County Division Code: AL040 Inst. # 2020100407 Pages: 1 of 6 I certify this instrument filed on: 9/10/2020 9:11 AM Doc: ELCAPRE Judge of Probate Jefferson County, AL Clerk: CRONANL Shelby Cnty Judge of Probate, AL STATE OF ALABAMA 09/14/2020 11:46:22 AM FILED/CERT RECEIVED IN OFFICE Candidate & Elected Official COURT Campaign Finance Report SFP 10 2020 Type of Report (check one) SUMMARY FORM 1 Amended Monthly Monthly Please Print in Ink or Type. Amended Weekly Weekly Political Party/Bailot Affiliation Name of Candidate or Elected Official For Monthly Reports Month for which the Office Sought or Held (Include district or circuit number, if applicable) report is filed. City Council-For Weekly Reports とるころ Date of Friday in the week for which the report is filed. Telephone Number ZIP Code Total Number of 35094205-337-5854 Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** 2a Itemized cash contributions (total from Form 2) Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) Non-Itemized in-kind contributions (3c) Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) |5a Non-itemized expenditures Total expenditures (add lines 5a and 5b) **Expenditures on Line of Credit** Itemized expenditures (total from Form 6) Non-itemized expenditures |6c| Total expenditures on credit (add lines 6a and 6b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

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.

Signature of Candidate or Elected Official

Date Date

Sworn to and subsc	ribea before m	KLE 128	the day o	f
^	16 year 2020		ommission ex	pires
he 2914 day	= 75/1/20 V	of the year		· •
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Signature of Notary Pu	Alle A	···/OSS	· · · · · · · · · · · · · · · · · · ·	
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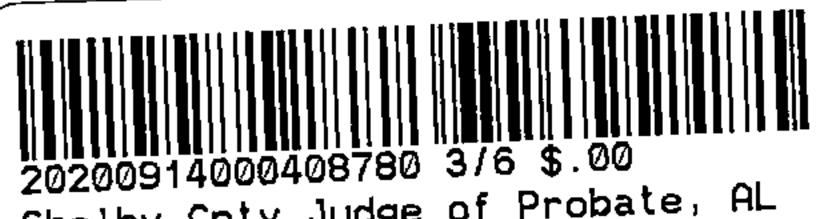
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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) AMOUNT DATE **ADDRESS** CONTRIBUTOR CONTRIBUTION OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Business or Corporation Individual CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



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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 GIENN DUHON

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 SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS AMOUNT** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE OF CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED Other (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



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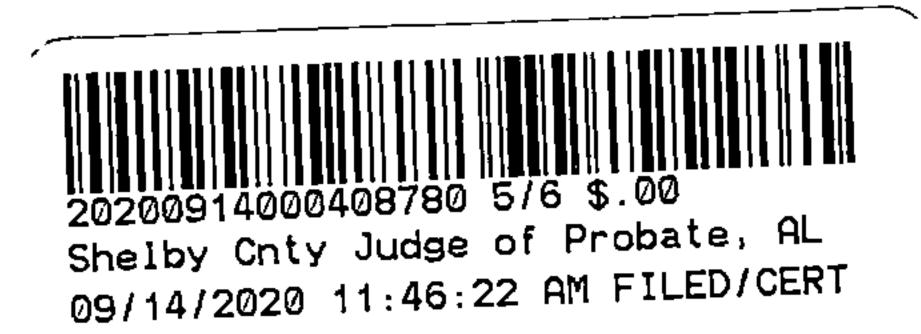
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FORM REVISED 10.27.2011

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 GIENN 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 (CHECK ONE) OF RECEIPT AMOUNT DATE **ADDRESS** SOURCE OF RECEIPT OF RECEIVED **GUARANTORS** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Individual RECEIPT Lending Institution PAC (mo./day/yr.) Business Other STREET OR P.O. BOX, [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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Glenn Dutton When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Charitable	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF. EXPENDITURE
None												•	
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FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE						AGE	٥					

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

FORM 6: Expenditures On Line of Credit by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Glenn Putton

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) **AMOUNT** DATE OF **ADDRESS** PERSON/GROUP/BUSINESS **OTHER** OF EXPENDITURE Advertising Consultants/ Polling Contribution (ADDRESS SHOULD INCLUDE EXPENDITURE RECEIVING EXPENDITURE (mo./day/yr.) **GIVE** STREET OR P.O. BOX, CITY, STATE, AND ZIP) BRIEF (INCLUDE FULL NAME) EXPLANATION None TOTAL EXPENDITURES THIS PAGE **FORM REVISED 5.19.2017**