

Candidate & Elected Official Campaign Finance Report FILED SUMMARY FORM 1

AUG 19 2020 Type of Report (check one)

- Monthly
- Weekly
- Amended Monthly
- Amended Weekly

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Thomas Douglas Calvin</i>	Political Party/Ballot Affiliation <i>SCOTT W. HASSELL JUDGE OF PROBATE</i>
Office Sought or Held (include district or circuit number, if applicable) <i>Rainbow City Council Place #4</i>	
Address <input type="checkbox"/> Check box if reporting new address <i>154 Hidden Circle</i>	
City <i>Rainbow City</i>	State <i>AL</i>
ZIP Code <i>35906</i>	Telephone Number <i>256.393.0142</i>

For Monthly Reports
Month for which the report is filed.

For Weekly Reports
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

TC

*8/10 - 8/14
2020*

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 241.65
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	\$0.00
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	\$0.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	400
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	400 \$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	400
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	400 \$0.00
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	241.65 \$0.00

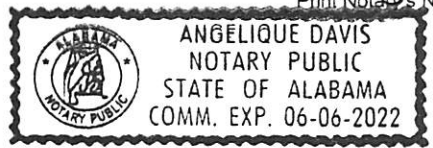
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Thomas Calvin TC
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 19th day of August of the year 2020. My commission expires the 6th day of September of the year 2022.

Angelique Davis
Signature of Notary Public

Angelique Davis
Print Notary's Name



Thomas Calvin



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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	

