Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed: 8

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPT. 05 APR 29 PM 2:06

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR
FIRST: CARL
MI: L.
NICKNAME
LAST: ROBINSON
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
10732 TEXARKANA
EL PASO, TX 79924

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (915)
PHONE NUMBER: 821-8798
EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR:
FIRST: CARL
MI: L.
NICKNAME
LAST: ROBINSON
SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10732 TEXARKANA EL PASO, TX 79924

8 CAMPAIGN TREASURER PHONE
AREA CODE: (915)
PHONE NUMBER: 821-8798
EXTENSION

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 04 / /
THROUGH
Month Day Year: 04 / 29 / 05

11 ELECTION
ELECTION DATE Month Day Year: 05 / 07 / 05
ELECTION TYPE
☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
CITY COUNCIL DISTRICT 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
☐ additional pages

2005-01-01

GO TO PAGE 2

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. 05 APR 29 PM 2:07

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/05	LEVERN WILSON 9549 DYER EL PASO, TX	$75.00	

9 Principal occupation / Job title (See instructions) | 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/05	TONY HARDER 5825 NIKE EL PASO, TX	$50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/23/05	BRUNSON MOORE 4304 PARKHILL DR EL PASO, TX	$100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/30/05	CLIFFORD ELLIS 4396 LOMA DE LUNA EL PASO, TX	$50.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/30/05	C. S. RHODES 10720 ADAUTO CT EL PASO, TX	$100.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.
05 APR 29 PM 2:07

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/4/05	ROSARIO DELGADO 5773 MIRA GRANDE EL PASO, TX	$50.00	

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/12/05	CASITA LINDA RESTURANT 5315 HONDO PASS EL PASO, TX		$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/16/05	MICHAEL FLORES 3800 LYNWOOD ST EL PASO	$50.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/05	GALE BOLDEN 10940 WHITEHALL EL PASO	$50.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/05	DAVID ELLIOTT P.O. BOX 960733 EL PASO, TX	$50.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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05 APR 29 PM 2:07

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1 Total pages Schedule A: 3

2 FILER NAME: CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
3/1/05	DEBORAH FREEMAN-BALLOU 5227 CORNELL EL PASO, TX	$25.00			
3/1/05	ANNA MATTERSDORFF 3334 ZION LN EL PASO, TX	$35.00			
2/12/05	JAMES CARTER 4698 ROUNDROCK DR EL PASO	$50.00			
3/24/05	ALVIN JOHNSON 8600 BOEING DR EL PASO, TX	$300.00			
4/5/05	DANIEL WEVER 133 CALLE OLASO EL PASO, TX	$100.00			

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LOANS

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SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0.00

5 Date of loan: 3/2/05

7 Name of lender: CARL L. ROBINSON ☐ out-of-state PAC (ID#:)

9 Loan Amount ($): $900.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 10732 TEXARKANA EL PASO, TX 79924

10 Interest rate: 7%

11 Maturity date: 12/31/05

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral: ☒ none

15 GUARANTOR INFORMATION: ☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan: 3/18/05

Name of lender: CARL L. ROBINSON ☐ out-of-state PAC (ID#:)

Loan Amount ($): $500.00

Is lender a financial institution? Y (N)

Lender address; City; State; Zip Code: 10732 TEXARKANA EL PASO, TX 79924

Interest rate: 7%

Maturity date: 12/31/05

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral: ☒ none

GUARANTOR INFORMATION: ☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
4/27/05	Payee name: CITY OF EL PASO Payee address: 2 CIVIC CENTER PLAZA, EL PASO, TX Purpose: CAMPAIGN REPORT	$1.20 ☒ Reimbursement from political contributions intended
4/27/05	Payee name: 7 ELEVEN Payee address: 5003 ALABAMA EL PASO, TX 79930 Purpose: GAS	$10.00 ☒ Reimbursement from political contributions intended
1/29/05	Payee name: APPAREL ENTERPRISES Payee address: 9508 CARNEGIE EL PASO, TX 79925 Purpose: CAMPAIGN SIGNS	$75.78 ☒ Reimbursement from political contributions intended
2/3/05	Payee name: COUNTY OF EL PASO Payee address: 500 E SAN ANTONIO EL PASO, TX Purpose: CAMPAIGN VOTER LIST	$25.00 ☒ Reimbursement from political contributions intended
2/12/05	Payee name: CASITA LINDA RESTURANT Payee address: 5315 HONDO PASS EL PASO, TX Purpose: CAMPAIGN BREAKFAST FUNDRAISER	$50.00 ☒ Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.
05 APR 29 PM 2:07

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
2/15/05	SAM'S CLUB 7001 GATEWAY WEST EL PASO, TX FOOD FOR VOLUNTEERS	$24.29 ☒
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐

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