



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160815000289480 1/1 \$.00  
 Shelby Cnty Judge of Probate, AL  
 08/15/2016 10:17:24 AM FILED/CERT

Please Print in Ink or Type.

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

**Type of Report (check one)**☐ Monthly☐ Amended Monthly☒ Weekly☐ 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.

**8-12-16**

Total Number of Pages in Report

**1****Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)	1	<b>\$69.00</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>[REDACTED]</b>
2b	Non-itemized cash contributions	2b	<b>[REDACTED]</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>[REDACTED]</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>[REDACTED]</b>
3b	Non-itemized in-kind contributions	3b	<b>[REDACTED]</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>[REDACTED]</b>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>[REDACTED]</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>[REDACTED]</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>[REDACTED]</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>[REDACTED]</b>
5b	Non-itemized expenditures	5b	<b>[REDACTED]</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>[REDACTED]</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>\$69.00</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.

 Signature of Candidate or Elected Official  
**William C. Glosson Jr.**

 Date  
**8-15-16**

 Sworn to and subscribed before me this **15<sup>th</sup>** day of **August** of the year **2016**. My commission expires the **26<sup>th</sup>** day of **August** of the year **2016**.

 Signature of Notary Public  
**Sandra B. Byrd**

 Print Notary's Name  
**Sandra B Byrd**