



**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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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  
Signature of officer administering oath

Dolores M. Jenkins  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**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.

**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 <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)
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)
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)
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)
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 <b>5-19-09</b>	5 Payee name <b>ZIPPY PRINTING</b>	7 Amount (\$) <b>\$1932.26</b>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN PRINTED MATERIAL</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>CARL L. ROBINSON</b> Office sought: _____ Office held: _____
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Date <b>5-19-09</b>	Payee name <b>CALIFORNIA DESIGNS</b>	Amount (\$) <b>\$514.19</b>
Payee address; City; State; Zip Code		
<b>TSHIRTS + MAGNETIC SIGNS</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN MATERIAL - TSHIRTS</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>CARL L. ROBINSON</b> Office sought: _____ Office held: _____
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Date <b>5-9-09</b>	Payee name <b>CALIFORNIA DESIGNS</b>	Amount (\$) <b>\$49.36</b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN T-SHIRTS</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>CARL L. ROBINSON</b> Office sought: _____ Office held: _____
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Date <b>5-21-09</b>	Payee name <b>AUS SERVICES</b>	Amount (\$) <b>\$1160.20</b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN RADIO AD/MAILING</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>CARL L. ROBINSON</b> 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

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-6-09

5 Payee name

ENTRAVISION RADIO EL PASO

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$ 564.40

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

RADIO CAMPAIGN ADS

(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 (\$)

Payee address; City; State; Zip Code

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

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)

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

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)

\*\* 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>EP COUNTY ELECTIONS</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$10.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>VOTERS LIST</i> (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 <i>EP COUNTY ELECTIONS</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$ .60</i>
Purpose of payment (See instructions regarding type of information required.) <i>VOTERS LIST</i> (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 <i>EP COUNTY ELECTIONS</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$ 30.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>VOTERS LIST</i> (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 Payee address; City; State; Zip Code	Amount (\$)
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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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.  
09 MAY 29 PM 5:03

**SCHEDULE F**

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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		