

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input 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)		
10 PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME CARL L. ROBINSON 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 575.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2075.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 557.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1517.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CARL L. ROBINSON, this the 9<sup>TH</sup> day of APRIL, 20 09, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Jacqueline S. Leyva Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>7</b>	
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-3-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUIS SANCHEZ</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5324 CAPISTRANO DR 79924</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions)	
Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. G. VORBA</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7700 GRAND CANYON PL 79904</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DORIS TAYLOR</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4501 CROTON CIR 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JULIET M. HART</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9129 TURRENTINE DR 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAN WEBB</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4761 TROPICANA AVE 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **7**

2 FILER NAME **CARL L. ROBINSON** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1-3-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RICHARD BRITTON</b>	7 Amount of contribution (\$) <b>\$25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5328 ALPS DR 79904</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **RETIRED** 10 Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>REGINA ARNOLD</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 640205 79904</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TONY HARDER</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5825 NIKE LN 79924</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SAMUEL P. THOMPSON</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4400 MARCUS URIBE DR 79934</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TOMMIE L. WATROUS</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 4170 79914</b>		(If travel outside of Texas, complete Schedule T)	

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **7**

2 FILER NAME **CARL L. ROBINSON** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1-3-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DORETHA A. MISHER</b>	7 Amount of contribution (\$) <b>\$25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5125 BALLINGER DR 79924</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **RETIRED** 10 Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GERALDINE T. HAYES</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9209 IGOE PL 79924</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. HOUSE</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10140 RACoon DR 79924</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **TEACHER** Employer (See Instructions)

Date <b>1-3-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANN MORGAN LILLY CAMPAIGN</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>700 BLACKER AVE 79902</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>1-10-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. S. RHODES</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10720 ADAUTO CT 79935</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>7</b>	
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-12-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE BATKIN</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-15-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM + EULA MALLARD</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5226 CORNELL AVE 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>1-21-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNETH J. GEZELIUS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3659 TIERRA VERGEL 79938</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALICIA JOWELS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5728 HEMMINGWAY 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID L. ELLIOTT</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10617 PISCES PL 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>7</b>	
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-27-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALANZO + ANNIE HAYNES</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>11044 ROCKDALE ST 79934</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EMMA C. SPALDING</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>920 BLANCHARD AVE 79902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOMMY L. LOYD</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-13-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILLY R. WILLIAMS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6101 BELLADONNA CIR 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-13-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM L. JEMISON</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4528 LOMA LINDA CIR 79934</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **7**

2 FILER NAME **CARL L. ROBINSON** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2-14-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CLARENCE A. BRANCH</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>10472 APHONIA DR 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>2-28-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KING D. KELLY</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4632 GABRIEL 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>3-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DORA MORENO</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5217 HONDO PASS DR 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

**RETIRED**

Date <b>3-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHRISTINA M. FENSTERMACHER</b>	Amount of contribution (\$) <b>\$45.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4517 MAJOR SPRAGUE AVE 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>3-20-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BENJAMIN S. DIMAGGIO</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4937 CRENSHAW DR 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **7**

2 FILER NAME **CARL L. ROBINSON** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3-27-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID L. ELLIOTT</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>10617 PISCES PL 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>3-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>YOLANDA CLAY</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9557 PISTACHIO 79924</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>3-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VOILAREE BEVERLY</b>	Amount of contribution (\$) <b>\$30.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8629 MERCURY ST 79904</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4-7-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-12-09

5 Payee name

EL PASO COUNTY ELECTIONS

6 Payee address; City; State; Zip Code

500 E SAN ANTONIO

7 Amount (\$)

\$12.10

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

CALIFORNIA DESIGNS

Payee address; City; State; Zip Code

224 HARDESTY 79905

Amount (\$)

\$350.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date,

Payee name

CALIFORNIA DESIGNS

Payee address; City; State; Zip Code

224 HARDESTY 79905

Amount (\$)

\$150.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date,

Payee name

NORTHEAST AREA SUPPORT FOUNDATION

Payee address; City; State; Zip Code

Amount (\$)

\$45.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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