

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160808000280060 1/1 \$.00 Shelby Chty Judge of Probate, AL 08/08/2016 10:03:57 AM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official William C. Glosson Jr. Amended Monthly Monthly Amended Weekly Office Sought or Held (include district or circuit number, if applicable)

Montevallo City Council District 5 For Monthly Reports Month in which the report is filed. 430 Crestview Circle For Weekly Reports Date of Friday in the ZIP Code Telephone Number State City week in which the 35115 AL. Montevallo report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a **2**b Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. Sworn to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the of the year ____ attached report(s) and the information contained herein are day of Jouk true and correct and that this information is a full and complete of the year ______ the U statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Notary Public

Date

FORM REVISED 9.2.2011

Signature of Candidate or Elected Official,

Print Notary's Name

IVA LEIGH ANN KRUKOWSKI

Notary Public, State of Alabama

County of Shelby

My Commission Expires

April 16, 2017