County Division Code: AL040 Inst. # 2016078555 Pages: 1 of 5 I certify this instrument filed on: 8/3/2016 6:11 PM

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

Clerk: LYNN

STATE OF ALABAMA

PROBATE COURT FAIR CAMPAIGN PRACTICES ACT

## Candidate & Elected Character Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



08/19/2016 12:06:59 PM FILED/CERT

	Please Print in Ink or Type.					
Nan	ne of Candidate or Elected Official Political Party	Ballot	Affiliation	Type of Report	_	
1	Johnny Glenn Dutton	<del>-</del>	<del></del>	Mont	•	Amended Monthly  Amended Weekly
1	ce Sought or Held (include district or circuit number, if applicable)	<b>,</b>				<b></b>
_	eeds City Council - District 3	<u> </u>		For Monthly R Month in which	-	
	ress Check box if reporting new address			report is filed.		
L	444 Leigler KoAd			<ul> <li>For Weekly Re</li> <li>Date of Friday</li> </ul>	-	
City	Leeds State ZIP Code Telephone Number  AL 35094	MDEF		week in which to report is filed.		7-29-16
	5 EEUS	-		Total Number	of	
			_	Pages in Repo	ert '	
S	ummary of activity since last filed report			-,		
1	Beginning balance (ending balance from previous filing)			•	1	1,276.00
!	Cash Contributions				· .	
2a	Itemized cash contributions (total from Form 2)	2a				
2b	Non-itemized cash contributions	2b	-	•		.,
2c	Total cash contributions (add lines 2a and 2b)				2c	0
<del></del>	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a				•
3b	Non-itemized in-kind contributions	3b				
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	,			
4b	Non-itemized Receipts from Other Sources	4b				
4c	Total receipts from other sources (add lines 4a and 4b)			• •	4c	· - · · · ·
	Expenditures				_	
5a	Itemized expenditures (total from Form 5)	5a			}	
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)			•	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	1,276.00
Cai	ndidates for State Office: File this report with the Office of the Se	ecret	ary of Sta	ite.		
	ndidates for County or Municipal Office: File this report with the				y in wi	nich the office is sought.
4s re	equired by the Alabama Fair Campaign Practices Act, I hereby Swo	rn to	and subs	scribed before me	this	26 day of
	ar or affirm to the best of my knowledge and belief that the	ele	<b>⊥</b> of t	the year ZOI	0	My commission expires
	ched report(s) and the information contained herein are and correct and that this information is a full and complete	,(	day	Manh	of th	e year 2017
state	ement of all contributions, expenditures, and other required		ua)	2 40 d	OIUI	
nfor	mation during the applicable period of time.	a	Mer,	- What	ley	Auker
<u> </u>	Sign	ature o	of Notary	ublic	•	
oign:	afure of Candidate or Elected Official Date	al	rley	Whatle	4	LuHer

Print Notary's Name

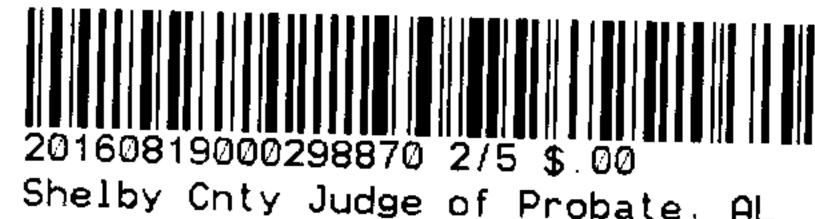
County Division Code: AL040 Inst. # 2016078555 Pages: 2 of 5

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) CONTRIBUTOR ADDRESS DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011



Shelby Cnty Judge of Probate, AL 08/19/2016 12:06:59 PM FILED/CERT County Division Code: AL040 Inst. # 2016078555 Pages: 3 of 5

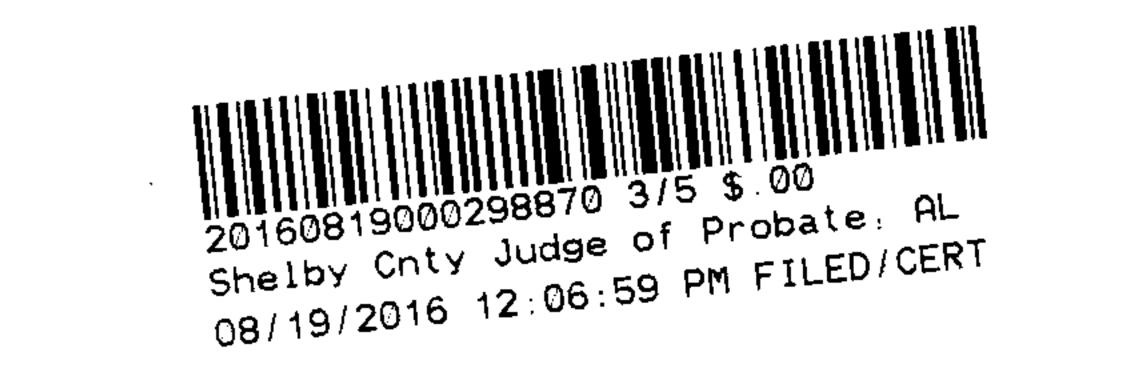
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Glenn Dutton

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

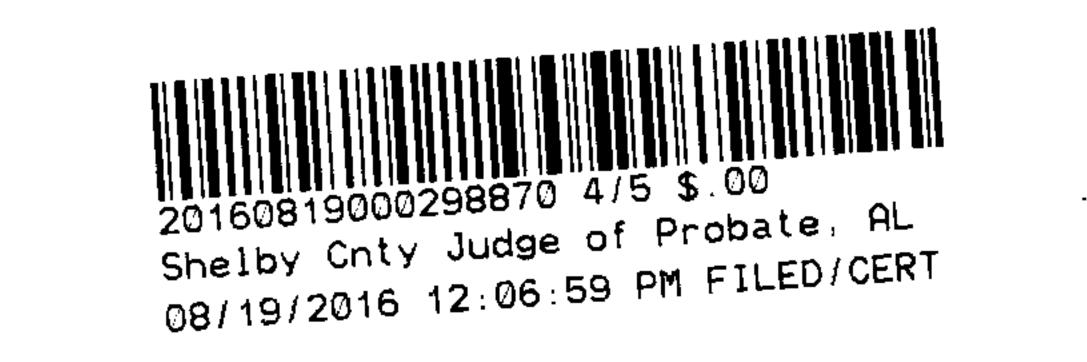
	DO NOT LIST cash or loans on this				•									<del></del>	
		NATURE OF CONTRIBUTION SOURCE (CHECK ONE)													
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
None															
															•
															•
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE												0			



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.

	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R		PT <b>3</b> (		CE	DATE	AGROUNT
SOURCE OF RECEIPT (INCLUDE FULL NAME)		Interest	Loan	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
None												· · · · · · · · · · · · · · · · · · ·
												•
					•							
										,		
					•							
		-										
FORM REVISED 9.2.2011	TOTAL RECEIPTS THIS PAGE										0	



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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 Glenn 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) PERSON/GROUP/BUSINESS ADDRESS DATE OF THUOWA OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE OF 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

> 20160819000298870 5/5 \$.00 20160819000298870 of Probate, AL Shelby Cnty Judge of Probate, 08/19/2016 12:06:59 PM FILED/CERT