

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**

**AUG 18 2014**

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Billy Fred Billingsley SR.</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>CITY COUNCILMAN DISTRICT #5</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>931 HOLLY ST</b>			
City <b>GADSDEN</b>	State <b>AL</b>	ZIP Code <b>35901</b>	Telephone Number <b>256 390-8838</b>

Type of Report (check one)

- Monthly       Amended Monthly  
 Weekly       Amended Weekly

For Monthly Reports

Month in which the report is filed.

[Empty box for monthly report month]

For Weekly Reports

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

**8-15-14**

Total Number of Pages in Report

[Empty box for total pages]

### Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>638.98</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	<b>25.00</b>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>25.00</b>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>	
3b	Non-itemized in-kind contributions	3b	<b>0</b>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>0</b>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>0</b>	
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>0</b>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>450.00</b>	
5b	Non-itemized expenditures	5b	<b>0</b>	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>450.00</b>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>213.98</b>	

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 Fred Billingsley Sr.**      **8-18-14**  
 Signature of Candidate or Elected Official      Date

Sworn to and subscribed before me this **18th** day of **August** of the year **2014**. My commission expires the **1st** day of **October** of the year **2016**.

**Tena M. Wright**  
 Signature of Notary Public

**Tena M. Wright**  
 Print Notary's Name









# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Billy Fred 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
SCALES P.R. MARKETING FIRM	BIRMINGHAM AL.		<input checked="" type="checkbox"/>								8-12-14	450.00
<b>TOTAL EXPENDITURES THIS PAGE</b>											450.00	