CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMIL AIGHT INVALUE RELIGIT							
The C/OH Instruction Guide explains how to complete this form				s Commission filer	s)	2 Total pages filed	
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFICE	E USE ONLY	
OFFICEHOLDER	Mr	Carroll	G	Date Re	ceived		
NAME	NICKNAME	LAST	SUFFIX	10/5/	/2015		
		Robinson					
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZIP COL	DE			
OFFICEHOLDER	PO Box 8325						
MAILING				Date Hand	-delivered	or Date Postmarked	
ADDRESS Change of address	Houston Texas 77288						
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION				
OFFICEHOLDER	(832) 863-8092						
PHONE							
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt	#	Amount	
TREASURER	Mr	Victor	L	Date Pro	cessed		
NAME	NICKNAME	LAST	SUFFIX	Date Ima	aged		
		Cardenas	Jr.				
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE #;	CITY;	STATE;	ZIP CODE	
TREASURER	3900 Essex Ln						
ADDRESS	Suite 700						
(Business)	Houston Texas 77027						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(832) 715-0607						
	January 15 X 30th day bef	ore election Final	repport (Attach C/OH - F	Exceeded \$50	0 limit		
9 REPORT TYPE		_		<u></u>			
	July 15 8th day befo	re election Runo	ff	15th day after	campaign trea	asurer appointment(officeholder only)	
10 PERIOD	Month Day	Year		Mor	ith Day	Year	
COVERED	7/1/2015		THROUGH		9/24/2	015	
11 ELECTION	ELECTION DATE	ELECTION	TYPE				
	Month Day Year	☐ Deimoni	□ Buss	<u>.</u>	Canaral	Consider the Constant of the C	
	11/3/2015	Primary	Runof	' '	General	Special	
12 OFFICE	OFFICE HELD (if any)	•	13 OFFI	CE SOUGHT (if known)			
	N/A		Cor	ntroller			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Carrol	ll G Robinson		15 Filer ID (Ethics C	ommission Filers)
	expenditures may have	political contributions accepted or political expenditure been made without the candidate's or officeholder's k receive notice of such expenditures.		
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL COMMITTEE(S)	X GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION FOTALS	1 TOTAL POLITIC PLEDGES, LOA	AL CONTRIBUTIONS OF \$50 OR LESS NS, OR GUARANTEES OF LOANS), UN	S (OTHER THAN NLESS ITEMIZED	\$
	_	PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$14,050.00
EXPENDITURE FOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS	S, UNLESS ITEMIZED	\$
	4 TOTAL POLITIC	AL EXPENDITURES		\$17,556.16
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS PERIOD	OF THE LAST DAY	\$1,527.14
OUTSTANDING LOAN FOTALS		AL AMOUNT OF ALL OUTSTANDING L HE REPORTING PERIOD	LOANS AS OF THE	\$
18 AFFIDAVIT		report is tru	affirm, under penalty of perjury le and correct and includes all v me under Title 15, Election Co	information required to be
			Justin R. Jo	rdan
AFFIX NOT STAMP / SE	AL ABOVE		Signature of Candidate	or Officeholder
		d	, this the	day
of	, 20	, to certify which, witness my	y hand and seal of office.	
Signature of officer admi	nistering oath	Print name of officer administerin	g oath Title of offi	cer administering oath

SL	JB	FORM C/OH					
			COVER SHEET PG 3				
19 F	FIL	ER NAME Carroll G Robinson	20 Filer ID (Ethics Commission Filers)				
21	S	CHEDULE SUBTOTALS	SUBTOTAL				
	N	AME OF SCHEDULE	AMOUNT				
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3		SCHEDULE B: PLEDGED CONTRIBUTIONS					
4		SCHEDULE E: LOANS					
5	П	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	IS				
8		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
11		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED TO FILER				

The Instruction Guide explains how to complete this form.					1 Total Pages Schedule A1:		
2 F	ILER NAME	Carroll G Robinson	3 Filer ID (Ethics Commission filers)				
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Frank Motley	П	,	7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	6/23/2015		Bloomington	Indiana 47408	\$50.00		
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
	Attorney						
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		James M Douglas	Ц		7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	7/26/2015		Houston	Texas 77021	\$1,000.00		
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
				Texas Southern Univers	sity		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Kessler Topaz Meltzer & Check, LLP	_		7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	7/24/2015		Radnor	PA 19087	\$2,500.00		
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Taft L Foley	_		7 Amount of contributions (\$)		
		6 Contributor address;	City;	State; Zip Code			
	8/25/2015		Houston	Texas 77002	\$1,500.00		
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	8	SCHEDULE A1
Th	e Instruction G	Guide explains how to complete	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME (Carroll G Robinson			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Across The Track PAC	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code Texas 77021	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Davetta & Ray M. Daniels	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code Texas 77004	25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Vickie L McBride	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Missouri City	State; Zip Code Texas 77489	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Cheryl Sterling	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Missouri City	State; Zip Code Texas 77489	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Carroll G Robinson			3 Filer ID (Ethics Commission filers)
		Michael Adams			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Houston	Texas 77004	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Darryl B Carter			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/28/2015		Houston	Texas 77019	500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Jonathan P Smith	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/28/2015		Houston	Texas 77057	200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	T
4	Duto	Thomas E Glenn	out or state	1710(1511)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/27/2015		Humble	Texas 77346	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Zeb F Poindexter			7 Amount of contributions (\$)

MONETAR	RY POLITICAL CONTR	SCHEDULE A		
The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Carroll G Robinson			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/27/2015		Houston	Texas 77051	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Patricia M Frazier			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	•
8/27/2015		Houston	Texas 77045	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Angela W Wells			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/21/2015		Charlotte	N.C 28214	100.00
8 Principal od	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Andrea Young			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/18/2015		Houston	Texas 77019	1,000.00
8 Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)

he Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
? FILER NAME	Carroll G Robinson	3 Filer ID (Ethics Commission filers)		
Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Gusta Booker		, ,	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/16/2015		Houston	Texas 77004	100.00
Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	5 Full name of contributor	out of state I	PAC(ID#)	Γ
	Francis Cook			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/28/2015		Houston	Texas 77021	250.00
Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Communication Workers of America PAC			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/10/2015		Washington	D.C 20001	3,000.00
Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
Date	5 Full name of contributor	out of state I	PAC(ID#)	
	Beverly & Dinsdale W Ford			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
		Sugar Land	Texas 77478	600.00
9/19/2015		· ·		

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	8	SCHEDULE A1
The	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Carroll G Robinson			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Lucy Bremond	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/8/2015	6 Contributor address;	City; Sugar Land	State; Zip Code Texas 77478	50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Kelly Allen Gray	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/21/2015	6 Contributor address;	City; Fort Worth	State; Zip Code Texas 76101	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Kimberly McCleod	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	8/22/2015	6 Contributor address;	City; Spring	State; Zip Code Texas 77379	250.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Marcia Johnson	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code Texas 77021	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	RY POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Carroll G Robinson			3 Filer ID (Ethics Commission filers)
		Paul Simmons			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/1/2015		Bellaire	Texas 77401	200.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Liz Ann-Howe			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/3/2015		Houston	Texas 77045	25.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Walter Sutton	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/10/2015		Dallas	Texas 75287	150.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	Out of state	PAC(ID#)	T
4	Dale	Kirk Wilson	Out of State	FAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/16/2015		Dallas	Texas 75220	500.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		C Gibson			7 Amount of contributions (\$)

MONETAR	RY POLITICAL CON	SCHEDULE A		
The Instruction	Guide explains how to comp	1 Total Pages Schedule A1:		
2 FILER NAME	Carroll G Robinson			3 Filer ID (Ethics Commission filers)
8/27/2015	6 Contributor address;	City; Houston	State; Zip Code Texas 77056	200.00
8 Principal oc	ccupation / Job title (See Instructions)	9 Employer (See Instruc	ptions)
4 Date	5 Full name of contributor Valencia Nash-McShann	out of state	PAC(ID#)	7 Amount of contributions (\$)
7/24/2015	6 Contributor address;	City; Dallas	State; Zip Code Texas 75241	200.00
8 Principal oc	Ccupation / Job title (See Instructions	·)	9 Employer (See Instruc	Itions)
	ATTACH ADDIT		S OF THIS SCHEDUL	

LC	LOANS						SCHEDULE E		
	The	Instruction Guide explains h	1	Total Pages Schedule E:					
2 F	ILER NAME Car	roll G Robinson				3	Filer ID (Ethics Commission filers)		
4	TOTAL (OF UNITEMIZED LOANS:	=> => =>	:> => =	>				
5	Date of loan	7 Name of lender	out of state PAC(II	D#)		9	Loan Amount (\$)		
6	Is Lender a Financial	8 Lender Address;	City;	State;	Zip Code	10	Interest rate		
	Institution?					11	Maturity date		
12	Principal occi	upation / Job title (See Instr	ructions)	13 Empl	oyer (See Instr	uctio	ns)		
14	Description o	f collateral		15	Check if perso (See instruction		unds were deposited into political account		
16	GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code	19	Amount Guaranteed (\$)		
00	not applicable			lo4 5					
20	Principal Occu	pation		21 Emp	ioyer				
		ATTACH ADDITION If lender is out-of-state PAC,	DNAL COPIES OF 1 please see instruction						

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Carroll G Robin		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		•
7/8/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2.25	649 Mission Street	State, Zip Sode	
2.25			
	Suite 204		
a BURBOOK OF EVERNING UP	San Franciso CA 94105	(I) Description	
8 PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/21/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.25	649 Mission Street		
	Suite 204		
	San Franciso CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Solicitation/Fundraising Expense	Check if travel outside of Te	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/22/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.25	649 Mission Street		
	Suite 204		
	San Franciso CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Carroll G Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/27/2015 Piryx 7 Payee address; 6 Amount (\$) City; Zip Code State; 649 Mission Street 11.25 Suite 204 San Franciso CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Carroll G Robin	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name		<u> </u>
9/1/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.00	649 Mission Street	,	
0.00	Suite 204		
	San Franciso CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	
	Solicitation/Fundraising Expense	Check if travel outside of Te	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
9/3/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1.13	649 Mission Street		
	Suite 204		
	San Franciso CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Solicitation/Fundraising Expense	Check if travel outside of Te	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
9/10/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6.75	649 Mission Street		
	Suite 204		
	San Franciso CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Carroll G Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/16/2015 Piryx 7 Payee address; 6 Amount (\$) Zip Code City; State; 649 Mission Street 22.50 Suite 204 San Franciso CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name

office sought

expendituree to benefit C/OH

office held

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Carroll G Robin	nson	3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name		,		
7/2/2015	Tejano Democrats				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
100.00	3715 North Main St				
	Houston Texas 77009				
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Telephore Check if Austin, TX, officehore			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held		
4 Date	5 Payee name				
7/13/2015	Patriot Group Strategies				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
6,000.00	11115 Sagevalley Dr				
	Houston Texas 77089				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Polling Expense	Check if travel outside of Te			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held		
4 Date	5 Payee name				
7/15/2015	Patriot Group Strategies				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
2,000.00	11115 Sagevalley Dr				
	Houston Texas 77089				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Carroll G Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense Signs 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/17/2015 Harris County Democratic Party 6 Amount (\$) 7 Payee address; City; Zip Code State; 1445 N. Loop West 120.00 Suite 110 Houston Texas 77008 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Membership OTHER (enter a category not listed above) 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this forn	1.
1 Total pages Schedule F1:	² FILER NAME Carroll G Robin	nson	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/28/2015	Patriot Group Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
750.00	11115 Sagevalley Dr		
	Houston Texas 77089		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Technology Check if Austin, TX, officeh Facebook Ads	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
8/6/2015	Patriot Group Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	11115 Sagevalley Dr		
	Houston Texas 77089		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeh Newspaper Advert	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
8/18/2015	Caribbean Chamber of Com	nmerce	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
50.00	11110 Bellaire Blvd		
	Suite 216		
	Houston Texas 77001		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Carroll G Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Membership OTHER (enter a category not listed above) 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/28/2015 **Patriot Group Strategies** 7 Payee address; 6 Amount (\$) City; Zip Code State; 1,500.00 11115 Sagevalley Dr Houston Texas 77089 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Radio/Mail Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide 6	explains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Carroll G Rob	inson	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/31/2015	Patriot Group Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,400.00	11115 Sagevalley Dr		
	Houston Texas 77089		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	nolder living expense
	Advertising Expense	Newspaper Adver	tisement/Mailer
	9 111		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/4/2015	Worldpay		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
55.89	600 Morgan Falls Rd		
	Suite 260		
	Atlanta GA 30350		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	nolder living expense
	Solicitation/Fundraising		
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/10/2015	Patriot Group Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	11115 Sagevalley Dr	•	
000.00	To dagovandy Di		
	Houston Texas 77089		
8 PURPOSE OF EXPENDITURE		(b) Description	
O TOKE OF EXPENDITURE	(a) Jaicyory	ואן הפסטולווטוו	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Carroll G Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/7/2015 Worldpay **6** Amount (\$) 7 Payee address; City; Zip Code State; 600 Morgan Falls Rd 34.89 Suite 260 Atlanta GA 30350 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

expendituree to benefit C/OH

POLITICAL EXPEN FROM POLITICAL			SCHEDULE F1
	The Instruction Guide ex	plains how to complete this forr	n.
1 Total pages Schedule F1:	² FILER NAME Carroll G Robin	ison	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/22/2015	Patriot Group Strategies		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
600.00	11115 Sagevalley Dr		
	Houston Texas 77089		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of T Check if Austin, TX, officer	exas, complete Schedule T older living expense
	Advertising Expense	Social Media/Radi	0
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held
4 Date	5 Payee name		
9/18/2015	Carroll G Robinson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
400.00	3401 Prospect		
	Houston Texas 77004		
8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	Check if Austin, TX, officeh	exas, complete Schedule T older living expense f Payment to ATT Wireless
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UI	NPAID INCURRED	C	BLIGATIONS				SCHEDULE F2
			The Instruction Guide exp	lains h	ow 1	o complete this form.	
1	Total pages Schedule F2:	2	FILER NAME Carroll G R	obins	on	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED UNPA	ID	INCURRED OBLIGATIONS			\$	
5	Date	6	Payee name				
7	Amount (\$)	8	Payee address; City;		Sta	te; Zip Code	
9	TYPE OF EXPENDITURE		Political			Non-Political	
10	PURPOSE OF EXPENDITURE	(a)) Category	(1	b) D	escription	
					Г	Check if travel outside of Texas, complete Schedu	ıle T
						Check if Austin, TX, officeholder living expense	
					Ш		
11	Complete ONLY if direct	Ca	andidate / Officehoder name			office sought office	e held
	expendituree to benefit C/OH						
	-	4T	TACH ADDITIONAL COPIES	S OF 1	ГНІ	S SCHEDULE AS NEEDED	
E	XPENDITURES MA	١D	E BY CREDIT CARI	D			SCHEDULE F4
			The Instruction Guide exp		ow 1	o complete this form.	
1	Total pages Schedule F4:	2				3 Filer ID (Ethics Commission filers)	
4			DITURES CHARGED TO A CREDIT (J11	\$\$1,970.00	
	Date	6	Payee name				
		ľ	•				
7	7/14/2015 Amount (\$)	8	Rroger Payee address; City;		Sta	te; Zip Code	
'		ľ			Sia	.e, Zip Code	
	22.72		1505 Wirt Road				
			<u>-</u>				
			Houston Texas 77055				
9	TYPE OF EXPENDITURE	Щ	X Political			Non-Political	
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of hedule)	of this (I	b) D	escription	
						Check if travel outside of Texas, complete Schedu	ule T
						Check if Austin, TX, officeholder living expense	
			Gift/Awards/Memorials		_	Card and Flowers for Senior Citizen	n
			Expense				

E>	(PENDITURES MA	ADE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A CREDIT CARD \$\$1,970.00	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date 7/17/2015	6 Payee name Monarch/Hotel ZaZa	
7	Amount (\$) 48.00	8 Payee address; City; State; Zip Code 5701 Main Street Houston Texas 77005	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Meeting with staff	le T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date	6 Payee name	
	7/18/2015	Crowne Plaza Hotel	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	6.00	1700 Smith Street Houston Texas 77002	
9	TYPE OF EXPENDITURE	Political X Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Parking - Antioch Scholarship Break	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held

E	(PENDITURES MA	DE	BY CREDIT CARD			SCHEDULE F4
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Carroll G Robin	son	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITUE	RES CHARGED TO A CREDIT CARE)	\$\$1,970.00	
5	Date	6	Payee name			
	7/20/2015		Skinny Rita's Grille			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	144.00		4002 N. Main St			
			Houston Texas 77009			
9	TYPE OF EXPENDITURE		Political	Х	Non-Political	
10	PURPOSE OF EXPENDITURE	1 ' '	tegory (See Categories listed at the top of this	(b) [
		schedule	·)	Г	Check if travel outside of Texas, complete So	chedule T
					Check if Austin, TX, officeholder living expens	se
			Food/Beverage Expense	L	Meeting with supporters and sta	aff
			. 004/201014g0 2/1p0::00			
11	Complete ONLY if direct expendituree to benefit C/OH	Candio	date / Officehoder name		office sought	office held
	experializate to belief 6/011					
5		6	Payee name			
	7/23/2015		Star Stop #60			
7	Amount (\$)		Payee address; City;	Sta	ate; Zip Code	
	28.52		2111 Southmore			
	TVDE OF EVERNBLEUDE	<u> </u>	Houston Texas 77004		In pro-	
9	TYPE OF EXPENDITURE		Political	(l-) F	Non-Political	
10	PURPOSE OF EXPENDITURE	schedule	tegory (See Categories listed at the top of this	(D) L	Description	
					Check if travel outside of Texas, complete So	
					Check if Austin, TX, officeholder living expens	se
			Travel in District		Gas for Volunteer Driver	
11	Complete ONLY if direct	Candio	date / Officehoder name		office sought	office held
••	expendituree to benefit C/OH	Caridic	ate / Officerioder flame		onice sought	onice neid
5	Date	6	Payee name			
	7/25/2015		Stripes			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
		1				

E	KPENDITURES MA	ADE BY CREDIT CARD SC	HEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$1,970.00	
	30.00	2329 Southmore Houston Texas 77004	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	schedule)	
		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Gas for Volunteer Driver	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held	
5	Date	6 Payee name	
	7/26/2015	Wingarita	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	20.02	736 University Drive	
		Prairie View Texas 77446	
9	TYPE OF EXPENDITURE	Political X Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Gas for Volunteer Driver	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held	
5	Date	6 Payee name	
	7/28/2015	Stripes	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	50.00	2329 Southmore	
		Houston Texas 77004	

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$1,970.00	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule) Check if travel outside of Texas, complete Schedu	ule T
		Check if Austin, TX, officeholder living expense	
		Travel in District Gas for Volunteer Driver	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
	experience to belief eyer.		
5	Date	6 Payee name	
	7/30/2015	Star Stop #60	_
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	36.94	2111 Southmore	
_		Houston Texas 77004	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
		Check if travel outside of Texas, complete Schedu	ule T
		Check if Austin, TX, officeholder living expense	
		Travel in District Gas for Volunteer Driver	
11	Complete ONLY if direct	Candidate / Officehoder name office sought office	e held
	expendituree to benefit C/OH	Candidate / Officeroder frame Office sought Office	e neid
5	Date	6 Payee name	
	8/5/2015	Star Stop #60	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	35.00	2111 Southmore	
		Houston Texas 77004	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedu	ule T

E	(PENDITURES MA	DE	BY CREDIT CARD			SCHEDULE	F4
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME Carroll G Robin	son	3 Filer ID (Ethics Commission fi	lers)	
4	TOTAL OF UNITEMIZED EXPE	NDITU	IRES CHARGED TO A CREDIT CARE)	\$\$1,970.00		
			Travel in District		Check if Austin, TX, officeholder livin Gas for Volunteer Driver		
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name		office sought	office held	
5	Date	6	Payee name				
	8/5/2015		Barnaby's Café				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
	34.00		1801 Binz St				
			Suite 110				
			Houston Texas 77004				
9	TYPE OF EXPENDITURE		Political	Х	Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Ca schedu	ategory (See Categories listed at the top of this le) Food/Beverage Expense	(b) [Description Check if travel outside of Texas, com Check if Austin, TX, officeholder livin Dinner with Volunteer D	g expense	
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name	1	office sought	office held	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. FILER NAME Carroll G Robinson |3 Filer ID (Ethics Commission filers) Total pages Schedule F4: TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$1,970.00 5 Date 6 Payee name 8/6/2015 Aunt Bea's **7** Amount (\$) 8 Payee address; City; State: Zip Code 245.00 5422 North Freeway Houston Texas 77076 9 **TYPE OF EXPENDITURE** Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Volunteer Breakfast Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 8/6/2015 Houston's This Is It **7** Amount (\$) 8 Payee address; City; State; Zip Code 90.12 2712 Blodgett Houston Texas 77004 Χ Political **TYPE OF EXPENDITURE** Non-Political **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Volunteers luncheon Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 6 Date Payee name 8/7/2015 Monarch/Hotel ZaZa Amount (\$) 8 Payee address; City; State; Zip Code

E	KPENDITURES MA	D	E BY CREDIT CARD			SCHEDULE	F4
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME Carroll G Robins	son	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDI.	TURES CHARGED TO A CREDIT CARD)	\$\$1,970.00		
	45.00		5701 Main Street Houston Texas 77005				
9	TYPE OF EXPENDITURE	П	Political	Х	Non-Political		
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this edule)	(b) [Description Check if travel outside of Texas, complete Schedu Check if Austin, TX, officeholder living expense	le T	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	Food/Beverage Expense		Volunteers luncheon office sought office	e held	
		L					
5	Date	6	Payee name				
	8/11/2015		Star Stop #60				
7	Amount (\$) 32.17	8	Payee address; City; 2111 Southmore Houston Texas 77004	Sta	ate; Zip Code		
9	TYPE OF EXPENDITURE				Non-Political		
_				/b \ F			
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this edule) Travel in District	(8)	Description Check if travel outside of Texas, complete Schedu Check if Austin, TX, officeholder living expense Gas for Volunteer Driver	le T	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	e held	
5	Date	6	Payee name				
	8/15/2015		Monarch/Hotel ZaZa				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
	207.77		5701 Main Street				
			Houston Texas 77005				

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$1,970.00	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE		
		schedule) Check if travel outside of Texas, complete Schedu	ule T
		Check if Austin, TX, officeholder living expense	
		Food/Beverage Expense Campaign Staff Luncheon	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
	orponantarios to ponont of or		
5		6 Payee name	
	8/17/2015	Fed Ex	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	120.00	801 Louisiana St	
		Suite 101	
	TVDE OF EVDENDITUDE	Houston Texas 77002	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	schedule)	
		Check if travel outside of Texas, complete Schedu	ıle T
		Check if Austin, TX, officeholder living expense	
		Advertising Expense Photocopies	
11	Complete ONLY if direct	Candidate / Officehoder name office sought office	e held
•	expendituree to benefit C/OH	Since codg.ii.	5 Hold
5	Date	6 Payee name	
	8/18/2015	Star Stop #60	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	40.44	2111 Southmore	
		Houston Texas 77004	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedu	ule T
		1 L	

E	(PENDITURES MA	ADE BY CREDIT CARD	SCHEDULE F4								
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)									
4	TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A CREDIT CARD \$\$1,970.00									
		Travel in District Check if Austin, TX, officeholder living expense Gas for Volunteer Driver									
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office I	neld								
5	Date	6 Payee name									
	8/19/2015	Houston Forward Times									
7	Amount (\$)	8 Payee address; City; State; Zip Code									
	42.00	PO Box 8346									
		Houston Texas 77288									
9	TYPE OF EXPENDITURE	Political X Non-Political									
10		(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Newspaper Subscription	Т								
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office l	neld								

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. FILER NAME Carroll G Robinson |3 Filer ID (Ethics Commission filers) Total pages Schedule F4: TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$1,970.00 5 6 Date Payee name 8/21/2015 Barnaby's Café **7** Amount (\$) 8 Payee address; City; State: Zip Code 36.00 1801 Binz St Suite 110 Houston Texas 77004 9 **TYPE OF EXPENDITURE** Political X Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Lunch with Campaign Manager Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 8/22/2015 Star Stop #60 **7** Amount (\$) Payee address; City; State; Zip Code 36.46 2111 Southmore Houston Texas 77004 Х Political **TYPE OF EXPENDITURE** Non-Political **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Gas for Volunteer Driver Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 6 Date Payee name 8/24/2015 Samurai Noodle Houston Amount (\$) 8 Payee address; City; State; Zip Code

E	KPENDITURES MA	DE	E BY CREDIT CARD			SCHEDULE	F4
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME Carroll G Robins	son	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDIT	TURES CHARGED TO A CREDIT CARD)	\$\$1,970.00		
	34.00		1801 Durham Suite 2 Houston Texas 77007				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) (sche	Category (See Categories listed at the top of this dule) Food/Beverage Expense	(b) [Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Lunch with Campaign Manager and		
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	8/27/2015		Shell				
7	Amount (\$) 40.00	8	Payee address; City; 4102 Almeda Rd Houston Texas 77004	Sta	ite; Zip Code		
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) (sche		(b) [Description Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Gas for Volunteer Driver	еТ	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	8/28/2015		Monarch/Hotel ZaZa				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
	65.00		5701 Main Street				
			Houston Texas 77002				

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$1,970.00	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule) Check if travel outside of Texas, complete Schedule	ule T
		Check if Austin, TX, officeholder living expense	
		Food/Beverage Expense Donor Meeting	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
	experience to benefit 6/611		
5	Date	6 Payee name	
	8/31/2015	Double Tree Downtown	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	73.00	400 Dallas Street	
_	TYPE OF EXPENDITURE	Houston Texas 77002	
9	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
		Check if travel outside of Texas, complete Schede	ule T
		Check if Austin, TX, officeholder living expense	
		Food/Beverage Expense Lunch with Campaign Manager and	d donor
11	Complete ONLY if direct	Candidate / Officehoder name office sought office	e held
	expendituree to benefit C/OH	Since sough.	o
5	Date	6 Payee name	
	9/2/2015	Café Express	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	33.24	210 Meyerland Plaza Mall	
		Houston Texas 77096	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schede	ule T

E	(PENDITURES MA	νD	E	BY CREDIT CARD			SCHEDULE	F4		
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2		FILER NAME Carroll G Robin	son	3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	ND	ITU	RES CHARGED TO A CREDIT CARE)	\$\$1,970.00				
				Food/Beverage Expense		Check if Austin, TX, officeholder living expense Lunch with volunteer				
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andi	date / Officehoder name		office sought office	ce held			
5	Date	6		Payee name						
	9/3/2015			Monarch/Hotel ZaZa						
7	Amount (\$)	8		Payee address; City;	Sta	te; Zip Code				
	42.00			5701 Main Street						
				Houston Texas 77002						
9	TYPE OF EXPENDITURE		Χ	Political		Non-Political				
10	PURPOSE OF EXPENDITURE) Ca	tegory (See Categories listed at the top of this e) Food/Beverage Expense	(b) C	escription Check if travel outside of Texas, complete Scheo Check if Austin, TX, officeholder living expense Lunch with volunteer	dule T			
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andi	date / Officehoder name		office sought office	ce held			

E	(PENDITURES MA	١C	ÞΕ	BY CREDIT CARD			SCHEDULE	F4	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2		FILER NAME Carroll G Robins	son	3 Filer ID (Ethics Commission filers)			
4	TOTAL OF UNITEMIZED EXPE	ΝE	DITU	IRES CHARGED TO A CREDIT CARD)	\$\$1,970.00			
5	Date	6		Payee name		ı			
	9/3/2015			Star Stop #60					
7	Amount (\$)	8		Payee address; City;	Sta	ate; Zip Code			
	38.67			2111 Southmore					
				Houston Texas 77004					
9	TYPE OF EXPENDITURE		Х	Political		Non-Political			
10	PURPOSE OF EXPENDITURE		a) Ca hedu	ategory (See Categories listed at the top of this le)	(b) [Description			
						Check if travel outside of Texas, complete Schedu	le T		
						Check if Austin, TX, officeholder living expense			
				Travel in District		Gas for Volunteer Driver			
	0.10111.77	L							
11	Complete ONLY if direct expendituree to benefit C/OH	C	and	idate / Officehoder name		office sought office	e held		
5	Date	6		Payee name					
	9/5/2015			Star Stop #60					
7	Amount (\$)	8		Payee address; City;	Sta	ate; Zip Code			
	43.00			2111 Southmore					
				Houston Texas 77004					
9	TYPE OF EXPENDITURE		Х	Political		Non-Political			
10	PURPOSE OF EXPENDITURE		a) Ca hedu	Ategory (See Categories listed at the top of this	(b) [Description			
			iicuu		Г	Check if travel outside of Texas, complete Schedu	le T		
					┢	Check if Austin, TX, officeholder living expense			
				Travel in District		Gas for Volunteer Driver			
11	Complete ONLY if direct expendituree to benefit C/OH	С	and	idate / Officehoder name		office sought office	e held		
	Dete	L		Davisa nama					
5	Date 0/6/2045	6		Payee name					
7	9/6/2015	8		Corner Bakery	Cr	nto: Zin Code			
'	Amount (\$)	٥		Payee address; City;	ઑ	ate; Zip Code			

E	(PENDITURES MA	DE	BY CREDIT CARD			SCHEDULE	F4			
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2	FILER NAME Carroll G Robins	son	3 Filer ID (Ethics Commission filers)					
4	TOTAL OF UNITEMIZED EXPE	NDITU	RES CHARGED TO A CREDIT CARD)	\$\$1,970.00					
	16.31		2615 Southwest Freeway							
	TYPE OF EVPENDITURE	l lv	Houston Texas 77098		No. Barra					
9	TYPE OF EXPENDITURE		Political		Non-Political					
10	PURPOSE OF EXPENDITURE	schedul	Attegory (See Categories listed at the top of this e) Food/Beverage Expense	(b) L	Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Breakfast with Supporter	le T				
11	Complete ONLY if direct expendituree to benefit C/OH	Candi	date / Officehoder name		office sought office	e held				
5	Date	6	Payee name							
	9/9/2015		Barnaby's Café							
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code					
	40.00		1801 Binz St							
			Suite 110							
			Houston Texas 77004							
9	TYPE OF EXPENDITURE	X	Political		Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Ca	ategory (See Categories listed at the top of this	(b) D	escription					
		schedul	Food/Beverage Expense		Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Breakfast with Supporter	le T				
11	Complete ONLY if direct expendituree to benefit C/OH	Candi	date / Officehoder name		office sought office	e held				
5	Date	6	Payee name							
			•							
7	9/11/2015 Amount (\$)	8	Stripes Payee address; City;	Sta	te; Zip Code					
•	31.50		2329 Southmore	Old	Lip Oodo					
			Houston Texas 77004							

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME Carroll G Robinson TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$1,970.00 TYPE OF EXPENDITURE Political 9 Χ Non-Political **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Gas for Volunteer Driver Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH Date 6 Payee name 9/11/2015 Chili's **7** Amount (\$) Payee address; City; Zip Code State: 38.12 7408 S. Sam Houston Parkway West Houston Texas 77085 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Lunch with donor Food/Beverage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 9/15/2015 Pappasito's **7** Amount (\$) 8 Payee address; City; State: Zip Code 70.00 1600 Lamar Street Houston Texas 77010 9 TYPE OF EXPENDITURE Χ Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this 10 (b) Description schedule) Check if travel outside of Texas, complete Schedule T

E	(PENDITURES MA	D	E	BY CREDIT CARD			SCHEDULE F			
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2		FILER NAME Carroll G Robin	son	3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	ND	ITU	RES CHARGED TO A CREDIT CARE)	\$\$1,970.00				
				Food/Beverage Expense		Check if Austin, TX, officeholder living expens Lunch with donors	se			
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andi	date / Officehoder name		office sought	office held			
5	Date	6		Payee name						
	9/16/2015			Monarch/Hotel ZaZa						
7	Amount (\$)	8		Payee address; City;	Sta	te; Zip Code				
	30.00			5701 Main Street						
				Houston Texas 77002						
9	TYPE OF EXPENDITURE		Х	Political		Non-Political				
10	PURPOSE OF EXPENDITURE		hedul	tegory (See Categories listed at the top of this e) Food/Beverage Expense	(b) C	Check if travel outside of Texas, complete Sc Check if Austin, TX, officeholder living expensions Volunteer Meeting				
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andi	date / Officehoder name		office sought	office held			

E	KPENDITURES MA	۱D	Ε	BY CREDIT CARD			SCHEDULE F4		
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2		FILER NAME Carroll G Robin	son	3 Filer ID (Ethics Commission filers)			
4	TOTAL OF UNITEMIZED EXPE	ND	ITU	RES CHARGED TO A CREDIT CAR)	\$\$1,970.00			
5	Date	6		Payee name					
	9/25/2015			Monarch/Hotel ZaZa					
7	Amount (\$)	8		Payee address; City;	Sta	rate; Zip Code			
	25.00			5701 Main Street					
				Houston Texas 77002					
9	TYPE OF EXPENDITURE		X	Political		Non-Political			
10	PURPOSE OF EXPENDITURE			Integory (See Categories listed at the top of this	(b) [_l Description			
		sch	nedul	e)	_	Check if travel outside of Texas, complete Sched	lule T		
						Check if Austin, TX, officeholder living expense			
				Food/Dayaraga Fyranca	L	Lunch with policy team			
				Food/Beverage Expense		Editori witir policy team			
11	Complete ONLY if direct	Ca	andi	date / Officehoder name		office sought office	ce held		
	expendituree to benefit C/OH					S .			
5	Date	6		Payee name					
	9/18/2015								
7	Amount (\$)	8		Payee address; City;	Sta	ate; Zip Code			
	25.00								
9	TYPE OF EXPENDITURE		X	Political		Non-Political			
10	PURPOSE OF EXPENDITURE	(a)) Ca	ategory (See Categories listed at the top of this	(b) [_ Description			
			nedul		_	Check if travel outside of Texas, complete Sched	lulo T		
					$ \downarrow$	Check if Austin, TX, officeholder living expense	iule i		
				Food/Beverage Expense		Lunch with policy team			
11	Complete ONLY if direct	C	andi	date / Officehoder name		office sought office	ce held		
''	expendituree to benefit C/OH		ai iUl	date / Officerious Hallis		omee sought Office	oo nolu		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES S											
MADE FROM	PERSONAL FUNDS										
	The Instruction Guide explains how to complete this form.										
1 Total Pages Schedule G:	² FILER NAME Carroll G Robinson	3 FilerID (Ethics Commission filers)									
4 Date	5 Payee name	•									
6 Amount (\$)	7 Payee Address;	City; State; Zip Code									
Reimbursement from											
political contributions											
intended											
8	(a) Category	(b) Description									
PURPOSE OF EXPENDITURE											
		Check if travel outside of Texas, complete Schedule T									
		Check if Austin, TX, officeholder living expense									
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held									
	ATTAOU ADDITIONAL OCCUSO OF T	**************************************									
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED									

	PAYMENT FROM	SCHEDULE H										
	TO A BUSINESS	OF C/OH										
	The Instruction Guide explains how to complete this form.											
1	Total Pages Schedule H:	es Schedule H: 2 FILER NAME Carroll G Robinson 3 Filer ID (Ethics Commission filers)										
4	Date	5 Business name	1									
6	Amount (\$)	7 Business address;	City;	State;	Zip Code							
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description									
			Check if travel outsion									
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehoder name	Office sought	Office held								
		ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED								

NON-POLITICAL EXPENDITURES SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule I: ² FILER NAME Carroll G Robinson 3 ACCOUNT # (Ethics Commission filers) 4 Date 5 Payee name 7/28/2015 Texas Conference of Lay Ministry 6 Amount (\$) 7 Payee address: City; State: Zip Code 100.00 8315 Bending Branch Lane Cypress Texas 77433 8 PURPOSE OF (a) Category (b) Description (See instructions regarding type of information required) **EXPENDITURE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee 4 Date 5 Payee name 7/30/2015 Coalition of Black Trade Unionist 6 Amount (\$) 7 Pavee address: Zip Code City; State: 2000 North Loop West Houston 77018 100.00 Texas Suite 132 **PURPOSE OF** (b) Description (See instructions regarding type of information required) (a) Category **EXPENDITURE** Contributions/Donations Made By Scholarship Donation Candidate/Officeholder/Political Committee Date 5 Payee name 9/1/2015 Jack Yates National Alumni Association 7 Payee address; 6 Amount (\$) City; State: Zip Code 75.00 P.O Box 88284 Houston Texas 77288 PURPOSE OF (a) Category (b) Description (See instructions regarding type of information required) **EXPENDITURE** Contributions/Donations Made By **Back To School Supplies** Candidate/Officeholder/Political Committee 4 Date 5 Payee name 9/2/2015 Jack Yates Fabulous Alumni Association 7 Payee address; 6 Amount (\$) City; State; Zip Code 50.00 P.O Box 8249 Houston Texas 77288 **PURPOSE OF** (a) Category (b) Description (See instructions regarding type of information required) **EXPENDITURE** Contributions/Donations Made By Scholarship Donation

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Candidate/Officeholder/Political

Committee