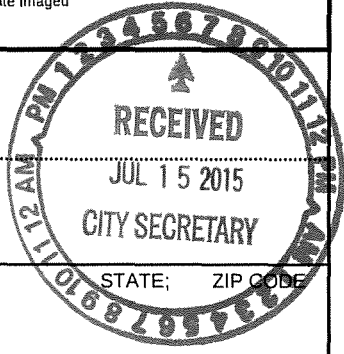


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 51
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Carroll G.	MI
	NICKNAME	LAST Robinson	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	P.O Box 8325 Houston, TX 77288		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr. Victor	MI L
	NICKNAME	LAST Cardenas	SUFFIX Jr.
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	3900 Essex, Suite 700 Houston, Texas 77027		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	713	355-5007	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2015	THROUGH	Month Day Year 06/29/2015
10 ELECTION	ELECTION DATE Month Day Year 11/03/2015		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) City Controller	



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 51

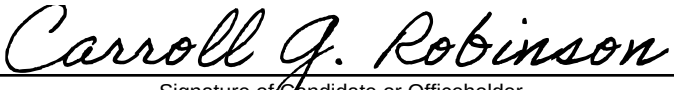
13 C / OH NAME Robinson, Carroll G.	14 Filer ID
--	--------------------

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,078.94
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	33,973.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,033.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Robinson, Carroll G.		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,170.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,908.94
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 33,948.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 24.89
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 300.00
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 01/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews & Kurth Texas <hr/> 6 Contributor address; City; State; Zip Code TX 77002	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Glen <hr/> Contributor address; City; State; Zip Code TX 77004	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Carla <hr/> Contributor address; City; State; Zip Code TX 77288	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bremond, Lucy <hr/> Contributor address; City; State; Zip Code TX 77478	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruner, Terry <hr/> Contributor address; City; State; Zip Code TX 77025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 01/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Evelyn H. 6 Contributor address; City; State; Zip Code TX 77082	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colon, Edgardo Contributor address; City; State; Zip Code TX 77007	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Council, Tony Contributor address; City; State; Zip Code TX 77042	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Contributor address; City; State; Zip Code TX 77004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falls Jr, Keffus Contributor address; City; State; Zip Code TX 77025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 01/26/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Nancy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code TX 77096	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, Sharon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code TX 75024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glendenning, Rex or Sherese	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code TX 75009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guess, John	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code TX 77096	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harani, Vasant	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code TX 77056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 03/11/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, William	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code TX 77021	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes & Boone PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code TX 75082	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helfman, Alan	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code TX 77024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Hubert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code TX 77068	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Fire Fighters	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code TX 77009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 02/25/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, William <hr/> 6 Contributor address; City; State; Zip Code TX 77027	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Courtney <hr/> Contributor address; City; State; Zip Code TX 77459	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patrick <hr/> Contributor address; City; State; Zip Code TX 77583	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Thomasine <hr/> Contributor address; City; State; Zip Code TX 77459	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, John <hr/> Contributor address; City; State; Zip Code TX 77056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 02/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Carla	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code TX 77584		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, C.C.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code TX 77036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, C.C.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code TX 77036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chaochiung (C.C.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code TX 77036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sherman	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code OK 73034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 06/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyn, Kurt	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code TX 77027	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahomes,	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Juan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code TX 77023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malveaux, Julia	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code TX 75225	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marroquin, Rogelio	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code TX 77061	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 11/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 02/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marroquin Jr, Rogelio	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code TX 77061	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, W. Edward	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CT 5903	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Vickie	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code TX 77489	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Vickie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code TX 77489	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Arthur	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code TX 77578	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 06/25/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy-Davis, Danette	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code TX 77681	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Rose	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code TX 77029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKelvey, Layle	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code TX 77396	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan, Rodney	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code TX 77096	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan, Rodney	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code TX 77096	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 02/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ngome, Michelle	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code TX 77083	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nini, Mark	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code TX 77024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollan, Janice or Patrick	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code TX 77055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randle, Jonathan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code TX 77035	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 02/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasheed, Kamal 6 Contributor address; City; State; Zip Code TX 77047	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, James Contributor address; City; State; Zip Code TX 77479	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Laverne Contributor address; City; State; Zip Code TX 77031	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Cora Contributor address; City; State; Zip Code TX 77584	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Marchris Contributor address; City; State; Zip Code TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 06/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadeghpour, Alan <hr/> 6 Contributor address; City; State; Zip Code TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Paul <hr/> Contributor address; City; State; Zip Code TX 77401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorto, Juan <hr/> Contributor address; City; State; Zip Code TX 77028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorto, Juan <hr/> Contributor address; City; State; Zip Code TX 77028	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Joseph <hr/> Contributor address; City; State; Zip Code TX 77015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 04/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Cheryl	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code TX 77489		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jarvis	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 20005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Briscoe Group	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Hughes Law Firm	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code TX 77017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unntermeyer, Charles	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 06/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Anthony	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code TX 78269		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Robert	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code TX 77030		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kirk	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code TX 75220		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Welcome	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code TX 77057		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeidman, Fred	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code TX 77019		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/51
2 FILER NAME Robinson, Carroll G.		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeidman, Fred 6 Contributor address; City; State; Zip Code TX 77019	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mack, jalene Contributor address; City; State; Zip Code TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 19/51	
2 FILER NAME Robinson, Carroll G.		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Jr., Victor L.	8 Amount of contribution (\$) \$148.84	9 In-kind contribution description Breakfast for Meet and Greet
	7 Contributor address; City; State; Zip Code Houston, TX 77027	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Jr., Victor L.	Amount of contribution (\$) \$110.10	In-kind contribution description Breakfast for Volunteers
	Contributor address; City; State; Zip Code Houston, TX 77027	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denby, Gregory	Amount of contribution (\$) \$500.00	In-kind contribution description Food & Beverage
	Contributor address; City; State; Zip Code The Woodlands, TX 77380	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 20/51	
2 FILER NAME Robinson, Carroll G.		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/02/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Courtney	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Food
	7 Contributor address; City; State; Zip Code Houston, TX 77549	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patrick C.	Amount of contribution (\$) \$1,150.00	In-kind contribution description Signs
	Contributor address; City; State; Zip Code Rosharon, TX 77583	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Bert (The Honorable)	Amount of contribution (\$) \$500.00	In-kind contribution description T-Shirts Memorial Forest
	Contributor address; City; State; Zip Code Houston, TX 77036	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 21/51	
2 FILER NAME Robinson, Carroll G.		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/26/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabouni, Lina	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description Food & Beverage
	7 Contributor address; City; State; Zip Code Houston, TX 77036	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Architect		11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/28 Rpt: 22/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 03/23/2015	5 Payee name A.Philip Randolph Institute	
6 Amount (\$) \$130.00	7 Payee address; City; State; Zip Code 4414 Akard St. Houston, TX 77047	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program Ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2015	Payee name Cooper, Florida	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 88346 Houston, TX 77288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2015	Payee name Crisp Wine-Beer Eatery	
Amount (\$) \$41.00	Payee address; City; State; Zip Code 2220 Bevis St. Houston, TX 77087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/28 Rpt: 23/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/02/2015	5 Payee name Don Jose Mexican Restaurant	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 5305 Antoine Dr. Houston, TX 77091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal at Civic Club Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2015	Payee name Fedex Office	
Amount (\$) \$159.13	Payee address; City; State; Zip Code 2455 Rice Blvd. Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2015	Payee name Fedex Office	
Amount (\$) \$31.83	Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photocopies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/28 Rpt: 24/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/15/2015	5 Payee name Fedex Office	
6 Amount (\$) \$38.42	7 Payee address; City; State; Zip Code 2200 Southwest Freeway Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photocopies of Questionnaire(AFL--CIO)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2015	Payee name Harris County Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1445 North Loop West Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon Tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2015	Payee name Herman Park Golf Course	
Amount (\$) \$37.89	Payee address; City; State; Zip Code 2155 N. Macgregor Way Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Green FEES for Golf w/Donor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/28 Rpt: 25/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/19/2015	5 Payee name Hilton Americas Caf	
6 Amount (\$) \$98.00	7 Payee address; City; State; Zip Code 1600 Lamar St. Houston, TX 77010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer & Community Leaders Lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2015	Payee name Hilton Americas Caf	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 600 Lamar Houston, TX 77010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch w/Community Leaders
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2015	Payee name Holiday Inn South Loop	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 8111 Kirby Dr Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/28 Rpt: 26/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 01/23/2015	5 Payee name Hotel Zaza	
6 Amount (\$) \$52.00	7 Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Development Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2015	Payee name Hotel Zaza	
Amount (\$) \$37.00	Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Development Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2015	Payee name Hotel Zaza	
Amount (\$) \$97.00	Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/28 Rpt: 27/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/20/2015	5 Payee name Hotel Zaza	
6 Amount (\$) \$112.00	7 Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Development Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2015	Payee name Hotel Zaza	
Amount (\$) \$98.00	Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/16/2015	Payee name Hotel Zaza	
Amount (\$) \$38.00	Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Development Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/28 Rpt: 28/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/15/2015	5 Payee name Hotel Zaza	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 5701 Main St. Houston, TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast w/ Church Liason
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2015	Payee name Houston Black American Democrats	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 2893 Houston, TX 77252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2015	Payee name Jordan, Justin	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material Distrsibution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/28 Rpt: 29/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 01/16/2015	5 Payee name LaGriglia	
6 Amount (\$) \$98.00	7 Payee address; City; State; Zip Code 2002 West Gray St. Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting w//donors
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2015	Payee name Lone Star Golf	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 8351 Houston, TX 77288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2015	Payee name Memorial Herman Heart & Vascular	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 6411 Fannin Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Visiting Injured Firefighter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/28 Rpt: 30/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/25/2015	5 Payee name Micheals	
6 Amount (\$) \$26.36	7 Payee address; City; State; Zip Code 3904 Bissonnet St. Houston, TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Display Stand & Pens
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2015	Payee name New Leaders Council	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 1200 New Hampshire Ave Washington DC, TX 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2015	Payee name Pappadeaux	
Amount (\$) \$66.00	Payee address; City; State; Zip Code 2410 Richmond Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch w/Donors
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/28 Rpt: 31/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 01/17/2015	5 Payee name Patriot Strategies Group	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2015	Payee name Patriot Strategies Group	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2015	Payee name Patriot Strategies Group	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto Calls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/28 Rpt: 32/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/18/2015	5 Payee name Patriot Strategies Group	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production & E-Blast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2015	Payee name Patriot Strategies Group	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media & Video Production
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2015	Payee name Patriot Strategies Group	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/28 Rpt: 33/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/08/2015	5 Payee name Patriot Strategies Group	
6 Amount (\$) \$4,500.00	7 Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto Calls & Mail
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2015	Payee name Patriot Strategies Group	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto Calls & Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2015	Payee name Patriot Strategies Group	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/28 Rpt: 34/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 05/19/2015	5 Payee name Patriot Strategies Group	
6 Amount (\$) \$6,500.00	7 Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto Calls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2015	Payee name Patriot Strategies Group	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto Calls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2015	Payee name Patriot Strategies Group	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/28 Rpt: 35/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/20/2015	5 Payee name Patriot Strategies Group	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 11115 Sagevalley Dr. Houston, TX 77089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2015	Payee name Piryx Inc.	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2015	Payee name Piryx Inc.	
Amount (\$) \$1.13	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/28 Rpt: 36/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 01/26/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$1.13	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2015	Payee name Piryx Inc.	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2015	Payee name Piryx Inc.	
Amount (\$) \$1.13	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/28 Rpt: 37/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/11/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$2.25	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2015	Payee name Piryx Inc.	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2015	Payee name Piryx Inc.	
Amount (\$) \$6.75	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/28 Rpt: 38/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 03/02/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2015	Payee name Piryx Inc.	
Amount (\$) \$22.50	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2015	Payee name Piryx Inc.	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/28 Rpt: 39/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 03/17/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2015	Payee name Piryx Inc.	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2015	Payee name Piryx Inc.	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/28 Rpt: 40/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 03/25/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$112.50	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2015	Payee name Piryx Inc.	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/06/2015	Payee name Piryx Inc.	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/28 Rpt: 41/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/21/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$1.13	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2015	Payee name Piryx Inc.	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2015	Payee name Piryx Inc.	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/28 Rpt: 42/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/27/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$112.50	7 Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2015	Payee name Piryx Inc.	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2015	Payee name Piryx Inc.	
Amount (\$) \$112.50	Payee address; City; State; Zip Code 401. N. 15th St. Ste. 502 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/28 Rpt: 43/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 06/29/2015	5 Payee name Piryx Inc.	
6 Amount (\$) \$2.25	7 Payee address; City; State; Zip Code 401 N. 15th St. Ste.502 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2015	Payee name Roadwomen	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 22678 Houston, TX 77277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad and Tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2015	Payee name Rudy's Bar-B-Que	
Amount (\$) \$37.42	Payee address; City; State; Zip Code 20806 IH-45 North Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/28 Rpt: 44/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 05/06/2015	5 Payee name SEHAH Youth & Fitness	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 5110 Martin Luther King Dr. Houston, TX 77021	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/19/2015	Payee name Scrbbes Accents	
Amount (\$) \$30.00	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFTS for Volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2015	Payee name Star Stop 60	
Amount (\$) \$44.48	Payee address; City; State; Zip Code 2111 Southmore Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Volunteer Driver
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/28 Rpt: 45/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/14/2015	5 Payee name Star Stop 60	
6 Amount (\$) \$39.00	7 Payee address; City; State; Zip Code 2111 Southmore Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Volunteer Driver
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/25/2015	Payee name Star Stop 60	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 2111 Southmore Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Volunteer Driver
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2015	Payee name Stop & Shop	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 5301 Antoine Dr. Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Volunteer Driver
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/28 Rpt: 46/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 06/28/2015	5 Payee name Stripes	
6 Amount (\$) \$32.50	7 Payee address; City; State; Zip Code 2329 Southmore Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Volunteer Driver
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2015	Payee name Target	
Amount (\$) \$41.12	Payee address; City; State; Zip Code 8500 S. Main St. Houston, TX 77025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer Cartridge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2015	Payee name Target	
Amount (\$) \$91.55	Payee address; City; State; Zip Code 300 Meyerland Plaza Mall Houston, TX 77096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer Cartridge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/28 Rpt: 47/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 04/21/2015	5 Payee name Tejano Center	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2950 Broadway St. Houston, TX 77017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/18/2015	Payee name Texas Democratic Women	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 766 Thornbranch Dr Houston, TX 77079	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2015	Payee name Tideland APRI	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4414 Akard St. Houston, TX 77047	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/28 Rpt: 48/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 02/18/2015	5 Payee name U.S. Postal Service	
6 Amount (\$) \$98.00	7 Payee address; City; State; Zip Code 4110 Alameda Rd Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps for "Thank You" Mailer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2015	Payee name U.S. Postal Service	
Amount (\$) \$136.00	Payee address; City; State; Zip Code 4110 Alameda Rd Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2015	Payee name Walgreens	
Amount (\$) \$4.63	Payee address; City; State; Zip Code 7929 Kirby Dr. Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Birthday Cards for Community Leaders
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/28 Rpt: 49/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
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4 Date 03/23/2015	5 Payee name Worldpay US. Inc
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6 Amount (\$) \$27.52	7 Payee address; City; State; Zip Code 600 Morgan Falls Rd Atlanta, TX 30350
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/05/2015	Payee name Worldpay US. Inc
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Amount (\$) \$34.89	Payee address; City; State; Zip Code 600 Morgan Falls Rd Atlanta, TX 30350
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donor Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 50/51	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 01/24/2015	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$24.89 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3443 KIRBY DR. HOUSTON, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COPY PAPER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Robinson, Carroll G.	3 Filer ID
4 Date 03/23/2015	5 Payee name Ark of Safety Ministries	
6 Amount (\$) 100.00	7 Payee Address; City; State; Zip P.O. Box 14193 Houston, TX 77221	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation
Date 02/02/2015	Payee name Jamaica Foundation of Houston	
Amount (\$) 50.00	Payee Address; City; State; Zip P.O. Box 710824 Houston, TX 77271	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation
Date 04/21/2015	Payee name Northeast Houston YMCA	
Amount (\$) 50.00	Payee Address; City; State; Zip 9551 Wayside Dr. Houston, TX 77028	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation
Date 05/20/2015	Payee name Tideland APRI	
Amount (\$) 100.00	Payee Address; City; State; Zip P.O. Box 841366 Houston, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Scholarship Donation