

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**  
MAY 12 2014  
BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Robin Grant</b>		Political Party/Ballot Affiliation <b>Democrat</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Etowah County Coroner</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>4680 McCourt Road</b>			
City <b>Gadsden</b>	State <b>Al</b>	ZIP Code <b>35952</b>	Telephone Number <b>205-359-0105</b>

Type of Report (check one)

- Monthly       Amended Monthly  
 Weekly       Amended Weekly

For Monthly Reports

Month in which the report is filed.

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For Weekly Reports

Date of Friday in the week in which the report is filed.

May 9, 2014
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Total Number of Pages in Report

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1	Beginning balance (ending balance from previous filing)	1	\$-361.13
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00
2b	Non-itemized cash contributions	2b	\$0.00
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	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
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	\$0.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$0.00
5b	Non-itemized expenditures	5b	\$0.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$-361.13

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.

Robin Grant      5-12-14  
 Signature of Candidate or Elected Official      Date

Sworn to and subscribed before me this 12 day of May of the year 2014. My commission expires the 22 day of March of the year 2018.

Sheri B. McGinnis  
 Signature of Notary Public  
Sheri B. McGinnis  
 Print Notary's Name







