

required information during the applicable period of time.

Signature of Candidate of Elected Official

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A



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Please Print in Ink or Type. Calendar Year Name of Candidate or Elected Official William C. Glosson Jr. Political Party/Ballot Affiliation covered by this report. Office Sought or Held (include district or circuit number, if applicable)

Montevallo City Council District 5 Amended Annual Report Termination Report 430 Crestview Circle Total Pages in Report Include this page in Telephone Number ZIP Code State City your count. 35115 AL. Montevallo SECTION I - Summary of activity from last filed report through December 31 of reporting year Beginning balance (ending balance from previous filing) **Cash Contributions** 2a Itemized cash contributions (total from Form 2) **2**b Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions **3a** Itemized in-kind contributions (total from Form 3) **3**b Non-itemized in-kind contributions 3c Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Total itemized receipts from other sources (total from Form 4) 4a 4b Total non-itemized receipts from other sources Total itemized receipts from other sources (add lines 4a and 4b) **Expenditures** 5a Itemized expenditures (total from Form 5) **5**b Non-itemized expenditures 50 Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) SECTION II - Summary of activity for entire reporting year - January 1st through December 31st Beginning balance (as of January 1 of reporting year) Total cash contributions for year Total in-kind contributions for year Total receipts from other sources for year Total expenditures for year Ending balance (add lines 7, 8, & 10, then subtract line 11) 00.00 Total campaign debt (total debt owed as of December 31) Sworn to and subscribed before me this 26 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 . My commission expires the <u>AU</u> day of <u>MUQUO</u>Tef the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other the year A

Signature of Notary Public

Print Notary's Name