Type of Report (check one)

Monthly



AUG 3 0 2022

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL JUDGE OF PROBATE

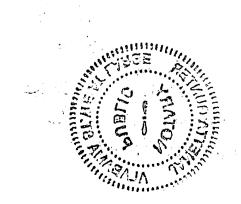
Amended Monthly

Please Print in Ink or Type. Name of Candidate or Elected Official Party/E	Ballot Affiliation	Weekly	Amended Weekly
Name of Candidate or Elected Official Billy Fred Billings w Sr Democ	1.	For Monthly Reports Month for which the	
Office Sought or Held (include district or circuit number if applicable)		report is filed.	
City Council Districts		For Weekly Reports	
Address Check box if reporting new address		Date of Friday in the week for which the	8-28-97
City A State ZIP Code Telephone Nur	nher	report is filed.	0 KO 44
City Coad Cole N A State 35901 286 30	BERRAI	Total Number of Pages in Report	
0-10/3010, 1/12 0 10/1750	100000		
Summary of activity since last filed report		经基本的 类提出	
1 Beginning balance (ending balance from previous filing)		1	146.32
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a 💍		
2b Non-itemized cash contributions	2b O		
2c Total cash contributions (add lines 2a and 2b)		2c	O
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a 🗘		
3b Non-itemized in-kind contributions	3b 🔘		
3c Total in-kind contributions (add lines 3a and 3b)	3c O		
Receipts from Other Sources	'		
4a Itemized Receipts from Other Sources (total from Form 4)	4a Q		
4b Non-itemized Receipts from Other Sources	4b Q		4
4c Total receipts from other sources (add lines 4a and 4b)		4c	0
Expenditures			
5a Itemized expenditures (total from Form 5)	5a 0		
5b Non-itemized expenditures	5b 0		
5c Total expenditures (add lines 5a and 5b)	1	5c	0
Expenditures on Line of Credit			
6a Itemized expenditures (total from Form 6)	6a O		
6b Non-itemized expenditures	6b ()		
6c Total expenditures on credit (add lines 6a and 6b)	6c O		
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c		7	14633
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.	orn to and subs	the year 2003	day of Maccommission expires

Print Notary's Name

NAME OF BRIDE

SCOP WALKSTATE
JUDGE OF PROBABL



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: 10114 + 1011109514 50

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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.



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

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.

	DO NOT LIST cash or loans on				IRE (OF C	ONTI K ONI	RIBU				sol	IRCE K ON	: E)		
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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FORM REVISED 10.27.2011			то	TA	LII	N-K	INI	ОС	ON	TRI	BU	TIC	NS	TH	IS PAGE	0

FORM 4: Receipts from Other Sources loans, interest, and other sources of income NAME OF CANDIDATE OR ELECTED OFFICIAL: 11/14 1/11/1045 44 50

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.

m	RECEIPTS THIS PAGE	TOTAL RECI			FORM REVISED 10.27.2011
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Other (mo./day/yr.)	Lending Institution PAC Individual Business	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Loan Other	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
	RECEIPT SOURCE (CHECK ONE)	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT		
	900	100	ם כמו ונווסמונמ	DO NOT LIST CAST OF ILL-WIND COMMIDATION OF A REPORT OF COMMISSION OF COMISSION OF COMMISSION OF COM	



NAME OF CANDIDATE OR ELECTED OFFICIAL: 11/14 1 1/1795 ST When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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DATE OF EXPENDITURE (mo./day/yr.)	OTHER EX	Transportation	Loan Repayment Lodging	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	D Z P) Administrative	S INCLUDE STATE, AN	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(A STREET O	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
	200	PURPOSE OF EXPENDITURE (CHECK ONE)	CK ON	(CHE O	JRPO	2							

FORM 6: Expenditures On Line of Credit by candidate or elected official NAME OF 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)	
			 		-11		\frac{1}{1}	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
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DITURES THIS PAGE								OTHER GIVE BRIEF EXPLANATION	
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