



JUL 05 2022

SCOTT W. HASSELL
JUDGE OF PROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the
report is filed.

June 2022

For Weekly Reports
Date of Friday in the
week for which the
report is filed.Total Number of
Pages in Report

6

Please Print in Ink or Type.

Name of Candidate or Elected Official: William Allen Millican Political Party/Ballot Affiliation: None

Office Sought or Held (include district or circuit number, if applicable): Gadsden City Board of Education District #17

Address ☐ Check box if reporting new address: 1207 Bellevue Dr

City: Gadsden, State: Alabama, ZIP Code: 35904, Telephone Number: 256 490-6708

Summary of activity since last filed report

1 Beginning balance (ending balance from previous filing)		1	- 0 -
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a	\$50.00	
2b Non-itemized cash contributions	2b	- 0 -	
2c Total cash contributions (add lines 2a and 2b)	2c	\$50.00	
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a	- 0 -	
3b Non-itemized in-kind contributions	3b	- 0 -	
3c Total in-kind contributions (add lines 3a and 3b)	3c	- 0 -	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4)	4a	- 0 -	
4b Non-itemized Receipts from Other Sources	4b	- 0 -	
4c Total receipts from other sources (add lines 4a and 4b)	4c	- 0 -	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a	\$50.00	
5b Non-itemized expenditures	5b	- 0 -	
5c Total expenditures (add lines 5a and 5b)	5c	\$50.00	
Expenditures on Line of Credit			
6a Itemized expenditures (total from Form 6)	6a	- 0 -	
6b Non-itemized expenditures	6b	- 0 -	
6c Total expenditures on credit (add lines 6a and 6b)	6c	- 0 -	
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	- 0 -	

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.

William Allen Millican
Signature of Candidate or Elected Official

7/5/22
Date

Sworn to and subscribed before me this 5th day of July of the year 2022. My commission expires the 23rd day of May of the year 2026.

Kaci Davis
Signature of Notary Public

Kaci Davis
Print Notary's Name

FORM 2: Contributions

DO NOT LIST in-kind contributions or loans on this form. Part 5 requires all contributions from that source to be itemized.

FORM REVISED 10.27.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE

William Allen Millman

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

101

FORM 4: Receipts from Other Sources loans, interest, and other sources of incomeNAME OF CANDIDATE OR ELECTED OFFICIAL: William Allen Millican

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
None													-0-
TOTAL RECEIPTS THIS PAGE												-0-	

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

William Allen Miller



**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

Novel

○

FORM REVISED 5.19.2017

TOTAL EXPENDITURES THIS PAGE