County Division Code: AL040 Inst. # 2016091586 Pages: 1 of 5 I certify this instrument filed on: 9/2/2016 11:11 AM

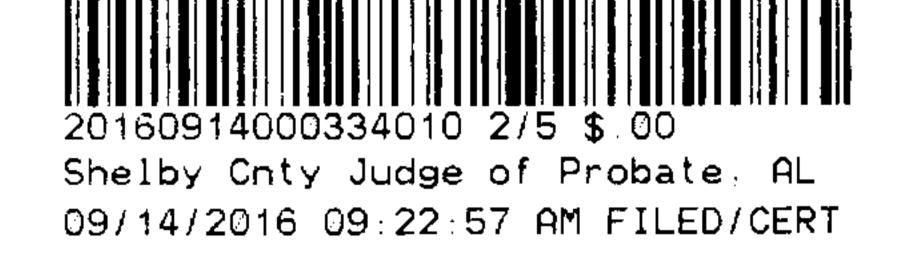
, Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: SSCOGGINS

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FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Official Campaign Finance PROBATE COURT SUMMARY FORM 1 SUMMARY FORM 1		THIS AREA FOR OFFICIAL USE ONLY 20160914000334010 1/5 \$.00 Shelby Cnty Judge of Probate: AL 09/14/2016 09:22:57 AM FILED/CERT					
				3GP 4 2 28	_		
				Name of Candidate or Elected Official Tohny Genn Dutton Office Sought or Held (include district or circuit number, if applicable)	Bailot Affiliation	Type of Report (check Monthly Weekly	one)
Leeds City Council - District 3 Address Check box if reporting new address		For Monthly Reports Month in which the report is filed.					
City State ZIP Code Telephone Nu 35094	ımber	For Weekly Reports Date of Friday in the week in which the report is filed.	9-2-16				
	3	Total Number of Pages in Report	5				
Summary 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				
In-Kind Contributions	· · ·	·					
3a Itemized in-kind contributions (total from Form 3)	3a						
Non-itemized in-kind contributions	3b	· · · · · · · · · · · · · · · · · · ·					
Total in-kind contributions (add lines 3a and 3b)	3c						
Receipts from Other Sources		·					
la Itemized Receipts from Other Sources (total from Form 4)							
Non-itemized Receipts from Other Sources	4b						
Total receipts from other sources (add lines 4a and 4b)		4c	· · · · · · · · · · · · · · · · · · ·				
Expenditures							
ltemized expenditures (total from Form 5)	5a		•••				
Non-itemized expenditures	5b	<u></u>					
oc lotal expenditures (add lines baland bb)		5c	0				
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	!"- '	6 7	1,276.00				
Candidates for State Office: File this report with the Office of the S							
Candidates for County or Municipal Office: File this report with the	e Judge of Prol	pate of the county in wh	ich the office is sought.				
	_	cribed before me this	 day of				
wear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	gust of t		My commission expires				
rue and correct and that this information is a full and complete the	12 day	of Mach, of the	year <u>2017</u>				
tatement of all contributions, expenditures, and other required aftermation during the applicable period of time.	7-11-	- 1111 II					
() h U () 1/2 / ola 1/1 ()	anley	Marly	Mula				
Signature of Candidate or Elected Official Date	ature of Notary Pu	blic.	Luker				
	Jahleu	IV/14/124	24110				

Print Notary's Name

County Division Code: AL040 Inst. # 2016091586 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

NAME OF CANDIDATE OR ELECTED OFFICIAL: VOYING (COMPANIE) (FICONO VOICE AND VOICE OF THE SOURCE TO BE IDENTIFIED OF CANDIDATE OR ELECTED OFFICIAL: VOYING (COMPANIE) (FICONO VOICE AND VOICE TO BE IDENTIFIED OF CANDIDATE OR ELECTED OFFICIAL: VOYING (COMPANIE) (COMPAN

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 CONTRIBUTION (ADDRESS SHOULD INCLUDE OF (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

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

14 2 1

FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR DATE AMOUNT ADDRESS (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) Food TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

County Division Code: AL040 Inst. # 2016091586 Pages: 4 of 5

Shelby Cnty Judge of Probate, AL 09/14/2016 09:22:57 AM 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 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 (ADDRESS SHOULD INCLUDE RECEIVED OF GUARANTORS (INCLUDE FULL NAME) Lending Institution PAC Individual 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 FORM REVISED 9.2.2011



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