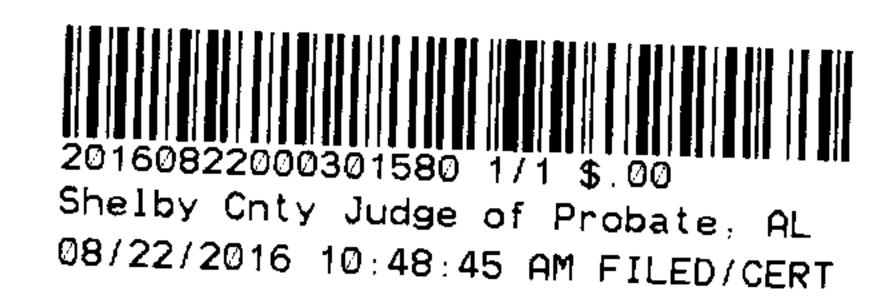


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



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Please Print in Ink or Type.					
Name of Candidate or Elected Official	Political Party/Ballot Affiliation		Type of Report (check one) Monthly Mended Monthly		
William C. Glosson Jr.				<u> </u>	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)			Weel	1_	Amended Weekly
Montevallo City Council District 5	 	 	For Monthly Re Month in which	- 1	
Address Check box if reporting new address 430 Crestview Circle			report is filed.		
430 CIESTAICHE			For Weekly Re Date of Friday i	•	A 100
City State ZiP Code AL. 3511:	Telephone Nur	nber	week in which t	1	X-14-16
Wichite vano			report is filed. Total Number	_ 	
			Pages in Repo		
Summary of activity since last filed report					
1 Beginning balance (ending balance from previo	ous filing)			1 \$	69.00
Cash Contributions					
2a Itemized cash contributions (total from Form 2)		2a			
2b Non-itemized cash contributions		2b			
2c Total cash contributions (add lines 2a and 2b)				2c	
In-Kind Contributions		·	·· ·		
3a Itemized in-kind contributions (total from Form 3	3)	3a		·	
3b Non-itemized in-kind contributions	· · · · · · · · · · · · · · · · · · ·	3b			
3c Total in-kind contributions (add lines 3a and 3b))	3c			
Receipts from Other Sources	· · · · · · · · · · · · · · · · · · ·		······································	· ·	
4a Itemized Receipts from Other Sources (total fro	m Form 4)	4a			
4b Non-itemized Receipts from Other Sources		4b			·
4c Total receipts from other sources (add lines 4a	and 4b)			4c	
Expenditures			•		
5a Itemized expenditures (total from Form 5)		5a			: .
5b Non-itemized expenditures		5b		·.	
5c Total expenditures (add lines 5a and 5b)			······································	5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)			6	\$ 69.00
Candidates for State Office: File this report with the Off			ate		
Candidates for County or Municipal Office: File this re		•		y in which	h the office is sought.
As required by the Alabama Fair Campaign Practices Act, I her	reby Swo	rn to and subs	scribed before me	this	22 day of
swear or affirm to the best of my knowledge and belief that	the /),	1			
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.	, # 1	\mathcal{A}	ndra /	3/13	
//////////////////////////////////////	-//Sign	sture of Notary F		100 /m	<i>pvc</i> 1
Signature of Candidate or Elected Official Date	J. Sigir		/	2 %	2,1
			nowa 1	ノト	24r01
FORM REVISED 9.2.2011	Print	Notary's Name	·		•