**4ONTHLY & WEEKLY** 



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

**FILED** 

OCT 08 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		Type of Report (check o	one)
Name of Candidate or Elected Official Political Party	y/Ballot Affiliation		Amended Monthly
Billy Fred BillinGsley SR		Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	<b>S</b>	For Monthly Reports	
C:TY COUNCIL MAN DISTRICT # S Address Check box if reporting new address		Month in which the report is filed.	
		For Weekly Reports	
931 Holly 57 State ZIP Code Telephone N	lumber	Date of Friday in the week in which the	9-26
Gadsden AL 3590/ 256	390-8838	report is filed.	1 20
Garage 112 Stopped		Total Number of	
		Pages in Report	
Summary of activity since last filed report			286.63
1 Beginning balance (ending balance from previous filing	<u>)</u>		200.00
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a <del>- O</del>		
2b Non-itemized cash contributions	2b - C		
2c Total cash contributions (add lines 2a and 2b)		[2c]	8
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a <b>←</b>	<del>)</del>	
3b Non-itemized in-kind contributions	3b <b>-€</b>	<del>-</del>	
3c Total in-kind contributions (add lines 3a and 3b)	3c <b>-€</b>	7	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form	14) 4a <b>2</b> 7:	5.00	
4b Non-itemized Receipts from Other Sources	4b -C	-	15 = 11
4c Total receipts from other sources (add lines 4a and 4b	)	4c	275,00
Expenditures			
5a Itemized expenditures (total from Form 5)	5a 50	0.65	
5b Non-itemized expenditures	5b <b>−€</b>	<del>} </del>	
5c Total expenditures (add lines 5a and 5b)		5c	500.65
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	5c)	6	60.98
The state of the American of the	ne Secretary of S	tate.	
Candidates for State Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Office of the Candidates for County or Municipal Office of the Candidates for Candidates fo	in High hilliag U	TODAKE OF THE COURTS	which the office is sought.
Ant I horoby	Sworn to and su	bscribed before the this	aay or
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 $2014$	
attached report(s) and the information contained lietell are	19th	towar CANA of	the year 2016
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.	, da	la Romite	·
11. 1. 0 sillingely St. 10-8-14	Signature of Notar	y Public	
Billy Fred Silling 81. 10-8-47 Signature of Candidate or Elected Official Date	Karl	a L. Smith	

Print Notary's Name

#### FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred BillinGily

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.

**FORM REVISED 10.27.2011** CONTRIBUTOR (INCLUDE FULL NAME) ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS TH Business or OF CONTRIBUTION (CHECK ONE) Corporation Individual SOURCE PAC Other Returned CONTRIBUTION **IS PAGE** RECEIVED (mo./day/yr.) DATE CONTRIBUTION **AMOUNT** 

## 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 Billings SQ.

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.

	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	TIONS	TRIB	S S	D C	Ž	Ž	Į Ž	TO:		FORM REVISED 10.27.2011
					/	/	/	/			
								/	/		
OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Corporation Individual PAC Other	Other Business/	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)
		SOURCE (CHECK ONE)		NOIT	NATURE OF CONTRIBUTION (CHECK ONE)	OF CONTRI	CHE	TURI	Z		
		listings.	nose	t for t	ano 4	ns Z	Forr	Use	orm.	<b>DO NOT LIST</b> cash or loans on this form. Use Forms 2 and 4 for those listings.	

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

	יים ולטן ביטן כמטון כו וורא	Cash of 111-Killa contalibations		,		
		FORM OF RECEIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)		
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest Loan Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution PAC Individual Business Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
Billy Fred Billinglersa,	, 931 Holly ST	7	Billy Billiwosley SA	2	9-24	275.00
	•					
FORM REVISED 10.27.2011			TOTAL REC	TOTAL RECEIPTS THIS PAGE		275.00

## 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 Billing Stey SK.



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

500.65	PAGE	TOTAL EXPENDITURES THIS PAGE	ND	PE	Ē	TAL	70						FORM REVISED 10.27.2011
									<del></del>				
500.65	9.25										-	307 Broad ST.	Charter Media
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Fundraising	Contribution Food	Poiling Charitable Contribution	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	PURPOSE OF EXPENDITURE (CHECK ONE)	XPE!	OF E	OSE (C)	ČRP						
							•				•		