

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <b>MR</b>	FIRST <b>CARL</b>	MI <b>L.</b>
	NICKNAME	LAST <b>ROBINSON</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE; ZIP CODE		
10732 TEXARKANA PL EL PASO, TX 79924			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 821 8798		
6 CAMPAIGN TREASURER NAME	MS / MRS / <b>MR</b>	FIRST <b>CARL</b>	MI <b>L.</b>
	NICKNAME	LAST <b>ROBINSON</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
	STATE; ZIP CODE		
SAME AS ABOVE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 821 8798		
9 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)		
10 PERIOD COVERED	Month	Day	Year
	06 / 01 / 09		
THROUGH		Month	Day
		07 / 15 / 09	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	REPRESENTATIVE, DIST 4		
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		

CITY CLERK DEPT.  
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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. ..

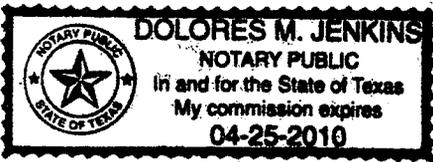
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4180.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2919.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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 15<sup>th</sup> day of July, 20 09, to certify which, witness my hand and seal of office.

[Signature] Dolores M. Jenkins 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**

CITY CLERK DEPT.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. A. CARDWELL</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 26808 79926</b>		(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#: _____) <b>GINGER G. FRANCIS</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 3739 79923</b>		(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#: _____) <b>L. FREDERICK FRANCIS</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 3739</b>		(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#: _____) <b>CECILIA O. FIGUEROA</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4224 LARCHMONT DR 79902</b>		(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#: _____) <b>PABLO SANDERS</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>920 BROADMOOR DR 79912</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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

CITY CLERK DEPT.

09 JUL 15 PM 6:33

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2 FILER NAME <b>CARL L. ROBINSON</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J.O. STEWART</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>124 W CASTELLANO 79912</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>E.N. CARRASCO</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2301 BERT YANC'EV</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLEMENT MARCUS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6500 MONTANA 79925</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MEYER MARCUS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6500 MONTANA 79925</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEONARD A. GOODMAN</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4911 MEADOWLARK 79922</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**

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **4**

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

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAUL L. FOSTER</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>123 W. MILLS 79901</b>		(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#: _____) <b>YVONNE S. JOHNSON</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10900 REEF SANDS DR 79924</b>		(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#: _____) <b>LOUIS R. LOPEZ</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3407 SIRIUS AVE 79904</b>		(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#: _____) <b>ANNA MATTERS DORF</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3334 ZION LN 79904</b>		(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#: _____) <b>WOMENS POLITICAL ACTION COMMITTEE</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1125 E. BALTIMORE 79902</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**

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **4**

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

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARJORIE MCCARTHY</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5108 PARIS AVE 79924</b>		(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#: _____) <b>JOHN COOK CAMPAIGN</b>	Amount of contribution (\$) <b>\$745.84</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3224 MESA VERDE 79904</b>		(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#: _____) <b>JOHN COOK CAMPAIGN</b>	Amount of contribution (\$) <b>\$284.16</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3224 MESA VERDE 79904</b>		(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)

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: <b>1</b>
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>6-3-09</b>	5 Payee name <b>ZIPPY PRINTING CENTER</b>	7 Amount (\$) <b>\$1185.33</b>
6 Payee address; City; State; Zip Code <b>2855 PERSHING DR 79903</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN FLIERS</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>6-6-09</b>	Payee name <b>CHINESE CAFE</b>	Amount (\$) <b>\$438.41</b>
Payee address; City; State; Zip Code <b>9649 DYER ST 79924</b>		
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN CELEBRATION</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>6-3-09</b>	Payee name <b>AUS SERVICES</b>	Amount (\$) <b>\$1295.51</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN MAILING</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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