



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official William C. (Bill) Glosson Jr		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Montevallo City Council District 5			
Address <input type="checkbox"/> Check box if reporting new address 430 Crestview Circle			
City Montevallo	State AL	ZIP Code 35115	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

July 2016

For Weekly Reports

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

Total Number of Pages in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	000
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	000
2b	Non-itemized cash contributions	2b	000
2c	Total cash contributions (add lines 2a and 2b)	2c	000
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	25.00
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	25.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	300.00
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	300.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	231.00
5b	Non-itemized expenditures	5b	000
5c	Total expenditures (add lines 5a and 5b)	5c	231.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	69.00

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.

William C. Glosson Jr
Signature of Candidate or Elected Official

8-1-16
Date

Sworn to and subscribed before me this **1st** day of **August** of the year **2016**. My commission expires the **26th** day of **August** of the year **2017**.

Sandra B Byrd
Signature of Notary Public

Sandra B Byrd
Print Notary's Name



NAME OF CANDIDATE OR ELECTED OFFICIAL:

William C. Gleason Jr (Bill)

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.

[illegible]

20160801000268930 2/4 \$.00

Shelby Cnty Judge of Probate, AL

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

William C (B.II) G/ossou 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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM REVISED 10.27.2011

TOTAL RECEIPTS THIS PAGE

300.00



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NAME OF CANDIDATE OR ELECTED OFFICIAL: William C. Blosson JR.

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