

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

G L A S G O W F O R S E N A T E

ADDRESS (number and street)

2371 MURPHY MILL ROAD UNIT 8



(Check if address
is changed)

D O T H A N

CITY ▲

A L

STATE ▲

3 6 3 0 3 -

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

G L A S G O W F O R S E N A T E @ M A I L . C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

W W W . G L A S G O W F O R S E N A T E . C O M

2. DATE

0 2 / 0 7 / 2 0 2 5

3. FEC IDENTIFICATION NUMBER ►

C 0 0 5 8 8 5 4 1

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Janet B. Gunson

Signature of Treasurer

Janet B. Gunson

Date

0 2 / 0 7 / 2 0 2 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate "VAL" VAL, M. A. K. GLASS, G. O. W. (Paul)

Candidate Party Affiliation DEM Office Sought: House ☒ Senate President State AL

District 02

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate "VAL" VAL, M. A. K. GLASS, G. O. W. (Paul)

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation _____ Corporation w/o Capital Stock _____ Labor Organization _____

Membership Organization _____ Trade Association _____ Cooperative _____

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C

C

Glasgow for Senate

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. There are two vertical lines on each side, creating margins. The top left corner has a small tab-like cutout. The paper appears to be from a notebook or a standard sheet of stationery.

ZIP CODE ▲

Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

ZIP CODE ▲

[illegible]

JANET B. GUNSON

2 3 7 1 M U R P H Y M I L L R O A D U N I T 8

[illegible]

ZIP CODE ▲

| A S S I S T A N T | | | | | | | | | |

1 0 0 1 - 1 0 0 1 - 1 0 0 1

NONUNION - 180 - 0000000000

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NON-PROFIT ORGANIZATION

5(i) or (j). Joint Fundraising Participant:

1.	
2.	
3.	
4.	

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

--

Telephone Number

--

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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EPI4H July 2013 Outer Dimension: 10 x 5

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt:
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> Shipping Date Date of Receipt </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

USDS
 PREPARER
 (4/2023)

2/18/25
 DATE PREPARED

2025 FEB 18 PM 4:03