



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



2016 J826000309710 1/1 \$.00
Shelby County Judge of Probate, AL
08/25/2016 02:54:14 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official William C. Glosson Jr.		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Montevallo City Council District 5			
Address ☐ 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.

For Weekly Reports

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

8-26-16

Total Number of Pages in Report

1

Summary of activity since last filed report

1	Beginning balance (ending balance from previous 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)	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 from 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	\$ 38.04
5c	Total expenditures (add lines 5a and 5b)	5c	\$ 38.04
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6.	\$ 30.96

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

8-26-16
Date

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

Sandra B. Byrd
Signature of Notary Public

Sandra B Byrd
Print Notary's Name