



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160808000280000 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/08/2016 09:44:08 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official David Calhoun		Political Party/Ballot Affiliation Chelsea	
Office Sought or Held (include district or circuit number, if applicable) Chelsea City Council - Place 4			
Address ☐ Check box if reporting new address 2070 Hwy. 39 Chelsea, AL			
City Chelsea	State AL	ZIP Code 35043	Telephone Number [REDACTED]

Date Covered by Report **8/2/2016**
8/8/2016

☐ Amended Daily Report

Total Number of Pages in Report **5**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	- 1403.85
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
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		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 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	2056.06	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	- 2056.06	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	- 3459.91	

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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 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.

David B. Calhoun **8-8-16**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **8th** day of **August** of the year **2016**. My commission expires the **5th** day of **February** of the year **2020**.

Susan R. George
Signature of Notary Public
Susan R. George
Print Notary's Name

David Callahan

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.

[illegible]

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