County Division Code: AL040 Inst. # 2016096933 Pages: 1 of 5 I certify this instrument filed on: 9/19/2016 5:36 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: LYNN



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE PROBATE COURT

SEP 15 2016

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



20160926000352020 1/5 3.00 Shelby Cnty Judge of Probate, AL 09/26/2016 02:10:59 PM FILED/CERT

| | Please Print in Ink or Type. | | | | |
|---|---|--------------------|---------------------------------------|----------|---------------------------|
| Nan | ne of Candidate or Elected Official Party/ | Ballot Affiliation | Type of Report Mont | | one) Amended Monthly |
| | Johnny Glenn Dutton | | Weel . | • | Amended Weekly |
| 1 | ce Sought or Held (include district or circuit number, if applicable) | | (* - | _ | |
| Ado | leeds City Council - District 3 | | For Monthly Re Month in which | - | |
| 1 | | | report is filed For Weekly Re | norts | |
| City | 444 Leigler Kond State ZIP Code Telephone Number | nber | Date of Friday i | n the | 0 11 11 |
| 1 - | Leeds AL 35094 | | week in which t report is filed. | ne | 7-16-16 |
| | | | Total Number | | |
| | | ···· | Pages in Repo | ert | |
| S | ammary of activity since last filed report | | | | |
| 1 | Beginning balance (ending balance from previous filing) | | A Commence of the second | [1.] | 1,276.00 |
| <u> </u> | Cash Contributions | | | . | |
| 2a | Itemized cash contributions (total from Form 2) | 2a | | | |
| 2b | Non-itemized cash contributions | 2b | | <u> </u> | |
| 2c | Total cash contributions (add lines 2a and 2b) | | | 2c | 0 |
| | n-Kind Contributions | | | | |
| 3a | Itemized in-kind contributions (total from Form 3) | 3a | | | |
| 3b | Non-itemized in-kind contributions | 3b | <u> </u> | 4 | |
| 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 | <u></u> | | |
| 4b | Non-itemized Receipts from Other Sources | 4b | | | |
| 4c | Total receipts from other sources (add lines 4a and 4b) | | | 4c | 0 |
| | Expenditures | | | • | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | <u> </u> | |
| 5b | Non-itemized expenditures | 5b | | | |
| 5¢ | Total expenditures (add lines 5a and 5b) | | | 5c | <u> </u> |
| 6 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | | 6 | 1,276.00 |
| Car | ndidates for State Office: File this report with the Office of the Se | ecretary of State | 3. | | |
| | ididates for County or Municipal Office: File this report with the | | | y in wh | ich the office is sought. |
| As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this day of | | | | | |
| 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 the 12 day of Morow. of the year 2017 | | | | | |
| statement of all contributions, expenditures, and other required | | | | | |
| information during the applicable period of time. Signature of Notary Public. Signature of Notary Public Signature of Notary Public | | | | | |
| Signature of Candidate or Elected Official Signature of Notary Public Carlley Whatley Lune | | | | | |
| Signa | nure of Canadage of Elected Official Bate | akleu | Matte | 4 L | mec |

Print Notary's Name

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

FORM 2: Contributions received by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Glenn Dutton

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) DATE AMOUNT ADDRESS CONTRIBUTOR OF CONTRIBUTION (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2,2011

County Division Code: AL040 Inst. # 2016096933 Pages: 3 of 5

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Shelby Cnty Judge of Probate, AL 09/26/2016 02:10:59 PM FILED/CERT

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Glenn Dutton

Man had so the form of the source of the SCRA mounts all contributions from that source to be itemized.

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. SOURCE NATURE OF CONTRIBUTION (CHECK ONE) (CHECK ONE) DATE AMOUNT ADDRESS CONTRIBUTOR OF CONTRIBUTION (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Advertising STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

FORM REVISED 9.2.2011

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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: Johnny Glenn Dutton

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) DATE AMOUNT ADDRESS SOURCE OF RECEIPT RECEIVED OF (ADDRESS SHOULD INCLUDE GUARANTORS (INCLUDE FULL NAME) Individual Business Other STREET OR P.O. BOX, (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN

TOTAL RECEIPTS THIS PAGE

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

FORM 5: Expenditures by candidate or elected official Dutton NAME OF CANDIDATE OR ELECTED OFFICIAL: JOHNNY GIENN DUTTON



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) DATE OF AMOUNT PERSON/GROUP/BUSINESS **ADDRESS** Administrative OTHER EXPENDITURE OF (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) EXPENDITURE (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE FORM REVISED 9.2.2011