



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160829000311490 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/29/2016 11:32:33 AM FILED/CERT

Please Print in Ink or Type.

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

Date Covered by Report 8/23/2016
8/29/2016

☐ 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 <u>3590.71</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a <u>0</u>	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c <u>0</u>	
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 <u>0</u>	
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 <u>0</u>	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a <u>0</u>	
5b	Non-itemized expenditures	5b <u>0</u>	
5c	Total expenditures (add lines 5a and 5b)	5c <u>0</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 <u>3590.71</u>	

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 8/29/16
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 29th day of August of the year 2016. My commission expires the 5th day of the year 2020.

Susan H. Goodwin
Signature of Notary Public
Susan H. Goodwin
Print Notary's Name



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Calhoun

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other			
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																

0

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