

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 17 2018

ROBBY M. JONES
JUDGE OF PROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official JAMES CHRISTOPHER ROBINSON		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) CANNON CITY DIST 7			
Address <input type="checkbox"/> Check box if reporting new address 335 HARTS AVE			
City CANNON	State AL	ZIP Code 35104	Telephone Number 256-393-1657

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

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

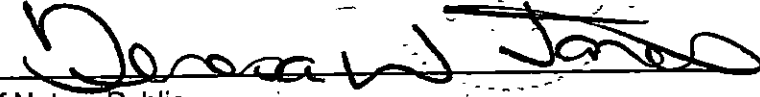

Aug 17, 18
6

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 1484.76
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	—
4b	Non-itemized Receipts from Other Sources	4b	—
4c	Total receipts from other sources (add lines 4a and 4b)	4c	— \$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	—
5b	Non-itemized expenditures	5b	—
5c	Total expenditures (add lines 5a and 5b)	5c	— \$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	1484.76 \$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.


AUG 17 2018
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 16th day of August of the year 2018. My commission expires the 16th day of Jan of the year 2022.


 Signature of Notary Public

 Print Notary's Name

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



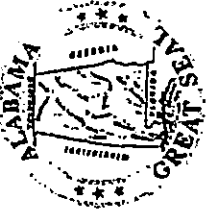
FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: CHRIS ROBINSON

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	

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



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: CHARIS ROBINSON

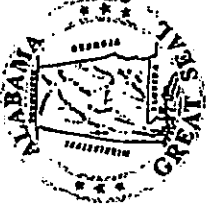
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									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															

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

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: CHRIS ROBINSON



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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													

