CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMIL AIGHT INANGE RELORT							
The C/OH Instruction Guide explains how to complete this form			1 Filer ID(Ethi	cs Commission f	ilers)	2 Total pages filed	
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFICE	E USE ONLY	
OFFICEHOLDER	Ms.	Laurie		Date F	Received		
NAME	NICKNAME	LAST	SUFFIX	10	/25/2015		
		Robinson					
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZIP CO	DE			
OFFICEHOLDER	P.O. Box 132072						
MAILING				Date Ha	and-delivered	or Date Postmarked	
ADDRESS	Houston TX 77219						
Change of address 5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION				
OFFICEHOLDER	(832) 439-2354						
PHONE	(662) 186 286 1						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Recei	pt #	Amount	
TREASURER	Reverand	William	A.	Date F	Processed		
NAME	NICKNAME	LAST	SUFFIX	Date I	maged		
		Lawson					
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE #;	CITY;	STATE;	ZIP CODE	
TREASURER	2421 Calumet						
ADDRESS							
(Residence)	Houston TX 77004						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(832) 646-4308						
	January 15 30th day be	fore election Final re	epport (Attach C/OH -	FR) Exceeded	\$500 limit		
9 REPORT TYPE		_		_			
	July 15 X 8th day before	ore election Runoff		15th day a	ıfter campaign trea	asurer appointment(officeholder only)	
10 PERIOD	Month Day	Year			Month Day	Year	
COVERED	9/25/2015	5	THROUGH		10/24/2	2015	
11 ELECTION	ELECTION DATE	ELECTION TY	YPE				
	Month Day Year	Primary	D Buno	<i>"</i>	Conoral	Consist.	
	11/3/2015	Filliary	Runo	"	X General	Special	
12 OFFICE	OFFICE HELD (if any)	•	13 OFF	ICE SOUGHT (if know	/n)		
			City	y Council - At	Large Pos	ition 4	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Laurie	Robinson		15 Filer ID (Ethics Com	mission Filers)
	expenditures may have	f political contributions accepted or political expenditures m been made without the candidate's or officeholder's know receive notice of such expenditures.		
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
	_			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 OR LESS (ONS, OR GUARANTEES OF LOANS), UNLE		Φ.
TOTALS	T EEDGEG, EGA	NO, ON OUNIVALUE OF EURINO), ONLE	OO ITEIWIZED	\$
	2 TOTAL POLITIC	CAL CONTRIBUTIONS		\$14,725.00
	(OTHER THAN I	PLEDGES, LOANS, OR GUARANTEES OF		,,. <u>_</u>
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, U	NLESS ITEMIZED	
TOTALS				\$
	4 TOTAL POLITIC	CAL EXPENDITURES		
				\$17,096.00
CONTRIBUTION	5 TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY	
BALANCE	OF REPORTING	PERIOD		\$33,515.42
OUTSTANDING LOAN		PAL AMOUNT OF ALL OUTSTANDING LOATHER REPORTING PERIOD	NS AS OF THE	0.15 0.40 00
TOTALS	LAST DAT OF I	HE REPORTING PERIOD		\$15,040.00
18 AFFIDAVIT				
10 AFFIDAVII		Lewear or affi	rm, under penalty of perjury, th	at the accompanying
		report is true a	nd correct and includes all info a under Title 15, Election Code	rmation required to be
		reported by me	; under Title 15, Election Code	•
			Laurie Robinsor	า
			Signature of Candidate or 0	Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	before me, by the said	d	, this the	day
of	, 20	, to certify which, witness my ha	and and seal of office.	
Signature of officer admir	nistering oath	Print name of officer administering of	ath Title of officer	administering oath

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Laurie Robinson 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 14,725 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. 500 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. 0 SCHEDULE E: LOANS 0 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 17,096 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. 0 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 0 SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. 752 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. 0 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. 0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 0 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 0 12.

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH ADDENDUM

C/OH NAME Laurie Robinson

ACCOUNT # (Ethics Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	3	SCHEDULE A1
The	e Instruction (Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME	Laurie Robinson	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor Giti Zarinkelk	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	10/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019	\$500.00
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc Zarinkelk Engineering	tions)
4	Date	5 Full name of contributor Vickie McBride	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	10/20/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 77489	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor David Sadeghpour	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	10/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Concord Builders	I tions)
4	Date	5 Full name of contributor Bob Jones	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	10/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77079	\$5,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Jones Engineering Solution	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETARY	POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	uide explains how to comple	1 Total Pages Schedule A1:		
2 F	FILER NAME L	aurie Robinson	,		3 Filer ID (Ethics Commission filers)
		Georgia Jones			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/9/2015		Houston	TX 77079	1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
	None			Housewife	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Mischer Investments, LP			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/30/2015		Houston	TX 77046	1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Daniel Clinton	Ш		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/30/2015		Houston	TX 77024	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Engineer			Retired	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Bob Jones	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/6/2015		Houston	TX 77079	1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	CEO			Jones Engineering Solut	tions
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Kim Sullivan			7 Amount of contributions (\$)

MONETAR	RY POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
The Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Laurie Robinson			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
10/6/2015		Kingwood	TX 77345	100.00
8 Principal od Realtor	ccupation / Job title (See Instructions)		9 Employer (See Instruction Self	I tions)
4 Date	5 Full name of contributor Greater Houston Restaurant Association PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/30/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007	500.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4 Date	5 Full name of contributor Theldon Branch	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77029	1,000.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc The Branch Companies	I tions)
4 Date	5 Full name of contributor Ray Wade	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77070	75.00
8 Principal oc Realtor	ccupation / Job title (See Instructions)		9 Employer (See Instruc Legacy Texas Properties	
4 Date	5 Full name of contributor Marsha Fisk	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	Laurie Robinson	3 Filer ID (Ethics Commission filers)		
	9/29/2015	6 Contributor address;	City; Houston	State; Zip Code	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Self	etions)
4	Date	5 Full name of contributor Tina Crittenden	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77047	50.00
8	Principal occ Realtor	upation / Job title (See Instructions)		9 Employer (See Instruction Self	etions)
4	Date	5 Full name of contributor Fheryl Prestage	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/30/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 77459	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor Fheryl Prestage	out of state F	AC(ID#)	7 Amount of contributions (\$)
	9/30/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 77459	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction HCC	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
The	e Instruction (Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME	Laurie Robinson	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor Lance Gilliam	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027	500.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruction Waterman Steele Real E	
4	Date	5 Full name of contributor Tonya Dixon	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/3/2105	6 Contributor address;	City; Houston	State; Zip Code TX 77066	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct Dominion School	I tions)
4	Date	5 Full name of contributor Joan Bass	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/7/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77016	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct Retired	I tions)
4	Date	5 Full name of contributor Rickey Jones	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/9/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75201	1,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction JHCM Law Firm	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	POLITICAL CONT	RIBUTIONS	5	SCHEDULE A	1،
Th	e Instruction G	duide explains how to comple	te this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME L	aurie Robinson			3 Filer ID (Ethics Commission filers)	
		Tara DeAndrea			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/9/2015		Frisco	TX 75304	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	_
	None			Housewife		
4	Date	5 Full name of contributor	out of state P	PAC(ID#)		_
		Terrance Martin			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/13/2105		Friendswood	TX 77546	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	_
	SAP Systems	Developer		Saudi Aramco		
4	Date	5 Full name of contributor	out of state P	PAC(ID#)		_
		Angelina Hollins			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/13/2015		Pearland	TX 77584	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	_
	Sales			Omni Pharmacy		
4	Date	5 Full name of contributor	out of state P	PAC(ID#)		_
		Marian Cones			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	10/13/2015		Houston	TX 77055	250.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	_
	CourthouseDi	rect.com		CEO		
4	Date	5 Full name of contributor	out of state P	PAC(ID#)		_
		Crystal Jackson			7 Amount of contributions (\$)	

M	ONETARY	POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 F	FILER NAME L	aurie Robinson			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	10/13/2015		Houston	TX 77088	100.00
8	Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
	Executive Adr	minstrator		The Community of Faith	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Spurgeon Robinson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/21/2015		Pearland	TX 77584	500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Consultant			Self	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		George Robinson	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/22/2015		St. Paul	MN 55116	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
	Retired			Retired	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Dustin Jones			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/23/2015		Houston	TX 77071	200.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
•	Sales	, , , , , , , , , , , , , , , , , , , ,		Santander Consumer US	
		ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULI	E AS NEEDED
		If contributor is out-of-state F	PAC, please see ins	truction guide for additio	nal reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					SCHEDULE A		
The Instruction	Guide explains how to complete	this form.			1	Total Pages Sch	nedule A2:
2 FILER NAME	Laurie Robinson				3 F	iler ID (Ethics Commis	ssion filers)
4 TOTAL OF U	NITEMIZED IN-KIND POLITICA	L CONTRIBUT	TIONS		\$50	00.00	
5 Date	6 Full name of contributor Courtney Johnson	out of state R	PAC(ID#)		8	Amount of contributions (\$)	9 In-Kind contribution description
	7 Contributor address;	City;	State;	Zip Code			
10/18/2015		Missouri City	TX 77459			250.00 Check if travel outsi Schedule T	Food for Meet and Greet de of Texas, complete
10 Principal od Realtor	ccupation / Job title (See Instructions)		11 Employ	er (See Instru	ction	is)	
5 Date	6 Full name of contributor Everett Blaylock	out of state F	PAC(ID#)		8	Amount of contributions (\$)	9 In-Kind contribution description
40/40/0045	7 Contributor address;	City;	State;	Zip Code		050.00	T Objects
10/18/2015		Houston	TX 77056			250.00 Check if travel outsi Schedule T	T-Shirts de of Texas, complete
10 Principal oc	cupation / Job title (See Instructions)		11 Employ	er (See Instru	ction	is)	
Controller			MFR Group)			
	ATTACH ADDITIO	NAL COPIES	OF THIS S	CHEDULI	E A	S NEEDED	
	If contributor is out-of-state PAC	nlesse see inst	ruction quid	e for additio	nal r	enorting requiremen	nts

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	² FILER NAME Laurie Robins	on	3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name						
9/30/2105	AB Communications						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
500.00	9600 Glenfield Court						
	#148						
	Houston TX 77096						
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officehors Field Work					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held				
4 Date	5 Payee name						
9/30/2015	Kathleen Lykes						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
1,000.00	3807 Sweet Gum Hill						
	Kingwood TX 77345						
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Check if travel outside of Technology Check if Austin, TX, officehology Compliance					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held				
4 Date	5 Payee name						
10/15/2015	AB Communications						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
500.00	9600 Glenfield Court						
	#148						
	Houston TX 77096						
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 Laurie Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Expense Field Work 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/26/2015 Richard Johnson 7 Payee address; 6 Amount (\$) City; State; Zip Code 8738 Fannette St. 700.00 Houston TX 77029 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field Work Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	² FILER NAME Laurie Robinso	-	Filer ID (Ethics Commission filers)				
4 Date	5 Payee name						
9/28/2015	Richard Johnson						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
1,000.00	8738 Fannette St.						
	Houston TX 77029						
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Check if travel outside of Texa Check if Austin, TX, officehold Field Work					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought office	ce held				
4 Date	5 Payee name						
9/29/2015	Richard Johnson						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
1,000.00	8738 Fannette St.						
	Houston TX 77029						
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Check if travel outside of Texa Check if Austin, TX, officehold Field Work					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	ce held				
4 Date	5 Payee name						
10/1/2015	Richard Johnson						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
1,500.00	8738 Fannette St.						
	Houston TX 77029						
8 PURPOSE OF EXPENDITURE		(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 Laurie Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Expense Field Work 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/4/2015 Richard Johnson 7 Payee address; 6 Amount (\$) City; Zip Code State; 8738 Fannette St. 600.00 Houston TX 77029 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field Work Consulting Expense Candidate / Officehoder name office sought 9 Complete ONLY if direct office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Laurie Robinson 3 Filer ID (Ethics Commission filers)						
4 Date	2 FILER NAME Laurie Robinson 3 Filer ID (Ethics Commission filers)					
	5 Payee name					
10/11/2015	Richard Johnson					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
800.00	8738 Fannette St.					
	Houston TX 77029					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of T	exas, complete Schedule T			
		Check if Austin, TX, officeh				
	Consulting Expense	Field Work	3.1			
	Consulting Expense	TIGIG WORK				
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
10/1/2015	Florida Cooper	0(a) 7'a 0 a da				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
500.00						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of T	exas, complete Schedule T			
		Check if Austin, TX, officeh	older living expense			
	Salaries/Wages/Contract	Salary				
	Labor					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
10/15/2015	Florida Cooper					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
900.00	2.7.					
300.00						
		Tax =				
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 Laurie Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/1/2015 Michael Yarbourgh 7 Payee address; 6 Amount (\$) City; Zip Code State; 750.00 5616 Wayne St. Houston TX 77026 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:						
4 Date	5 Payee name					
10/15/2015	Michael Yarbourgh					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
750.00	5616 Wayne St.					
	Houston TX 77026					
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Touristic Check if Austin, TX, officeht Salary	exas, complete Schedule T nolder living expense			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held			
4 Date	5 Payee name					
10/1/2015	Amber Burton					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
1,250.00	19422 Rosebud Ridge Spring TX 77379					
8 PURPOSE OF EXPENDITURE		(b) Description				
	Salaries/Wages/Contract Labor		exas, complete Schedule T older living expense			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held			
4 Date	5 Payee name					
10/1/2015	Antonio Maldinado					
6 Amount (\$) 500.00	7 Payee address; City;	State; Zip Code				
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 Laurie Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/15/2015 Antonio Maldinado 7 Payee address; City; 6 Amount (\$) Zip Code State; 500.00 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.						
Total pages Schedule F1: 2 FILER NAME Laurie Robinson 3 Filer ID (Ethics Commission filers)						
4 Date	5 Payee name					
10/1/2015	Carla Brailey					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
500.00	3355 Wentworth					
	Houston TX 77004					
8 PURPOSE OF EXPENDITURE		(b) Description				
	Check if travel outside of Texas, complete Schedule T					
	Check if Austin, TX, officeholder living expense					
	Salaries/Wages/Contract	Salaries/Wages/Contract Salary				
	Labor					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held			
onponuntarios to some of con-						
4 Date	5 Payee name					
10/21/2015	Advantage Communications					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
2,000.00	8011 Ashley Cr. Dr. N					
	Houston TX 77071	[a, p				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	ven angestate Cabadula T			
		Check if travel outside of Tex				
	O W	Check if Austin, TX, officeho	laer living expense			
	Consulting Expense Communications					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
9/30/2015	Regis					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
998.00	4801 Woodway St.					
	Suite 300					
	Houston TX 77056					
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 Laurie Robinson Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Phones Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 10/20/2015 Home Depot 7 Payee address; 6 Amount (\$) City; Zip Code State; 36.00 5445 West Loop Houston TX 77081 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Supplies Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

POLITICAL EXPEN FROM POLITICAL	SCHEDULE F1					
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Laurie Robin	nson	3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
10/22/2015	Home Depot					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
12.00	5445 West Loop					
	Houston TX 77081					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	exas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Office Overhead/Rental Expense	Supplies				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held			
4 Date	5 Payee name					
10/2/2015	Sprint 2 Print					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
800.00	8748 Clay Rd.					
333.33	Suite 300					
	Houston TX 77080					
8 PURPOSE OF EXPENDITURE		(b) Description				
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Campaign Material	older living expense			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	office held			
expendituree to benefit C/OH		-				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

E	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F					
			The Instruction Guide ex	plains how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Laurie Ro	binson	3 Filer ID (Ethics Commiss	sion filers)
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT	CARD	\$\$752.00	
5	Date	6	Payee name		1	
	10/7/2015		Paypal			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	752.00		2221 North First St.			
			San Jose CA 95131			
9	TYPE OF EXPENDITURE	>	Political		Non-Political	
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top	o of this (b) [Description	
		schedule) Check if travel outside of Texas, complete Schedule T				
					Check if Austin, TX, officehold	er living expense
			Advertising Expense		Photos	
			riareriieii.g =/periee			
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED