MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED 2014

OCT 0 8 2014

BOBBY M. JUNKINS
BOBBY M. JUNKINS
BUDGE OF PROBATE

Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation **✓** Monthly Amended Monthly Billy Fred Billin 65/ey 5R.

Office Sought or Held (include district or circuit number, if applicable) Amended Weekly Weekly City Council MAN District #5

Address Check box if reporting new address For Monthly Reports 9-2014 Month in which the report is filed. For Weekly Reports Date of Friday in the Telephone Number week in which the 256 390-8838 report is filed. **Total Number of** Pages in Report Summary of activity since last filed report 60.98 Beginning balance (ending balance from previous filing) **Cash Contributions** 2a Itemized cash contributions (total from Form 2) 2a 0 2b Non-itemized cash contributions 2b 2c Total cash contributions (add lines 2a and 2b) 0 In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3a 3b Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3с 3с **Receipts from Other Sources -**Itemized Receipts from Other Sources (total from Form 4) 4a 4b Non-itemized Receipts from Other Sources Θ Total receipts from other sources (add lines 4a and 4b) 4c **Expenditures** 5a Itemized expenditures (total from Form 5) 5_b Non-itemized expenditures 5c Total expenditures (add lines 5a and 5b) 60.98 6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. Sworn to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the October of the year 2014. My commission expires 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. 10-8-19 Date

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

FORM 2: Contributions received by candidate or elected official

BillinGSICH

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred 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.

	HIS PAGE	TOTAL CASH CONTRIBUTIONS THIS PAGE	TOTAL CASH C	FORM REVISED 10.27.2011
CO	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE	SOURCE OF CONTRIBUTION (CHECK ONE)		

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: Billy Fred BillinGSleg SR.

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings. be itemized.

	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	S ∓	S N	IFD	ଷ ଆଞ୍ଚ	I Z	ဝိ	6	≱	Z	ΙAΤ	TO		FORM REVISED 10.27.2011
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OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Corporation Individual	Business/	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Administrative Advertising	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
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FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred BillinGiley SR

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. be itemized.

• FORM REVISED 10.27.2011					SOURCE OF RECEIPT (INCLUDE FULL NAME)	
					ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
					Interest Loan Other	FORM OF RECEIPT
TOTAL REC					GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
TOTAL RECEIPTS THIS PAGE					Lending Institution PAC Individual Business Other	RECEIPT SOURCE (CHECK ONE)
H H					RECEIVED (mo./day/yr.)	
					RECEIPT	

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

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.

• FORM REVISED 10.27.2011							PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
							ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
		·					Administrative Advertising	
					/		Consultants/ Polling	
70				/			 Charitable Contribution	PUR
AT(/_			 Food	PURPOSE OF EXPENDITURE (CHECK ONE)
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XPI							 Repayment Lodging	EXP:
Z						<u> </u>	Transportation	E) ND
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TOTAL EXPENDITURES THIS PAGE							OTHER GIVE BRIEF EXPLANATION	
PAGE							DATE OF EXPENDITURE (mo./day/yr.)	
							AMOUNT OF EXPENDITURE	