

08/14/2020 11:29:58 AM FILED/CERT

Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.	
Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Johnny Glenn Dutton	
Office Sought or Held (include district or circuit number, if applicable)	
Leeds City Council - Dist	Rict 3
Address Check box if reporting new address	
6444 Leicher KOAd	
City , State ZIP Cod	e Telephone Number
1,000/ 25001	

Jefferson County, AL.

Clerk: PEEPLESC

Amended Monthly

Amended Weekly

Type of Report (check one)

Monthly

Weekly

J	TOHNNY GIENN DUTTON		For Monthly R Month for which	•	3
Offic	e Sought or Held (include district or circuit number, if applicable)		report is filed.	•	
	eeds City Council - District 3		For Weekly Re Date of Friday	-	0/0/0000
Addr			week for which		8/1/2020
City	State ZIP Code Telephone Num	ner	report is filed. Total Number	of	
	Leeds AL 35094		Pages in Repo		
	ımmary of activity since last filed report				**************************************
	Beginning balance (ending balance from previous filing)			1	1,216,60
	Cash Contributions			1	
2a	Itemized cash contributions (total from FormF2) LED IN O	Za IC	24]	
	Non-itemized cash contributions PROBATE C	PT		1	
	Total cash contributions (add lines 2a and 2b) AUG 102	<u> </u>	· .	2c	<u> </u>
		ULU			
		NG	<u> </u>	٦	
	Itemized in-kind contributions (total from Form 3) Judge of Pro				
	14011 1201111200 111 1111111111111111111	3b		_	
		3c			
<u> </u>	Receipts from Other Sources			7	
4a	Itemized Receipts from Other Sources (total from Form 4)		<u> </u>		
4b	Non-itemized Receipts from Other Sources	4b		 	
4c	Total receipts from other sources (add lines 4a and 4b)			4c	
	Expenditures	·	<u>. </u>	_	
5a	Itemized expenditures (total from Form 5)	5a	706.75		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	706.75
	Expenditures on Line of Credit		,	· ,	
6a	Itemized expenditures (total from Form 6)	6a			
6b	Non-itemized expenditures	6b			
60	Total expenditures on credit (add lines 6a and 6b)	6c	0		·
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7,,,,,	509.85
swe atta true sta	ear or affirm to the best of my knowledge and belief that the ached report(s) and the information contained herein are and correct and that this information is a full and complete tement of all contributions, expenditures, and other required the complete ormation during the applicable period of time.	Jeel	of the year and day of Market	0 N C	day of
Sic	Insture of Candidate of Elected Official Sign	ature o	F Notary Public	UNUOUN	TY, ALARMAN
-13				-41114	14 4 3 3 3

∞ಶ REPORT FOR CANDIDATE - CAMPAIGN FINA ALABAMA FAIR CAMPAIGN PRACTICES ACT

official elected received ontributions FOR 2

NAME OF CANDIDATE OR ELECTED OFFICIAL:

candidate or)e/

		SOURCE OF CONTRIBUTION (CHECK ONE)	ļ	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Individual PAC Other	CONTRIBUTION RECEIVED (mo./day/yr.)	CONTRIBUTION
10 / Contraction of the contract	Prose than 21 february 2004		7/31/20	200,00
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	, <u>, , , , , , , , , , , , , , , , , , </u>		2/0/3	21.12
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		02008140 shelby Cr		
		00351630 ty Judge		
		2/6 \$.00 of Proba		
		te, AL ED/CERT		
FORM REVISED 10.27.2011	TOTAL CASH CON	RIBUTIONS T	IIS PAGE	2714.750.00

REPORT FOR CANDIDATE/ELECTED NCE. - CAMPAIGN FINA ALABAMA FAIR CAMPAIGN PRACTICES ACT

elected offi 0 candidate βđ received Contributions -Kind T P D H

(exca) and 2000 SNONS

from that source When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that then total contributions from the When total contributions as I cash or loans on this form. Use Forms 2 and 4 for those listings. NAME OF CANDIDATE OR ELECTED OFFICIAL:

	DO NOT CASH OF TOALS OF ALLS				
		NATURE OF CONTRIBUTION (CHECK ONE)	SOURCE (CHECK ONE)	<u>ו</u>	AMOUNT
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Advertising Consultants Polling Transportation Transportation	Other Other Other	CONTRIBUTION RECEIVED (mo./day/yr.)	
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	Rough Ary 28094			3/2/20	00/05/
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FORM REVISED 10.27.2011		TOTAL IN-KIND CON	TRIBUTIONS T	HIS PAGE	996,780.00



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

Receipts from Other Sources loans, interest, and other sources of

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	Institution PAC	Lending	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
AMOUNT		CE	SOUR (ONE)	두 구	RECE	73	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	MEIPT	FORM	- 우		
	lizea.	tem	e to be	gs.	nat so	m than that	00, the FCPA requires all contributions frons on this form. Use Forms 2 and 3 for the	\$100.00 ibutions	eed \$1 ontribu	e exc kind c	contributions from a single source no bo NOT LIST cash or in-	When total

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

TO Z Ü Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Q a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be in

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574.75		\$.00 Probate,							7	1	39 19 Nonderbit 10 3921	alle Brothma
46,19						<u> </u>			-		6 Docto Madrid Bham	
250,48											3901 MARIE DI BASA	milai Donna
EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER- GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Food Fundraising	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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	ent be itemized	ires to that recipie	dit	exper	<u>a</u>	uires	req	CPA	ਜ ਜ ਜ	00, th	nditures to a single recipient exceed \$100.0	When total exper

ABAMA FAIR CAMPAIGN PRACT ICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

ures Line of Credit by candidate or elected official

CANDIDATE OR requires all expenditures to that recipient be in

OFFICIAL:

FORM REVISED 5.19.2017					202008 Shelby 08/14	1400035 Cnty J 2020 11	1630 6/6 udge of P :29:58 AM	\$.00 robate, AL FILED/CER	T	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		When total expen
										ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		expenditures to a single recipient exceed \$100.0
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	7				<u> </u>					Fundraising	CHE O	ires all
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	PEN		,							Transportation	PEN:	expendit
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	PAGE									EXPENDITURE (mo./day/yr.)		ient be itemize
	\$ 0.00									AMOUNT OF EXPENDITURE		Ω.