Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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 files)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

RECEIVED MAR 17 2005 CITY SECRETARY

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE/ OFFICEHOLDER NAME

TITLE: Mr FIRST: Judson MI: W

NICKNAME: LAST: Robinson SUFFIX: III

4 CANDIDATE/ OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 3583 APT / SUITE #: CITY: Hou STATE: TX ZIP CODE: 77253

5 CAMPAIGN TREASURER NAME

TITLE: Mrs FIRST: Margarette MI: T

NICKNAME: LAST: Robinson SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 938 S. Palmcrest APT / SUITE #: CITY: Pearland STATE: TX ZIP CODE: 77584

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 436-2060 EXTENSION:

8 REPORT TYPE

☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 7/15/04 THROUGH Month Day Year: 1/15/05

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Hou. Councilman

12 OFFICE SOUGHT (if known):

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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: N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code:

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Judson W. Robinson III

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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

NA

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	$ 750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 2996.00
OUTSTANDING LOAN TOTALS	5. 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.

IRMA E. GONZALEZ
MY COMMISSION EXPIRES
January 19, 2008

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judson Robinson, this the 17th day of January, 2005, to certify which, witness my hand and seal of office.

Irma E. Gonzalez	IRMA E. GONZALEZ	Office Manager
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Judson W. Robinson III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/10	Broadway Storage 10401 Broadway, Pearland TX 77584	130.00

8 Purpose of expenditure (See instructions regarding type of information required.): Political Records Storage

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/27	DNC 430 South Capital SE. Washington DC 20003	200.00

Purpose of expenditure (See instructions regarding type of information required.): Political Support

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/30	East Side Village Community Learning 3422 Holman St. Ste B Hou TX 77004	100.00

Purpose of expenditure (See instructions regarding type of information required.): Not for Profit Support

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/10	St Mary's Catholic Church 3506 Rosedale Houston Texas 77004	100.00

Purpose of expenditure (See instructions regarding type of information required.): Church Contributions

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Judson W. Robinson III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10	St Mary's Church 3506 Rosedale Houston Texas 77004	60.00

8 Purpose of expenditure (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Church Contribution		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20	Al Green Campaign for Congress P.O. Box 131492 Hou TX 77219	100.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Congressional Campaign		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20	Zinette Burney Campaign 5445 Almeda # 400 Hou TX 77004	100.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Pct 2 Constable Campaign		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/22	MHAT (Mental Health Assoc. in Tex) 1210 San Antonio Austin TX 78701	~~200~~ 100.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Not for Profit Support		

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Judson W. Robinson III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24	St. Mary's Church 3506 Rosedale Hou TX 77004	60.00

8 Purpose of expenditure (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Church Contribution		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	St. Mary's Church 3506 Rosedale Hou Tx 77004	11.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Church Contribution		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/26	Women in Law Enforcement 1200 Travis Houston TX 77002	700.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Law Enforcement Non Profit		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/19	Forgotten Angels 6516 Broadway, Pearland TX 77581	120.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Mental Health Non Profit		

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME Judson W Robinson III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/23	Trans Africa Forum 4389 Fiesta Ln. Houston TX 77004	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Political Non Profit

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/27	Fisk University 1000 17th Ave N. Nashville Tenn 37208	100

Purpose of expenditure (See instructions regarding type of information required.)
University Alum Assoc

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
D. 12/5	Hubert Vo Campaign P.O. Box 2227 Houston TX 77411	100.00

Purpose of expenditure (See instructions regarding type of information required.)
State Campaign Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/6	Garnett Coleman Campaign P.O. Box 88140 Houston TX 77288	200.

Purpose of expenditure (See instructions regarding type of information required.)
State Campaign Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Judson W. Robinson III

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/31	Fisk University P.O. Box 27003 Houston, TX 77277	300.00

8 Purpose of expenditure (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
University Alumni Assoc Const.		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/31	St. Thomas H.S. 4500 Memorial Dr Hou TX 77007	100.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Annual Scholarship Fund		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/31	N. Brazoria County Democrats 3215 Amerson Dr 77584	15.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Political Org. Support		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/15	The 100 Club 1233 W. Loop S. Hou TX 77027	100.00

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Police Not for Profit		

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