Type of Report (check one)

NTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 0 1 2022

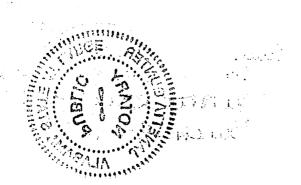
SCOTT W. HASSELL JUDGE OF PROBATE

3 JOHNAKT FORM I		Monthly	Amended Monthly
Please Print in Ink or Type. Varne of Candidate or Elected Official Pari	ty/Ballot Affiliation	Weekly	Amended Weekly
	chatic	For Monthly Report Month for which the report is filed.	ts
City Council Distert &		For Weekly Report	s
Address Check box if reporting new address		Date of Friday in the week for which the report is filed.	7-29-22
City State ZIP Code Telephone t		Total Number of	
Gadsden AL 35901 2563	908838	Pages in Report	10
Summary of activity since last filed report	W2.4400000		
1 Beginning balance (ending balance from previous filing)		1	۵
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	0
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a 🖔		
3b Non-itemized in-kind contributions	3b O		
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 \80	00.00	
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4b)		4c	1800.00
Expenditures			
5a Itemized expenditures (total from Form 5)	5a (337	7.51	*
5b Non-itemized expenditures	5b 18	1.76	
5c Total expenditures (add lines 5a and 5b)		5c	1356,27
Expenditures on Line of Credit			
6a Itemized expenditures (total from Form 6)	6a C)	
6b Non-itemized expenditures	6b C)	
6c Total expenditures on credit (add lines 6a and 6b)	6c C)	
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5	Sc)	7	443,73
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.	worn to and subsolute of da	the year	day of da

Print Notary's Name

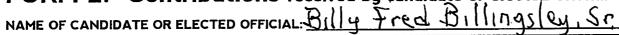
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

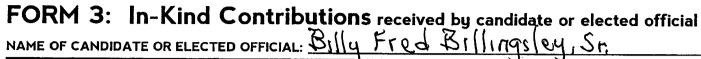
FORM 2: Contributions received by candidate or elected official





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

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/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** SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** Administrative (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE **Fransportation** Advertising Consultants/ Polling Equipment Business/ Corporation Individual CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Other (mo./day/yr,) Food Rent PA S **TOTAL IN-KIND CONTRIBUTIONS THIS PAGE** FORM REVISED 10.27.2011

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: BILLY Fred BILLINGS ON. SC.



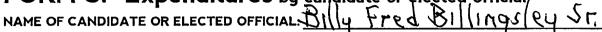
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

	4000500		FOR REC	M EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEI (CH	PT S			DATE	AMOUNT
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	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
Billy F. Billingslays	931 Holly54 r Gad AL35901		V		Billy & Billingsley, Sr			V			5 31 22	900
Billy F Billingsley Sn	Gad, AL 35901		V		Billy F Billingsleg Sr			1			6(7/22	700,
Bully F. Billingsley So	GOD AL 35901		V	1	Billy F. Billingsley, Sr			1			7/19/22	400.
Billy F. Billingsley Sr	931 Hollyst God, AL35901		V		Billy & Billingsley Sr			1			7/21/22	500.
J J			18)					<u> </u>	3 3	
			-									
FORM REVISED 10.27.2011					TOTAL RECE	EIP'	rs 1	rhi	S P	AG	E	(800.

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

FORM 5: Expenditures by candidate or elected official,

FORM REVISED 10.27.2011





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** OTHER Consultants/ Polling Charitable Contribution (ADDRESS SHOULD INCLUDE EXPENDITURE OF Advertising RECEIVING EXPENDITURE Fundraising STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) **EXPENDITURE** (INCLUDE FULL NAME) BRIEF **EXPLANATION** McQuick 024 51 Signs 00 Gadsden, AL 35901 244 Sc. 845+ Cadsden Al 35901 Facebook Adv SPIRO MISC 1356.27 **TOTAL EXPENDITURES THIS PAGE**

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.

	AGE	DITURES THIS PAGE		Ĕ	TOTAL EXPEN	▍ृ₹	0.	-							FORM REVISED 5.19.2017
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DATE OF EXPENDITURE (mo./day/yr.)		OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Fundraising	Charitable Contribution Food	Consultants/ Polling	Administrative Advertising	 CLUDE ATE, AND	RESS OULD IN CITY, ST	ADD ESS SH O. BOX,	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	ω	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
<u> </u>	l	RE	UTIQ	ONE)	PURPOSE OF EXPENDITURE (CHECK ONE)	POSE	PURI								
-	-			-							o position in	9.0			Atticit mai experimence to a onigo toolbiotit experie