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JUL 13 2020  
JUL 31 2020

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSSELL  
SOCIETY OF PROFESSIONAL  
JUDGE OF PROBATE

Please Print in Ink or Type.

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month for which the report is filed

July

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

Total Number of Pages in Report

6

Name of Candidate or Elected Official <b>Chuck Robinson</b>		Political Party/Balot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>City Council</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>2392 Vernons Trace</b>			
City <b>Hokes Bluff</b>	State <b>AL</b>	ZIP Code <b>35403</b>	Telephone Number <b>256-490-0720</b>

### Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$0.00
<b>Cash Contributions</b>				
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
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$50.00	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00
<b>Receipts from Other Sources</b>				
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		\$50.00
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	\$50.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$50.00
<b>Expenditures on Line of Credit</b>				
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		\$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.

Signature of Candidate or Elected Official: *[Signature]* Date: **7/23/20**

Sworn to and subscribed before me this **23** day of **July** of the year **2020**. My commission expires the **2** day of **Jan** of the year **2022**.

Signature of Notary Public: *[Signature]*  
Print Notary's Name: **Lisa Couch Johnson**



# 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			
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								\$0.00	



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chuck 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)											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	
<u>Chuck Robinson</u>	<u>2392 Veranda Trace #13</u>															<u>7/7/2020</u>	<u>\$50.00</u>
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																	<u>\$50.00</u>

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: \_\_\_\_\_

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.

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

\$0.00	TOTAL RECEIPTS THIS PAGE									FORM REVISED 10.27.2011



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chuck Robinson

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
C of Hoheo Bluff	3301 Alford Bend Rd											7/7/2000	\$50.00
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$50.00

**FORM 6: Expenditures On Line of Credit by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_



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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest				
<b>TOTAL EXPENDITURES THIS PAGE</b>														\$ 0.00