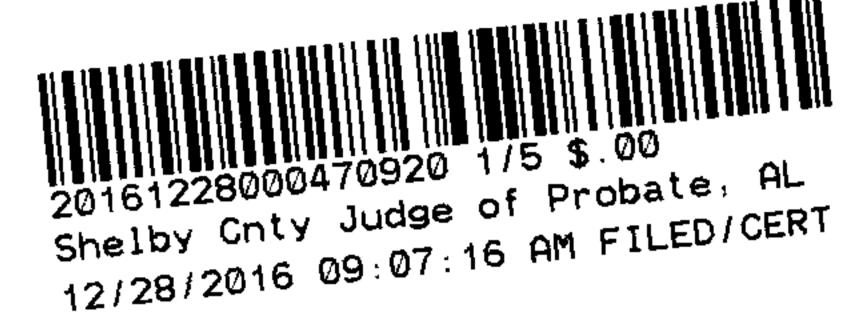
Signature of Candidate or Elected Official

FORM REVISED 10.27.2011

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Republican Lenny Glynn Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) Mayor City of Pelham For Monthly Reports Month in which the June 2015 report is filed. Post Office Box 689 For Weekly Reports Date of Friday in the City ZIP Code Telephone Number State week in which the 35124 Pelham report is filed. Total Number of Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) \$0.00 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) 2c **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) /**3c** Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a \$1,076.00 Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) \$1,076.00 4c **Expenditures** Itemized expenditures (total from Form 5) |5a \$115.08 Non-itemized expenditures 5b \$115.08 5c Total expenditures (add lines 5a and 5b) \$960.92 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. 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 2016. My commission expires 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 Notary Public

Print Notary's Name

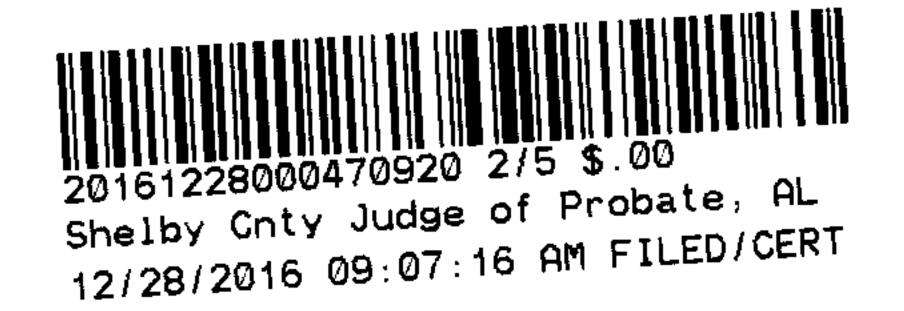
Date

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

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NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT** CONTRIBUTOR **ADDRESS** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE OF CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED Other (mo./day/yr.) none TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official

Lenny Glynn

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

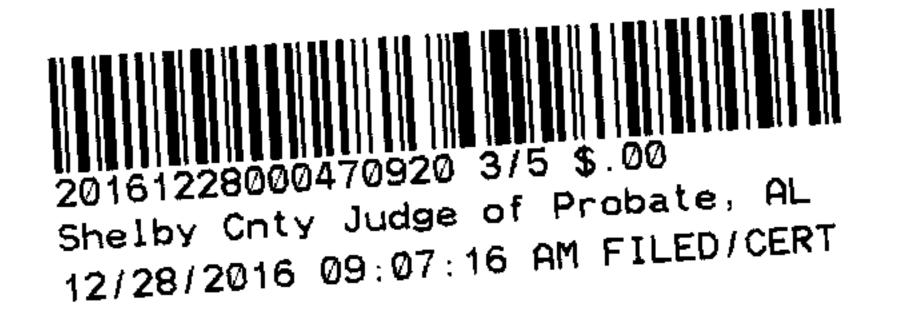
NATURE OF CONTRIBUTION (CHECK ONE)

CONTRIBUTOR
(INCLUDE FULL NAME)

ADDRESS
(ADDRESS SHOULD INCLUDE)

ADDRESS SHOULD INCLUDE

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(CHECK ONE)								(CHECK ONE)					
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
none															
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Lenny Glynn

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. **COMPLETE THIS BLOCK IF RECEIPT** FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **ADDRESS** DATE **AMOUNT** SOURCE OF RECEIPT (ADDRESS SHOULD INCLUDE **GUARANTORS** OF (INCLUDE FULL NAME) RECEIVED STREET OR P.O. BOX, Lending Institution PAC Individual Business Other (mo./day/yr.) RECEIPT Interest [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] 134 Indiancreek Drive, Pelham, 06/23/2016 Lenny Glynn \$51.00 AL 35124 134 Indiancreek Drive, Pelham, Lenny Glynn 06/30/2016 \$1,005.00 AL 35124 134 Indiancreek Drive, Pelham, 6/28/2016 Lenny Glynn \$20.00 AL 35124 \$1,076.00 TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011



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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Lenny Glynn



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS AMOUNT** DATE OF OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) **EXPENDITURE GIVE** (INCLUDE FULL NAME) BRIEF **EXPLANATION** none TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011

