



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A



20190115000015670 1/5 \$ .00  
Shelby Cnty Judge of Probate, AL  
01/15/2019 08:45:57 AM FILED/CERT

Please Print in Ink or Type.

|                                                                                                                     |                    |                                    |                                         |
|---------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|-----------------------------------------|
| Name of Candidate or Elected Official<br><b>Johnny Glenn Dutton</b>                                                 |                    | Political Party/Ballot Affiliation |                                         |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Leeds City Council - District 3</b> |                    |                                    |                                         |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>6444 Zeigler Road</b>                     |                    |                                    |                                         |
| City<br><b>Leeds</b>                                                                                                | State<br><b>AL</b> | ZIP Code<br><b>35094</b>           | Telephone Number<br><b>205-337-5850</b> |

Calendar Year  
covered by this report.**2018**☐ Amended Annual Report☐ Termination ReportTotal Pages in Report  
Include this page in  
your count.**5****SECTION I - Summary of activity from last filed report through December 31 of reporting year**

|                                    |                                                                  |    |   |                 |
|------------------------------------|------------------------------------------------------------------|----|---|-----------------|
| 1                                  | Beginning balance (ending balance from previous filing)          |    | 1 | <b>1,266.60</b> |
| <b>Cash Contributions</b>          |                                                                  |    |   |                 |
| 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 |   | <b>0</b>        |
| <b>In-Kind Contributions</b>       |                                                                  |    |   |                 |
| 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 |   |                 |
| <b>Receipts from Other Sources</b> |                                                                  |    |   |                 |
| 4a                                 | Total itemized receipts from other sources (total from Form 4)   | 4a |   |                 |
| 4b                                 | Total non-itemized receipts from other sources                   | 4b |   |                 |
| 4c                                 | Total itemized receipts from other sources (add lines 4a and 4b) | 4c |   | <b>0</b>        |
| <b>Expenditures</b>                |                                                                  |    |   |                 |
| 5a                                 | Itemized expenditures (total from Form 5)                        | 5a |   |                 |
| 5b                                 | Non-itemized expenditures                                        | 5b |   |                 |
| 5c                                 | Total expenditures (add lines 5a and 5b)                         | 5c |   | <b>0</b>        |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)    | 6  |   | <b>1,266.60</b> |

**SECTION II - Summary of activity for entire reporting year - January 1st through December 31st**

|    |                                                              |    |                 |
|----|--------------------------------------------------------------|----|-----------------|
| 7  | Beginning balance (as of January 1 of reporting year)        | 7  | <b>1,266.60</b> |
| 8  | Total cash contributions for year                            | 8  | <b>0</b>        |
| 9  | Total in-kind contributions for year                         | 9  | <b>0</b>        |
| 10 | Total receipts from other sources for year                   | 10 | <b>0</b>        |
| 11 | Total expenditures for year                                  | 11 | <b>0</b>        |
| 12 | Ending balance (add lines 7, 8, & 10, then subtract line 11) | 12 | <b>1,266.60</b> |
| 13 | Total campaign debt (total debt owed as of December 31)      | 13 |                 |

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.

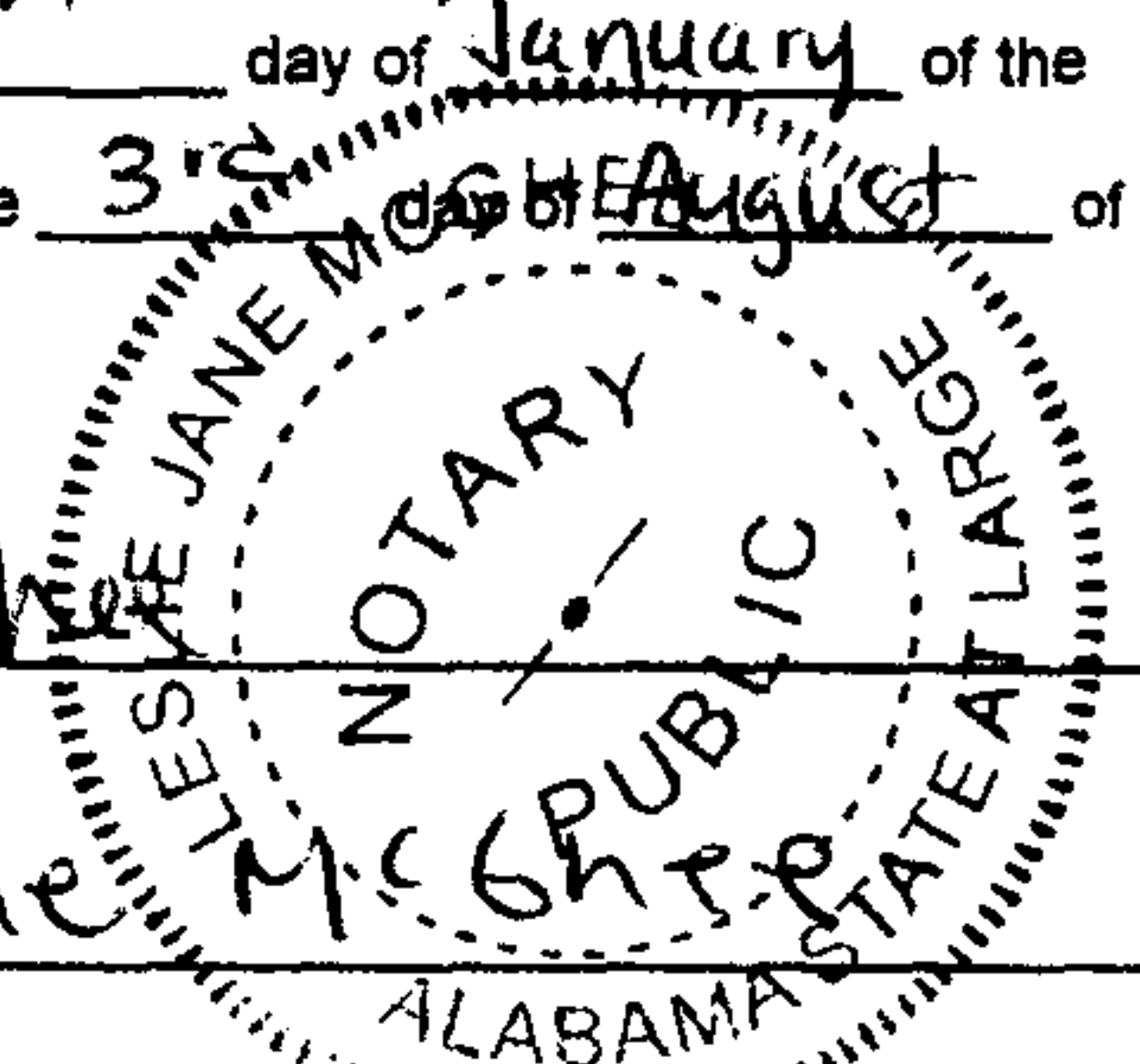
Sworn to and subscribed before me this 11<sup>th</sup> day of January of the year 2019. My commission expires the 3<sup>rd</sup> day of August of the year 2021.

**Johnny Glenn Dutton**  
Signature of Candidate or Elected Official

**12-31-18**  
Date

**Leslie June McGehee**  
Signature of Notary Public

**Leslie June McGehee**  
Print Notary's Name





# FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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.

| CONTRIBUTOR<br>(INCLUDE FULL NAME)                                                                                                                 | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------|-----|-------|----------|---------------------------------------------------|------------------------------|
|                                                                                                                                                    |                                                                                 | Business or<br>Corporation               | Individual | PAC | Other | Returned |                                                   |                              |
| None                                                                                                                                               |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                                                                                                                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
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|                                                                                                                                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
| <div><div><div></div></div><div>20190115000015670 2/5 \$.00<br/>Shelby Cnty Judge of Probate, AL<br/>01/15/2019 08:45:57 AM FILED/CERT</div></div> |                                                                                 |                                          |            |     |       |          |                                                   |                              |
| TOTAL CASH CONTRIBUTIONS THIS PAGE                                                                                                                 |                                                                                 |                                          |            |     |       |          | 0                                                 |                              |

FORM REVISED 9.2.2011



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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

| CONTRIBUTOR<br>(INCLUDE FULL NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
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|                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   |                              |





# 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.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE)                                                                                                                                                                                                        |             |                         |              |      |             |                   |         |                | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|--------------|------|-------------|-------------------|---------|----------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                                                                                                                                                                                                                               | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation |                                         |                             |
| <i>None</i>                                                           |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 | <div style="text-align: right;">  <p>20190115000015670 5/5 \$ .00<br/>Shelby Cnty Judge of Probate, AL<br/>01/15/2019 08:45:57 AM FILED/CERT</p> </div> |             |                         |              |      |             |                   |         |                |                                         |                             |
| <b>TOTAL EXPENDITURES THIS PAGE</b>                                   |                                                                                 |                                                                                                                                                                                                                                              |             |                         |              |      |             |                   |         |                | <b>0</b>                                |                             |

FORM REVISED 9.2.2011