

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

CARL L. ROBINSON

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$ *8965.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *9844.37*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *4317.33*

OUTSTANDING LOAN TOTALS

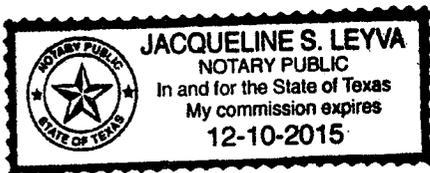
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *5000.00*

CITY CLERK DEPT.
2013 JUN -7 AM 5:53

18 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 17th day of June, 20 13, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva
Signature of officer administering oath

Jacqueline S. Leyva
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME <i>CARL L. ROBINSON</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>5-27-13</i> | 5 Payee name <i>LUBY'S #2</i> | |
| 6 Amount (\$) <i>\$45.44</i> | 7 Payee address; City; State; Zip Code <i>1010 CHELSEA ST EL PASO, TX 79903</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>CAMPAIGN WORKERS MEETING</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date <i>6-6-13</i> | Payee name <i>SUBWAY #4335</i> | |
| Amount (\$) <i>\$23.82</i> | Payee address; City; State; Zip Code <i>9429 OYER</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>CAMPAIGN WORKERS LUNCH</i> | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name Office sought Office held | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name Office sought Office held | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name Office sought Office held | |

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CITY CLERK DEPT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
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| | | |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME <i>CARL L. ROBINSON</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

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|-------------------------|---|
| 4 Date <i>6-6-13</i> | 5 Payee name <i>ELEPHANT STUDIOS</i> |
|-------------------------|---|

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| 6 Amount (\$) <i>\$ 210.00</i> | 7 Payee address; City; State; Zip Code |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>CAMPAIGN MAILER DESIGN</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>6-6-13</i> | Payee name <i>H H DINERO TREE</i> |
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| Amount (\$) <i>\$ 2477.97</i> | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>CAMPAIGN PRINTING & MAILING</i> | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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|-----------------------|-----------------------------|
| Date <i>6-5-13</i> | Payee name <i>TEXICO</i> |
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| Amount (\$) <i>\$ 1477.97</i> | Payee address; City; State; Zip Code |
|----------------------------------|--------------------------------------|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>RADIO ADVERTISEMENT</i> | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>6-5-13</i> | Payee name <i>DENNY'S # 6910</i> |
|-----------------------|-------------------------------------|

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| Amount (\$) <i>\$ 23.12</i> | Payee address; City; State; Zip Code <i>8144 GATEWAY EAST EL PASO, TX 79905</i> |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>CAMPAIGN WORKERS</i> | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
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| 1 Total pages Schedule F: | 2 FILER NAME CARL L. ROBINSON | 3 ACCOUNT # (Ethics Commission Filers) |
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|--------------------------|---|
| 4 Date 5-29-13 | 5 Payee name MELISSA MARTINEZ |
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| 6 Amount (\$) \$2000.00 | 7 Payee address; City; State; Zip Code |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CAMPAIGN ROBOCALLS | (b) Description (If travel outside of Texas, complete Schedule T) |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date 5-30-13 | Payee name H+H DINERO TREE, INC |
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| Amount (\$) \$2367.20 | Payee address; City; State; Zip Code |
|---------------------------------|--------------------------------------|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING & MAILING | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| | |
|------|------------|
| Date | Payee name |
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| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| | |
|------|------------|
| Date | Payee name |
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| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
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|---|--|--|--|---|--|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>CARL L. ROBINSON</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>5-18-13</i> | | 5 Payee name <i>JANICE DIXON</i> | | | |
| 6 Amount (\$) <i>\$200.00</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>CAMPAIGN CELEBRATION (MAY 11)</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD + RENTAL</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5-18-13</i> | | Payee name <i>CALIFORNIA DESIGNS</i> | | | |
| Amount (\$) <i>\$216.50</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>CAMPAIGN SIGNS</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5-24-13</i> | | Payee name <i>HERIBERTO IBARRA</i> | | | |
| Amount (\$) <i>\$250.00</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>PHOTOGRAPHY</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5-24-13</i> | | Payee name <i>RICHARDS PRINTING</i> | | | |
| Amount (\$) <i>\$541.25</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>PUSH CARDS</i> | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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