

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

OCT 08 2018

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Type of Report (check one)

- Monthly
- Amended Monthly
- Weekly
- Amended Weekly

For Monthly Reports
Month for which the report is filed.

For Weekly Reports
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

10/5/18

Name of Candidate or Elected Official Billy F Billingsley Sr		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 Evadsden	State AL	ZIP Code 35901	Telephone Number 256 390 8838

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 77.44
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 250.00	
2b	Non-itemized cash contributions	2b 0	
2c	Total cash contributions (add lines 2a and 2b)		2c 250.00
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 900.00	
4b	Non-itemized Receipts from Other Sources	4b 0	
4c	Total receipts from other sources (add lines 4a and 4b)		4c 900.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 1000.00	
5b	Non-itemized expenditures	5b 162.50	
5c	Total expenditures (add lines 5a and 5b)		5c 1162.50
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 64.94

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 F. Billingsley Sr. | 10-8-18
Signature of Candidate or Elected Official | Date

Sworn to and subscribed before me this 8 day of Oct of the year 2018. My commission expires the 24 day of Sept of the year 2020.

Pam Bone
Signature of Notary Public
Pam Bone
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy F Blimgley 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 (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		
<u>Efowah County Democratic Women</u>	<u>Gadsden AL 35901</u>			<u>V</u>			<u>10/4/18</u>	<u>250.00</u>
							TOTAL CASH CONTRIBUTIONS THIS PAGE	<u>250.00</u>

