



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

BOBBY M. JUNKINS
JUDGE OF PROBATE

AUG 11 2014

Candidate & Elected Official FILED
Campaign Finance Report
SUMMARY FORM 1

AUG 11 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

FILED

MONTHLY & WEEKLY

Please Print in Ink or Type.

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

Type of Report (check one)

- Monthly
 Weekly
 Amended Monthly
 Amended Weekly

For Monthly Reports

Month in which the report is filed.

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	<i>277.97</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	<i>737.00</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c		
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b	<i>0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>0</i>	
4b	Non-itemized Receipts from Other Sources	4b	<i>0</i>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>0</i>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>265.99</i>	
5b	Non-itemized expenditures	5b	<i>110.00</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>375.99</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>638.98</i>	

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.
Signature of Candidate or Elected Official
Date *8-11-14*

Sworn to and subscribed before me this 11th day of August of the year 2014. My commission expires the 18th day of April of the year 2016.

Karla L. Smith
Signature of Notary Public

Karla L. Smith
Print Notary's Name

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: Bill Fred Billingsley 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 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			

TOTAL RECEIPTS THIS PAGE



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 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			OTHER GIVE BRIEF EXPLANATION
<u>The Messenger</u>	<u>BROAD ST. GADSDEN AL.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8-5-14</u>	<u>265.99</u>
TOTAL EXPENDITURES THIS PAGE												<u>265.99</u>	
100.00													