County Division Code: AL040 Inst. # 2016078544 Pages: 1 of 5 I certify this instrument filed on: 8/3/2016 6:11 PM

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

Clerk: LYNN

7

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

FILED IN OFFICE PROBATE COURT

THIS AREA FOR OFFICIAL USE ONLY

## Candidate & Elected Of

Shelby Cnty Judge of Probate, AL

Campaign Finance Report SUMMARY FORM 1 08/19/2016 12:07:01 PM FILED/CERT

	Please Print in Ink or Type.								
Name of Candidate or Elected Official  Tohny GIENN Dutton  Office Sought of Held (include district or circuit number, if applicable)			Affiliation	Type of	Report (che Monthly		ended Monthly	<i>,</i>	
					Weekly	Ame	ended Weekly		
	Leeds City Council - District 3 iress Check box if reporting new address				nthly Repor	ts	<u> </u>	_	
				report is	s filed.				
6444 Zeigles ROAD			<del></del>		ekly Report Friday in the				
City State ZIP Code Telephone Nu				week in	which the	7/3	22/16	ľ	
	Leeds AL 35094			report is	i filed. umber of				
	•			_	in Report		5		
S	ummary of activity since last filed report								
1	Beginning balance (ending balance from previous filin	ıg)	<u>.</u> .	<u> </u>	1	1,28	9.60		
	Cash Contributions			•					
2a	Itemized cash contributions (total from Form 2)	2a	<u> </u>						
2b	Non-itemized cash contributions	2b		,	•		,		
2c	Total cash contributions (add lines 2a and 2b)		•.	•.,	2c		0		
	In-Kind Contributions				; •				
3a	Itemized in-kind contributions (total from Form 3)	3a			,				
3b	Non-itemized in-kind contributions	3b				•			
3с	Total in-kind contributions (add lines 3a and 3b)	3c							
	Receipts from Other Sources								
4a	Itemized Receipts from Other Sources (total from Forn	n 4) 4a	,						
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		13.60				1	
5b	Non-itemized expenditures	5b							
5c	Total expenditures (add lines 5a and 5b)				5c	13	.60		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line	; 5c)			6	1,2"	16.00		
Ca	ndidates for State Office: File this report with the Office of th	ne Secret	ary of Sta	ate.					
	ndidates for County or Municipal Office: File this report wit				e county in	which the o	iffice is soug	ht.	
\s re	equired by the Alabama Fair Campaign Practices Act, I hereby			scribed befo	ore me this	18	day of		
we	ar or affirm to the best of my knowledge and belief that the	Vile	<b>d</b> of	the vear 🎿	2016	Mv com:	mission expir	ree	

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

Signature of Notary Public Print Notary's Narte

**FORM REVISED 9.2.2011** 

County Division Code: AL040 Inst. # 2016078544 Pages: 2 of 5

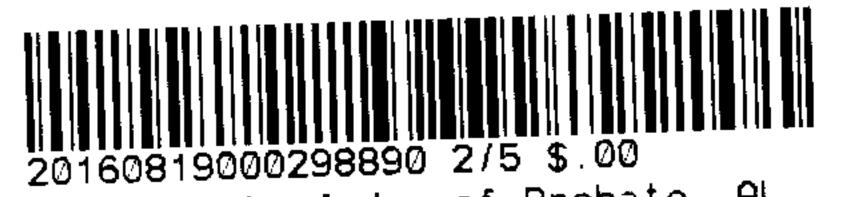
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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 ar	id 4 fo	or th	o <u>se</u> l	isting	<b>]</b> S.		•				
CONTRIBUTOR		OF	CO		CE BUTI ONE)	ON		AMOUNT OF CONTRIBUTION				
(INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)					
None				ļ								
							-					
	*			i				•				
•												
FORM REVISED 9.2.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE											



20160819000298890 275 3.00 Shelby Cnty Judge of Probate, AL 08/19/2016 12:07:01 PM FILED/CERT

County Division Code: AL040 Inst. # 2016078544 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 form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) AMOUNT ADDRESS DATE CONTRIBUTOR Advertising
Polling
Food
Transportation
Other
Corporation
Individual
PAC (ADDRESS SHOULD INCLUDE OF |CONTRIBUTION| (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE **FORM REVISED 9.2.2011** 

> 20160819000298890 3/5 \$.00 20160819000298890 3/5 \$.00 Shelby Cnty Judge of Probate, AL 08/19/2016 12:07:01 PM FILED/CERT

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 OF RECEIPT (CHECK ONE) ADDRESS SOURCE OF RECEIPT DATE AMOUNT (ADDRESS SHOULD INCLUDE GUARANTORS (INCLUDE FULL NAME) RECEIVED OF STREET OR P.O. BOX, (mo./day/yr.) RECEIPT Interest [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE FORM REVISED 9.2.2011



Shelby Cnty Judge of Probate, AL 08/19/2016 12:07:01 PM FILED/CERT

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 GIENN DUTTON



	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)				PU	RPO	SE C						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	ğu	Transportation	OTHER  GIVE  BRIEF  EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURI
1.5. Post Office	1500 8th Street	X									Postage	7-11-16	\$ 13.60
	Leeds AL 35094												
			•							ı		-	•
•	-												
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									$\dashv$				<u> </u>
ORM REVISED 9.2.2011				<u> </u>	TC		L E	XP	ENI	 TIC	URES THIS F	PAGE	\$ 13.61

