# IONTHLY & WEEKLY

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

## Candidate & Elected Official Campaign Finance Report

AUG 2 2 2022

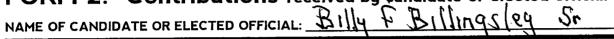
	ampaign rinance Repor	L				SCOTT W. HASSELL
SU SU	JMMARY FORM 1			Type of Report	t (check	one)JUDGE OF PROBATE
4 30				Mon		Amended Monthly
Name of Can	Please Print in Ink or Type.  Ididate or Elected Official Party/B	allot Af	filiation	<b>X</b> Wee	856	Amended Weekly
出川。	Fred Billingsley Sn Demo	Сr	atic	For Monthly R Month for which		
Office Sough	or Held (include district or circuit numbe), if applicable)			report is filed.		
7-1.40	COUNCIL DISTRICT S Check box if reporting new address			For Weekly Re Date of Friday		0 10
Address	Holly St			week for which report is filed.	the	8-14-99
City	State ZIP Code   Telephone Num	100000	0020	Total Number	of	
Ca	9296V 41 22201 93836	0 3	3838	Pages in Repo	ort	
Summa	ary of activity since last filed report					A MEDITAL STATES
	nning balance (ending balance from previous filing)		A CONTRACTOR OF THE PERSON OF	AND AND DESCRIPTION OF THE PARTY OF THE PART	1	134 03
	Contributions					
	A SHARING CONTROL CONT	2a	8			
2b Non-	itemized cash contributions	2b	0			
2c Total	cash contributions (add lines 2a and 2b)	•			2c	0
	nd Contributions					
3a Itemi	ized in-kind contributions (total from Form 3)	За	0			
3b Non-	itemized in-kind contributions	3b	0			
3c Total	in-kind contributions (add lines 3a and 3b)	3c	0			
Recei	ipts from Other Sources					
4a Itemi	ized Receipts from Other Sources (total from Form 4)	4a	312.	24		
4b Non-	-itemized Receipts from Other Sources	4b	0			
4c Tota	I receipts from other sources (add lines 4a and 4b)				4c	31339
Expe	nditures					
5a Item	ized expenditures (total from Form 5)	5a	306	1.00		
5b Non-	-itemized expenditures	5b	Ø			
5c Tota	l expenditures (add lines 5a and 5b)				5c	200,00
Expe	enditures on Line of Credit				_	
6a Item	nized expenditures (total from Form 6)	6a	0			
6b Non	n-itemized expenditures	6b	Ò			
6c Tota	al expenditures on credit (add lines 6a and 6b)	6c	0			
7 End	ing balance (add lines 1, 2c, & 4c, then subtract line 5c)				7	146.32
swear or attached true and constatement information	affirm to the best of my knowledge and belief that the report(s) and the information contained herein are correct and that this information is a full and complete t of all contributions, expenditures, and other required on during the applicable period of time.	\ \Jap \D\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.,	tribed before me he year Andrews	ED:	day of da

Print Notary's Name

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

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

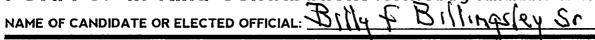




When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR OF CONTRIBUTION (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Business or Corporation Individual CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** (mo./day/yr.) Other PAC TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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

### FORM 3: In-Kind Contributions received by 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 loans on this form. Use Forms 2 and 4 for those listings.

		NATURE OF CONTRIBUTION (CHECK ONE)							l	SOURCE (CHECK ONE)				2475		
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
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						7	>									
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FORM REVISED 10.27.2011		то	TA	LIN	I-KI	IND	CC	ראכ	RII	BUT	ΓΙΟ	NS	TH	IS PAGE		

### 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: BILLY & BILLINGS RY ST



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. COMPLETE THIS BLOCK IF RECEIPT **FORM** RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) DATE **AMOUNT** SOURCE OF RECEIPT **ADDRESS** (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED OF (INCLUDE FULL NAME) Lending Institution PAC Individual Business Other STREET OR P.O. BOX, (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other Loan PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] 8-18-39 913 LA MAPSERD **TOTAL RECEIPTS THIS PAGE** FORM REVISED 10.27.2011

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





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

					Pl	JRPC	SE (						
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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
The Reporter	GOD Chestnut St		1								bA	8-17-22	380,00
1	•												
•													
FORM REVISED 10.27.2011		TOTAL EXPENDITURES THIS PAGE								900.			

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 6: Expenditures On Line of Credit by candidate or elected official



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

FORM REVISED 5.19.2017						PERSON/GROUP/BUSINESS  RECEIVING EXPENDITURE (INCLUDE FULL NAME)  ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
		7	7			CLUDE PATE, AND ZIP)	
TOTAL EXPENDITURES THIS PAGE			1			Administrative  Advertising  Consultants/ Polling  Charitable Contribution  Food	
						Fundraising Lodging Transportation Interest	(CHECK ONE)
						OTHER GIVE BRIEF EXPLANATION	
PAGE						DATE OF EXPENDITURE (mo./daylyr.)	<u> </u>
						AMOUNT OF EXPENDITURE	