

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form		1 Filer ID(Ethics Commission filers)	2 Total pages filed				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY Date Received 10/26/2015 Date Hand-delivered or Date Postmarked			
		David	W				
	NICKNAME	LAST	SUFFIX				
	Robinson						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE		
	P.O. Box 56386 Houston TX 77256						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713) 942-5816						
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #	Amount		
		Jack	S	Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
	Blanton						
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please);		APT/SUITE #;	CITY;	STATE;	ZIP CODE	
	347 Chevy Chase Drive Houston TX 77019						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713) 224-5959						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	9/25/2015				10/24/2015		
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
	11/3/2015						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	City Council - At Large Position 2				City Council - At Large Position 2		

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME David W Robinson

15 Filer ID (Ethics Commission Filers)

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.

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME 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	\$50.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,325.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$58.27
	4	TOTAL POLITICAL EXPENDITURES	\$47,857.27
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$87,983.75
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

David W. Robinson

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME David W Robinson		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	12275
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	SCHEDULE E: LOANS	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	47545.3
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	65803.31
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	254
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	0

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME David W Robinson

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME David W Robinson			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Alan Black	7	Amount of contributions (\$)
	10/01/2015	6 Contributor address; City; State; Zip Code Houston TX 77006-2006		50
8	Principal occupation / Job title (See Instructions) Architect		9	Employer (See Instructions) FKP Architects
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Alan Fleishacker	7	Amount of contributions (\$)
	10/05/2015	6 Contributor address; City; State; Zip Code Houston TX 77098		100
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Marc Melcher	7	Amount of contributions (\$)
	10/08/2015	6 Contributor address; City; State; Zip Code Houston TX 77056		500
8	Principal occupation / Job title (See Instructions) Wealth Management Advisor, Vice President		9	Employer (See Instructions) Merrill Lynch Wealth Management, Bank of America C
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Don Tobin	7	Amount of contributions (\$)
	10/09/2015	6 Contributor address; City; State; Zip Code Houston TX 77030-1113		100
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME David W Robinson		3	Filer ID (Ethics Commission filers)
10/09/2015	Robin Reed ----- 6 Contributor address; City; State; Zip Code Houston TX 77019-1006	7	Amount of contributions (\$) 250
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self	
10/12/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Malcolm Bailey ----- 6 Contributor address; City; State; Zip Code Houston TX 77057-6710	7	Amount of contributions (\$) 250
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) MDB Interests	
10/13/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Kingwood Area Democrats ----- 6 Contributor address; City; State; Zip Code Kingwood TX 77325	7	Amount of contributions (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/13/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Carolyn Garrard ----- 6 Contributor address; City; State; Zip Code Houston TX 77057-3722	7	Amount of contributions (\$) 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/13/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Paul Jarrett ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$) 25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Perry Seeberger	7 Amount of contributions (\$)	
10/14/2015	6 Contributor address; City; State; Zip Code Houston TX 77092-7734	250	
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Seeberger Architecture	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Jason Yoo	7 Amount of contributions (\$)	
10/14/2015	6 Contributor address; City; State; Zip Code Houston TX 77205	500	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) JDDA Group of Companies	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Jeanette Rash	7 Amount of contributions (\$)	
10/14/2015	6 Contributor address; City; State; Zip Code Houston TX 77020-2030	500	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Fast Tow / Zone One Storage	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) James Vick	7 Amount of contributions (\$)	
10/15/2015	6 Contributor address; City; State; Zip Code Houston TX 77098-5407	100	
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) SWA Group	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME David W Robinson			3	Filer ID (Ethics Commission filers)
10/15/2015	Roksan Okan-Vick ----- 6 Contributor address; City; State; Zip Code Houston TX 77098-5407		7	Amount of contributions (\$) 100
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Roskan Okan-Vick, FAIA		
10/15/2015	4 Date	5 Full name of contributor Ricardo A Vazquez	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 100
		6 Contributor address; City; State; Zip Code Houston TX 77007-2520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10/15/2015	4 Date	5 Full name of contributor Claude Wynn	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250
		6 Contributor address; City; State; Zip Code Houston TX 77265-6832		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10/15/2015	4 Date	5 Full name of contributor C. C. Lee	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250
		6 Contributor address; City; State; Zip Code Houston TX 77036-3322		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
	4 Date	5 Full name of contributor Derek Webb	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)	
10/16/2015	6 Contributor address; City; State; Zip Code Spring TX 77388-5154		100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Manuel Esquivel	7 Amount of contributions (\$)	
10/19/2015	6 Contributor address; City; State; Zip Code Houston TX 77018-8002		500
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) EStudio	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Locke Lord LLP	7 Amount of contributions (\$)	
10/19/2015	6 Contributor address; City; State; Zip Code Dallas TX 75201		1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Nnamdi C Nnoli	7 Amount of contributions (\$)	
10/20/2015	6 Contributor address; City; State; Zip Code Houston TX 77054		500
8 Principal occupation / Job title (See Instructions) Grad student		9 Employer (See Instructions) UT School of Public Health	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME David W Robinson		3	Filer ID (Ethics Commission filers)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/21/2015		Jacob D Slosburg
		6	Contributor address; City; State; Zip Code
			Omaha NE 68114
		7	Amount of contributions (\$)
			750
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	Slosburg Company		Real Estate
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/21/2015		Greenberg Traurig, P.A. PAC
		6	Contributor address; City; State; Zip Code
			Albany NY 12207
		7	Amount of contributions (\$)
			1000
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input checked="" type="checkbox"/> out of state PAC(ID# C00199711)
	10/23/2015		Health Care Service Corporation Employees' PAC
		6	Contributor address; City; State; Zip Code
			Chicago IL 60601
		7	Amount of contributions (\$)
			500
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/23/2015		Douglas Elliott
		6	Contributor address; City; State; Zip Code
			Houston TX 77005
		7	Amount of contributions (\$)
			1000
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	Investment Management		Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
-------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/23/2015	Costello, Inc. PAC	500
6 Contributor address; City; State; Zip Code		
Houston TX 77042-4566		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/24/2015	Karun Sreerama	500.00
6 Contributor address; City; State; Zip Code		
Houston TX 77004		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Consultant	TAMC

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/24/2015	Susan Christian	100.00
6 Contributor address; City; State; Zip Code		
Houston TX 77006		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 Date 9/25/2015	5 Payee name Verizon	
6 Amount (\$) 78.23	7 Payee address; City; State; Zip Code 1440 Gulfgate Center Mall Houston TX 77087	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense WiFi for campaign HQ
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/25/2015	5 Payee name Piryx, Inc.	
6 Amount (\$) 43	7 Payee address; City; State; Zip Code 649 Mission St. Suite 204 San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fee
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/3/2015	5 Payee name Lowe's Home Centers, LLC	
6 Amount (\$) 103.79	7 Payee address; City; State; Zip Code 1000 Gulfgate Center Mall Houston TX 77087	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for sign installation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/3/2015	5 Payee name Strong Strategies, LLC		
6 Amount (\$) 6040.67	7 Payee address; City; State; Zip Code 5100 San Felipe #117-E Houston TX 77056		

8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & consulting services
--------------------------	--	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
--	---	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/4/2015	5 Payee name Campaign Strategies, Inc.	
6 Amount (\$) 5000	7 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name MailChimp	
6 Amount (\$) 50	7 Payee address; City; State; Zip Code c/o Rocket Science Group LLC 675 Ponce De Leon Ave NE Atlanta GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign blast email
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name Lowe's Home Centers, LLC	
6 Amount (\$) 281.21	7 Payee address; City; State; Zip Code 1000 Gulfgate Center Mall Houston TX 77087	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for sign installation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/8/2015	5 Payee name David W Robinson		
6 Amount (\$) 104.00	7 Payee address; City; State; Zip Code 2514 Elmen St. Houston TX 77019		

8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for credit card charge previously reported on F4
--------------------------	---	--------------------------	---

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/11/2015	5 Payee name Go Phone	
6 Amount (\$) 48.71	7 Payee address; City; State; Zip Code c/o AT&T 2621 S. Shepherd Dr. Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/12/2015	5 Payee name Campaign Strategies, Inc.	
6 Amount (\$) 29622.84	7 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailing
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/13/2015	5 Payee name Law Offices of Chris Ainsworth	
6 Amount (\$) 60	7 Payee address; City; State; Zip Code 7626 Avenue H Houston TX 77012	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Moving furniture to HQ
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/15/2015	5 Payee name Yvette Hernandez		
6 Amount (\$) 2500	7 Payee address; City; State; Zip Code 407 Ahrens St. Houston TX 77017		

8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
--------------------------	---	--------------------------	---

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name MailChimp	
6 Amount (\$) 50	7 Payee address; City; State; Zip Code c/o Rocket Science Group LLC 675 Ponce De Leon Ave NE Atlanta GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign blast email
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/15/2015	5 Payee name Yvette Hernandez	
6 Amount (\$) 663.55	7 Payee address; City; State; Zip Code 407 Ahrens St. Houston TX 77017	
8 PURPOSE OF EXPENDITURE	(a) Category Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage (1154 miles@\$0.575/per mile)
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/16/2015	5 Payee name Sharon Davis	
6 Amount (\$) 2500	7 Payee address; City; State; Zip Code 8335 Bird Meadow Lane Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter outreach services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/22/2015	5 Payee name Candace Caruthers		
6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 301 W. Little York Rd. #332 Houston TX 77076		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign staff
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David W Robinson		3 Filer ID (Ethics Commission filers)
4 Date 10/24/2015	5 Payee name Piryx, Inc.		
6 Amount (\$) 219.3	7 Payee address; City; State; Zip Code 649 Mission St. Suite 204 San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$65,803.31	
5 Date 10/15/2015	6 Payee name Underbelly	
7 Amount (\$) 1607.51	8 Payee address; City; State; Zip Code 1100 Westheimer Houston TX 77006	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event refreshments
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/6/2015	6 Payee name The Black Sheep Agency	
7 Amount (\$) 1200	8 Payee address; City; State; Zip Code 611 W. 22nd St. Suite 201 Houston TX 77008	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Consulting
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/18/2015	6 Payee name Campaign Strategies, Inc.	
7 Amount (\$) 2136.63	8 Payee address; City; State; Zip Code P.O. Box 3308	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$65,803.31	

Houston TX 77253	
------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign push cards
---------------------------	--------------------------------------	---

11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
---	-------------------------------	---------------	-------------

5 Date 10/21/2015	6 Payee name Campaign Strategies, Inc.
--------------------------	---

7 Amount (\$) 24365.55	8 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253
-------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailing
---------------------------	--------------------------------------	--

11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
---	-------------------------------	---------------	-------------

5 Date 10/21/2015	6 Payee name Campaign Strategies, Inc.
--------------------------	---

7 Amount (\$) 36493.62	8 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253
-------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
---------------------------	--------------	-----------------

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME David W Robinson	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$\$65,803.31
	Printing Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailing
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME David W Robinson	3 FilerID (Ethics Commission filers)		
4 Date 10/1/2015	5 Payee name J.P. Morgan Chase Bank, N.A.			
6 Amount (\$) 104.00	7 Payee Address; P.O. Box 659754	City; San Antonio	State; TX	Zip Code 78265
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description Payment of credit card charge for luncheon previously reported on schedules F4 and F1		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

4 Date 10/5/2015	5 Payee name Houston Tomorrow			
6 Amount (\$) 150.00	7 Payee Address; 3015 Richmond Ave. #201	City; Houston	State; TX	Zip Code 77098
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation for event ticket		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED