MONTHLY & WEEKLY



### Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
MAY 19 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

	Please Print in In	k or Type.			─ Type of Report	(check	one)
Name of Candidate or Ele	ected Official		Political Party/E	Ballot Affiliation	Mont		Amended Monthly
Robin Grant			Democrat		- Weel	•	Amended Weekly
Ī	clude district or circuit number, if a	applicable)			For Monthly Re	·	
Etowah County Co	if reporting new address				Month in which	-	
					report is filed.  For Weekly Re	norts	
4680 McCourt Rd	State	ZIP Code	Telephone Nur	nber	Date of Friday in	n the	May 16, 2014
City Gadsden	Al	35952	1010pilolio ivas		week in which to report is filed.	ne	
					Total Number		
					Pages in Repo	rt	
						4	0.004.40
1 Beginning ba	lance (ending balance	from previo	ous filing)			1	\$-361.13
Cash Contrib	outions					i F	
2a Itemized cast	h contributions (total fr	om Form 2)		2a	\$0.00		
2b Non-itemized	cash contributions			2b	\$100.00		· ·
2c Total cash co	ontributions (add lines 2	2a and 2b)				2c	\$100.00
In-Kind Contr	ributions					1	
3a Itemized in-k	ind contributions (total	from Form	3)	3a	\$0.00		
	in-kind contributions			3b			
	contributions (add line	s 3a and 3b	)	3с	\$0.00	]	
	m Other Sources					1	
4a Itemized Rec	ceipts from Other Sour	ces (total fro	om Form 4)	4a	\$0.00		
	d Receipts from Other			4b			
4c Total receipts	s from other sources (a	add lines 4a	and 4b)			4c	\$0.00
Expenditures						- -	
5a Itemized exp	penditures (total from F	orm 5)		5a	\$0.00		
	d expenditures	<del></del>		5b			
	ditures (add lines 5a ar	nd 5b)				5c	\$0.00
	nce (add lines 1, 2c, & 4		ract line 5c			6	\$-261.13
swear or affirm to the attached report(s) true and correct an statement of all corrects.	labama Fair Campaign Prache best of my knowledge and the information cond that this information is a ntributions, expenditures, the applicable period of tinger or Flected Official	and belief that tained hereing full and come and other req	at the are applete the quired	orn to and s	Leu	14	day of
Signature or Candida	IO OF EIGOOG OTHORS				ricic i	· سا 	111010101

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: Robin Grant When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

\$0.00	TOTAL CASH CONTRIBUTIONS THIS PAGE	TOTAL CASH CONT	FORM REVISED 10.27.2011
\$0.00			
OF	Corporation Individual PAC Other Returned CONTRIBUTION (mo./day/yr.)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
TINDOMA	SOURCE OF CONTRIBUTION (CHECK ONE)		

# 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: Robin Grant



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

FORM REVISED 10 27 2011							CONTRIBUTOR (INCLUDE FULL NAME)	
							ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
4							Administrative	
70							Advertising	NATI
A		<u> </u>					Consultants/ Polling	JRE :
Z	 			<u> </u>	<del>                                     </del>		Equipment	<b>OF C</b>
X	1				<del>                                     </del>		Food	K ON T
DC			<del>                                     </del>				Rent	NATURE OF CONTRIBUTION (CHECK ONE)
Š	<del>                                     </del>						Transportation	TION
Ţ		<del>                                     </del>	<del>                                     </del>	t			Other	
Œ		<del>                                     </del>	1	1			Business/ Corporation	6
Σ			1				Individual	SOURCE (CHECK ONE)
SNC SNC		1					PAC	RCE
<b>₹</b>							Other	<u>"</u>
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE							CONTRIBUTION RECEIVED (mo./day/yr.)	7
\$0						\$0.	CONTRIBUTION	

# 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: Robin Grant

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.

\$0.0	Ä	PAG	S	뒾	ST	Ä	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
				1		<u> </u>						
\$0.00												
	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
	2		RECEIPT SOURCE (CHECK ONE)	PT SI	CHE (CHE	교	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	ÖR	유규		
					ngs	Se list	DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.	oution	ř	8 2	<b>DO NOT LIST</b> cash or in-kii	

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

### FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robin Grant



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

\$0.00	PAGE	TOTAL EXPENDITURES THIS PAGE	NDI:	XPE	Ē	ATC	7	ŀ				FORM REVISED 10.27.2011
			***									
\$0.00										······································		
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	Food	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)
		RE	PURPOSE OF EXPENDITURE (CHECK ONE)	K ONE	(CHEC	RPOS	밀					