

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1**

FILED

AUG 04 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Billy J. Harris		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) City Council District I			
Address <input type="checkbox"/> Check box if reporting new address 630 Greenwood Ave			
City Badley, AL	State AL	ZIP Code 35903	Telephone Number 256-514-2143

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

July

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 18
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 400.00	
2b	Non-itemized cash contributions	2b 80.00	
2c	Total cash contributions (add lines 2a and 2b)		2c 480.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a 387.50	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c 387.50	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a 1003.00	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)		4c 1003.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 743.01	
5b	Non-itemized expenditures	5b 80.00	
5c	Total expenditures (add lines 5a and 5b)		5c 823.01
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 660.00

Candidates for State Office: File this report with the Office of the Secretary of State.
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

Billy J. Harris 8/4/14
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 4th day of Aug. of the year 2014. My commission expires the 28th day of March of the year 2017.

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 S. Harris
 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		
Andrea Harris	2614 Mapleside Ln Aurora, IL 60502 3822 Cleveland Ave		<input checked="" type="checkbox"/>			7-30-14	100.00
Elaine Spearman	St. Louis, MO 88110 1008 E. Tomahawk Tr.		<input checked="" type="checkbox"/>			7-30-14	200.00
Tommy Hood	Opal, AL 35403		<input checked="" type="checkbox"/>			7-30-14	100.00
						TOTAL CASH CONTRIBUTIONS THIS PAGE	400.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy J. Harris

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					
<u>Sgt World Via A</u>	<u>3354 Rainbow Dr</u> <u>Baraboo City AL 35944</u>		<input checked="" type="checkbox"/>														<u>7-31-14</u>	<u>387.50</u>
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																<u>387.50</u>		



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy J. Harris

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 <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)</small>	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business			Other
Billy J Harris	630 Greenwood Gadsden 35903		<input checked="" type="checkbox"/>		Billy Harris 630 Greenwood Av Gadsden, AL 35903	<input checked="" type="checkbox"/>					7-15	778.00
Billy J Harris	630 Greenwood Gadsden 35903		<input checked="" type="checkbox"/>		Billy Harris 630 Greenwood Av Gadsden 35903	<input checked="" type="checkbox"/>					7-14	325.00
TOTAL RECEIPTS THIS PAGE											1003.00	



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: Dilly J. Stevens

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			
<u>Sgd World USA</u>	<u>3354 Rainbow Dr</u>		<input checked="" type="checkbox"/>										<u>7-21</u>	<u>534.00</u>
<u>Sgd World USA</u>	<u>Rainbow City, AL 35906</u>		<input checked="" type="checkbox"/>										<u>7-24</u>	<u>209.00</u>
													TOTAL EXPENDITURES THIS PAGE	<u>743.00</u>