



# 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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)	\$ 3600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6647.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

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

**NOTARY PUBLIC**  
**DOLORES M. JENKINS**  
In and for the State of Texas  
My commission expires 04-25-2014

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl L. Robinson, this the 15th day of January, 20 14, 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

2014 JAN 15 PM 5:30 CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</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>Talina &amp; John M. Fields</b>	7 Amount of contribution (\$) <b>\$500.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MELGAN LTD</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Melanie R. Wayne Gen Partner &amp; George C. Wayne Gen Partner</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>Teresa Quezada</b>	Amount of contribution (\$) <b>\$25.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Edward Beck</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Janette &amp; William Coon</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></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)	

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: **3**

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>RICHARD L. DAVIS</b>	7 Amount of contribution (\$) <b>\$50.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeanie L. or Starr A. Palmer</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Isaac Smith</b>	Amount of contribution (\$) <b>\$400.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick B. Haggerty</b>	Amount of contribution (\$) <b>\$100.<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert and Lilly Jean Petta</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></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)

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2014 JUN 15 PM 5:30

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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>3</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>Patrick B. Haggerty</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Harder</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>American Federation of State, County and Municipal Employees AFL-CIO</b>	Amount of contribution (\$) <b>\$1250<sup>00</sup></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	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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JAN 15 PM 5:31

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>CARL L. ROBINSON</b>		3 ACCOUNT # (Ethics Commission Filers) <b>NA</b>
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		<b>\$ 5,000.00</b>
5 Date of loan <b>12-12</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARL L. ROBINSON</b>	9 Loan Amount (\$) <b>\$ 5000.00</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>10732 TEXARKANA EL PASO, TX 79924</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>NA</b>
12 Principal occupation / Job title (See Instructions) <b>CITY REPRESENTATIVE</b>		13 Employer (See Instructions) <b>CITY OF EL PASO</b>
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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 2011 JAN 15 PM 5:31

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>CARL L. ROBINSON</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>8-2013</i>	<b>5</b> Payee name <i>TEXICO</i>	
<b>6</b> Amount (\$) <i>\$ 2500.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CAMPAIGN CONSULTING</i>	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

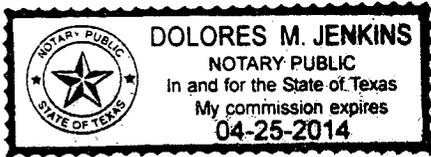
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	CITY CLERK DEPT. 2014 JAN 15
Date Hand-delivered or Date Postmarked	5:35 PM
Date Processed	
Date Imaged	

Filer name <b>CARL L. ROBINSON</b>	Account #
---------------------------------------	-----------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the CITY OF EL PASO report due on 01-15-2014. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



*Carl L. Robinson*  
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carl L. Robinson this the 15th day of January, 2014, to certify which, witness my hand and seal of office.

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

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**