-22-14</i>	<i>300.00</i>
TOTAL CASH CONTRIBUTIONS THIS PAGE								



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred Billingsley SR,

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		
<i>[The entire table body is crossed out with a diagonal line.]</i>												
TOTAL RECEIPTS THIS PAGE												



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred Billingsley Sr.

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		
<u>The Reporter</u>	<u>Gadsden AL.</u>		<input checked="" type="checkbox"/>									<u>8-22-19</u>	<u>100.00</u>
TOTAL EXPENDITURES THIS PAGE													<u>100.00</u>