

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

ROBINSON FOR CONGRESS

ADDRESS (number and street)

POST OFFICE BOX 1062

(Check if address is changed)

CAMBRIDGE

MD

21613

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bluecrab@fastol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.christopherrobinsonforcongress.com

COMMITTEE'S FAX NUMBER

4102287436

2. DATE

03 / 17 / 2008

3. FEC IDENTIFICATION NUMBER

C C00428185

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Mr. TED A BROOKS

Signature of Treasurer

Electronically Filed by Mr. TED A BROOKS

Date

03 / 17 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **CHRISTOPHER ROBERT ROBINSON**

Candidate Party Affiliation  Office Sought:  House  Senate  President State **MD** District **01**

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.
- (e)  This committee is a separate segregated fund
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address   
  
 -   
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**ROBINSON FOR CONGRESS**

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. TED A BROOKS**

Mailing Address **604 CHURCH STREET**

**CAMBRIDGE** **MD** **21613** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number - -

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. TED A BROOKS**

Mailing Address **604 CHURCH STREET**

**CAMBRIDGE** **MD** **21613** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number - -

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Provident State Bank**

Mailing Address

**526 Poplar Street**

**Cambridge**

**MD**

**21613**

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲