



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

09 MAY 29 PM 5:03 SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-14-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT V. WINGO</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1021 LOS JARDINES CIR 79912</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-11-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTINA M. FENSTERMACHER</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4517 MAJOR SPRAGUE 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-12-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL GALLEGOS</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10327 THOR 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-11-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STARR A. PALMER</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10440 CENTAUR DR 79924</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-16-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD E. MATTERS DORFF</b>	Amount of contribution (\$) <b>\$110.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4717 HONDO PASS 79904</b>		(If travel outside of Texas, complete Schedule T)	
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.

CITY CLERK DEPT.

09 MAY 29 PM 5:03

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>CARL L. ROBINSON</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-19-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EVERETT L. BILLS JR</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9309 McCABE DR 79925</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

09 MAY 29 PM 5:03

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-19-09

ZIPPY PRINTING

\$1932.26

6 Payee address; City; State; Zip Code

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

CAMPAIGN PRINTED MATERIAL  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

CARL L. ROBINSON

Date

Payee name

Amount (\$)

5-19-09

CALIFORNIA DESIGNS

\$514.19

Payee address; City; State; Zip Code

TSHIRTS + MAGNETIC SIGNS

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

CAMPAIGN MATERIAL - TSHIRTS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

CARL L. ROBINSON

Date

Payee name

Amount (\$)

5-9-09

CALIFORNIA DESIGNS

\$49.36

Payee address; City; State; Zip Code

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

CAMPAIGN T-SHIRTS  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

CARL L. ROBINSON

Date

Payee name

Amount (\$)

5-21-09

AUS SERVICES

\$1160.20

Payee address; City; State; Zip Code

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

CAMPAIGN RADIO AD/MAILING  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

CARL L. ROBINSON

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

09 MAY 29 PM 5:03

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

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

4 Date <b>5-6-09</b>	5 Payee name <b>ENTRAVISION RADIO EL PASO</b>	7 Amount (\$) <b>\$ 564.40</b>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <b>RADIO CAMPAIGN ADS</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>CARL L. ROBINSON</b>
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

09 MAY 29 PM 5:03

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	7 Amount (\$)
5-18-09	EP COUNTY ELECTIONS	\$10.00
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) VOTERS LIST (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	Amount (\$)
5-11-09	EP COUNTY ELECTIONS	\$ .60
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) VOTERS LIST (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	Amount (\$)
5-11-09	EP COUNTY ELECTIONS	\$ 30.00
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) VOTERS LIST (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	Amount (\$)
6 Payee address; City; State; Zip Code		
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

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

09 MAY 29 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5-11-09</b>	5 Payee name <b>SAM'S CLUB</b> 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>\$ 22.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>ORANGE JUICE FOR CAMPAIGN WORKERS</b> (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 <b>5-9-09</b>	Payee name <b>CHINESE CAFE</b> Payee address; City; State; Zip Code	Amount (\$) <b>\$ 49.52</b>
Purpose of payment (See instructions regarding type of information required.) <b>FOR CAMPAIGN WORKERS (FOOD)</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>5-22-09</b>	Payee name <b>LOWE'S HOME IMPROVEMENT</b> Payee address; City; State; Zip Code	Amount (\$) <b>\$ 16.21</b>
Purpose of payment (See instructions regarding type of information required.) <b>11" CABLE TIES</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>5-23-09</b>	Payee name <b>CICI'S PIZZA</b> Payee address; City; State; Zip Code	Amount (\$) <b>\$ 33.32</b>
Purpose of payment (See instructions regarding type of information required.) <b>FOOD FOR CAMPAIGN WORKERS</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**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)

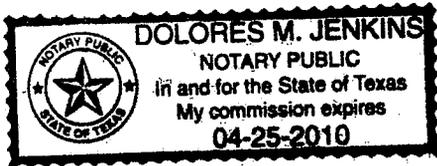
•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required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

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

CITY CLERK DEPT.  
09 MAY 29 PM 5:03

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>                    </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>985.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>                    </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4220.41</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>                    </u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>                    </u>

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.

*Carl L. Robinson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl L. Robinson, this the 29<sup>th</sup> day of May, 20 09, to certify which, witness my hand and seal of office.

*Dolores M. Jenkins*      Dolores M. Jenkins      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath