

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 09/02/2016 03:25:26 PM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Amended Monthly Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) District 3 For Monthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the ZIP Code Telephone Number week in which the 35094 Leeds report is filed. Total Number of Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) 2c In-Kind Contributions Itemized in-kind contributions (total from Form 3) Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) 4c **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 5c 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 6 Candidates for State Office: File this report with the Office of the Secretary of State. Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which 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 My commission expires 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.

Print Notary's Name

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 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 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) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011



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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 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) CONTRIBUTOR ADDRESS DATE **AMOUNT** (INCLUDE FULL NAME) Transportation Other (ADDRESS SHOULD INCLUDE CONTRIBUTION OF 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

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

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FORM 5: Expenditures by candidate or elected official 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) PERSON/GROUP/BUSINESS ADDRESS DATE OF AMOUNT OTHER (ADDRESS SHOULD INCLUDE Consultants/ Polling Contribution RECEIVING EXPENDITURE EXPENDITURE OF Loan Repayment Lodging STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) GIVE (mo./day/yr.) **EXPENDITURE** BRIEF EXPLANATION TOTAL EXPENDITURES THIS PAGE FORM REVISED 9.2.2011

