



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

**Statement of Dissolution
FOR ELECTED OFFICIALS, CANDIDATES AND
POLITICAL ACTION COMMITTEES**

FILED

NOV 26 2018

NOV 26 2018

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Report Status (check one)

Name of Candidate or Elected Official, or Political Committee <i>Billy F Billingsley, Sr</i>			
Office Sought or Held (include district or circuit number, if applicable) <i>City Council District 5</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>931 Holly St</i>			
City <i>Gradsden</i>	State <i>AL</i>	ZIP Code <i>35901</i>	Telephone Number <i>256 543-1604</i>

- No report required because I have had no activity since the last reporting period
- Termination report attached

Note:
If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the 20th day of Nov. in the year 2018.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

Returned to me because I loaned money to my campaign.

As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

Billy F Billingsley | 11/20/18
Signature of Candidate or Elected Official, or Chairperson or Treasurer of Political Committee | Date



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

ANNUAL

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

Name of Candidate or Elected Official Billy F Billingsley Jr		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) City Council District 5			
Address <input type="checkbox"/> Check box if reporting new address 931 Holly St			
City Badston	State AL	ZIP Code 35901	Telephone Number 256-543-1604

Calendar Year covered by this report:

Amended Annual Report
 Termination Report

Total Pages in Report Include this page in your count:

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

1	Beginning balance (ending balance from previous filing)		1	64.94
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		0
2b	Non-itemized cash contributions	2b		0
2c	Total cash contributions (add lines 2a and 2b)	2c		0
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		64.94
5b	Non-itemized expenditures	5b		0
5c	Total expenditures (add lines 5a and 5b)	5c		64.94
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a		0
6b	Non-itemized expenditures	6b		0
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		0
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7		0

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	
9	Total cash contributions for year	9	
10	Total in-kind contributions for year	10	
11	Total receipts from other sources for year	11	
12	Total expenditures for year	12	
13	Total expenditures on line of credit for year	13	
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)	14	
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 Nov. of the year 2018. My commission expires the 28th day of March of the year 2021.

Billy F. Billingsley Jr
Signature of Candidate or Elected Official 11-20-18
Date

Iva Nelson
Signature of Notary Public
Iva Nelson
Print Notary's Name

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: Billy & Billingsley, Jr

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								0



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

FORM 3: In-Kind Contributions received by candidate or elected official

Billy F. Billingsley, Sr

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)			DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION		
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																		
0																		



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

Billy & Billingsley, Sr

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

Table with columns: SOURCE OF RECEIPT, ADDRESS, FORM OF RECEIPT, COMPLETE THIS BLOCK IF RECEIPT IS A LOAN, GUARANTORS, RECEIPT SOURCE, DATE RECEIVED, AMOUNT OF RECEIPT. Includes a 'TOTAL RECEIPTS THIS PAGE' row at the bottom with the value '0'.



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

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 (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	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION					
Billy F. Billingsley, Sr.	931 Holly St. Gadsden AL 35901											✓			10/12/18	6494
													64.94			

TOTAL EXPENDITURES THIS PAGE



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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy & 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		
												TOTAL EXPENDITURES THIS PAGE	0				