



ANNUAL

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

Please Print in Ink or Type.

|   |                    |   |                                       |
|---|--------------------|---|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Billy Fred Billingsley, Sr</b>                                  |                    | Political Party/Ballot Affiliation<br><b>Democratic</b> |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>City Council District 5</b> |                    |   |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>931 Holly St</b>                  |                    |   |                                       |
| City<br><b>Gadsden</b>  | State<br><b>AL</b> | ZIP Code<br><b>35901</b>                                | Telephone Number<br><b>2563708838</b> |

Calendar Year covered by this report. **2022**

Amended Annual Report  
 Termination Report

Total Pages in Report Include this page in your count. **7**

## SECTION I - Summary of activity from last filed report through December 31 of reporting year

|                                       |   |    |   |               |
|---------------------------------------|---|----|---|---------------|
| 1                                     | Beginning balance (ending balance from previous filing)       |    | 1 | <b>134.03</b> |
| <b>Cash Contributions</b>             |   |    |   |               |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a |   | <b>00</b>     |
| 2b                                    | Non-itemized cash contributions                               | 2b |   | <b>99.00</b>  |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c |   | <b>99.00</b>  |
| <b>In-Kind Contributions</b>          |   |    |   |               |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a |   | <b>00</b>     |
| 3b                                    | Non-itemized in-kind contributions                            | 3b |   | <b>00</b>     |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c |   | <b>00</b>     |
| <b>Receipts from Other Sources</b>    |   |    |   |               |
| 4a                                    | Itemized receipts from other sources (total from Form 4)      | 4a |   | <b>00</b>     |
| 4b                                    | Non-itemized receipts from other sources                      | 4b |   | <b>00</b>     |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)       | 4c |   | <b>00</b>     |
| <b>Expenditures</b>                   |   |    |   |               |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a |   | <b>233.03</b> |
| 5b                                    | Non-itemized expenditures                                     | 5b |   | <b>00</b>     |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c |   | <b>233.03</b> |
| <b>Expenditures on Line of Credit</b> |   |    |   |               |
| 6a                                    | Itemized expenditures on line of credit (total from Form 6)   | 6a |   | <b>00</b>     |
| 6b                                    | Non-itemized expenditures                                     | 6b |   | <b>00</b>     |
| 6c                                    | Total expenditures on line of credit (add lines 6a and 6b)    | 6c |   | <b>00</b>     |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7  |   | <b>.00</b>    |

## SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

|    |  |    |  |                |
|----|--|----|--|----------------|
| 8  | Beginning balance (as of January 1 of reporting year)        | 8  |  | <b>00</b>      |
| 9  | Total cash contributions for year                            | 9  |  | <b>399.00</b>  |
| 10 | Total in-kind contributions for year                         | 10 |  | <b>00</b>      |
| 11 | Total receipts from other sources for year                   | 11 |  | <b>3024.58</b> |
| 12 | Total expenditures for year                                  | 12 |  | <b>3190.55</b> |
| 13 | Total expenditures on line of credit for year                | 13 |  | <b>00</b>      |
| 14 | Ending balance (add lines 8, 9, & 11, then subtract line 12) | 14 |  | <b>233.03</b>  |
| 15 | Total campaign debt (total debt owed as of December 31)      | 15 |  |                |

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.

Sworn to and subscribed before me this 20th day of Oct of the year 2022. My commission expires the 25th day of March of the year 2025.

Billy Billingsley  
Signature of Candidate or Elected Official

10/20/22  
Date

Iva Nelson  
Signature of Notary Public

Iva Nelson  
Print Notary's Name



# FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy F. Billingsley, Sr

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.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |                                     |     |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---|--|-------------------------------------|-----|-------|----------|---|------------------------------|
|                                    |   | Business or<br>Corporation               | Individual                          | PAC | Other | Returned |   |                              |
| Misc                               | MISC  |  | <input checked="" type="checkbox"/> |     |       |          | 9-21-22   | 99.00                        |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          |   |                              |
|                                    |   |  |                                     |     |       |          | <b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>         | 99.00                        |







# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy F. Billingsley, Sr.

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

| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                                     |         |                |                                       | DATE OF EXPENDITURE<br>(mo./day/yr.) | AMOUNT OF EXPENDITURE |                    |
|--|--|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------------------------|---------|----------------|---------------------------------------|--------------------------------------|-----------------------|--------------------|
|  |  | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment                   | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                      |                       |                    |
| Billy F. Billingsley, Sr.  | 931 Holly St<br>Gadsden, AL 35901  |                                       |             |                         |                            |      |             | <input checked="" type="checkbox"/> |         |                |                                       |                                      | 10/12/22              | 233. <sup>03</sup> |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  |                                       |             |                         |                            |      |             |                                     |         |                |                                       |                                      |                       |                    |
|  |  | <b>TOTAL EXPENDITURES THIS PAGE</b>   |             |                         |                            |      |             |                                     |         |                |                                       |                                      | 233. <sup>03</sup>    |                    |

# FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billie E Billingsley, Sr



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

| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE (CHECK ONE) |             |                      |                         |      |             |         |                |          |                              | DATE OF EXPENDITURE (mo./day/yr.) | AMOUNT OF EXPENDITURE |    |
|---|---|------------------------------------|-------------|----------------------|-------------------------|------|-------------|---------|----------------|----------|------------------------------|-----------------------------------|-----------------------|----|
|   |   | Administrative                     | Advertising | Consultants/ Polling | Charitable Contribution | Food | Fundraising | Lodging | Transportation | Interest | OTHER GIVE BRIEF EXPLANATION |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
|   |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       |    |
| <b>TOTAL EXPENDITURES THIS PAGE</b>                             |   |                                    |             |                      |                         |      |             |         |                |          |                              |                                   |                       | 20 |