

**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	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	Amount
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

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

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

14 FILER NAME Laurie Robinson 15 Filer ID (Ethics Commission Filers)

16 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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

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)	\$14,725.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$17,096.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$33,515.42
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$15,040.00

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.

Laurie 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 Laurie Robinson		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	14,725
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	500
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	SCHEDULE E: LOANS	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	17,096
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	752
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0
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 Laurie 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 Laurie Robinson			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Giti Zarinkelk	7	Amount of contributions (\$)
	10/19/2015	6 Contributor address; City; State; Zip Code Houston TX 77019		\$500.00
8	Principal occupation / Job title (See Instructions) CEO		9	Employer (See Instructions) Zarinkelk Engineering
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Vickie McBride	7	Amount of contributions (\$)
	10/20/2015	6 Contributor address; City; State; Zip Code Missouri City TX 77489		\$100.00
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#) David Sadeghpour	7	Amount of contributions (\$)
	10/14/2015	6 Contributor address; City; State; Zip Code Houston TX 77007		\$250.00
8	Principal occupation / Job title (See Instructions) Engineer		9	Employer (See Instructions) Concord Builders
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Bob Jones	7	Amount of contributions (\$)
	10/9/2015	6 Contributor address; City; State; Zip Code Houston TX 77079		\$5,000.00
8	Principal occupation / Job title (See Instructions) CEO		9	Employer (See Instructions) Jones Engineering Solutions
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 Laurie Robinson		3	Filer ID (Ethics Commission filers)
10/9/2015	Georgia Jones ----- 6 Contributor address; City; State; Zip Code Houston TX 77079	7	Amount of contributions (\$) 1,000.00
8	Principal occupation / Job title (See Instructions) None	9	Employer (See Instructions) Housewife
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Mischer Investments, LP ----- 6 Contributor address; City; State; Zip Code Houston TX 77046	7	Amount of contributions (\$) 1,000.00
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Daniel Clinton ----- 6 Contributor address; City; State; Zip Code Houston TX 77024	7	Amount of contributions (\$) 250.00
8	Principal occupation / Job title (See Instructions) Engineer	9	Employer (See Instructions) Retired
10/6/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Bob Jones ----- 6 Contributor address; City; State; Zip Code Houston TX 77079	7	Amount of contributions (\$) 1,000.00
8	Principal occupation / Job title (See Instructions) CEO	9	Employer (See Instructions) Jones Engineering Solutions
	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Kim Sullivan	7	Amount of contributions (\$) 1,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME Laurie Robinson		3 Filer ID (Ethics Commission filers)	
10/6/2015	6 Contributor address; City; State; Zip Code Kingwood TX 77345	100.00	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self	
4 Date	5 Full name of contributor Greater Houston Restaurant Association PAC	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/30/2015	6 Contributor address; City; State; Zip Code Houston TX 77007	500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor Theldon Branch	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/27/2015	6 Contributor address; City; State; Zip Code Houston TX 77029	1,000.00	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) The Branch Companies	
4 Date	5 Full name of contributor Ray Wade	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/29/2015	6 Contributor address; City; State; Zip Code Houston TX 77070	75.00	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Legacy Texas Properties	
4 Date	5 Full name of contributor Marsha Fisk	<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 Laurie Robinson		3 Filer ID (Ethics Commission filers)	
9/29/2015	6 Contributor address; City; State; Zip Code Houston TX 77271	250.00	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self	
4 Date 9/29/2015	5 Full name of contributor Tina Crittenden	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 50.00
	6 Contributor address; City; State; Zip Code Houston TX 77047		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self	
4 Date 9/30/2015	5 Full name of contributor Fheryl Prestage	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250.00
	6 Contributor address; City; State; Zip Code Missouri City TX 77459		
8 Principal occupation / Job title (See Instructions) IT Applications		9 Employer (See Instructions) HCC	
4 Date 9/30/2015	5 Full name of contributor Fheryl Prestage	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250.00
	6 Contributor address; City; State; Zip Code Missouri City TX 77459		
8 Principal occupation / Job title (See Instructions) IT Applications		9 Employer (See Instructions) HCC	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Laurie Robinson			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Lance Gilliam	7	Amount of contributions (\$)
	10/3/2015	6 Contributor address; City; State; Zip Code Houston TX 77027		500.00
8	Principal occupation / Job title (See Instructions) Realtor		9	Employer (See Instructions) Waterman Steele Real Estate Advisors
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Tonya Dixon	7	Amount of contributions (\$)
	10/3/2105	6 Contributor address; City; State; Zip Code Houston TX 77066		100.00
8	Principal occupation / Job title (See Instructions) Teacher		9	Employer (See Instructions) Dominion School
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Joan Bass	7	Amount of contributions (\$)
	10/7/2015	6 Contributor address; City; State; Zip Code Houston TX 77016		100.00
8	Principal occupation / Job title (See Instructions) Retired		9	Employer (See Instructions) Retired
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Rickey Jones	7	Amount of contributions (\$)
	10/9/2015	6 Contributor address; City; State; Zip Code Dallas TX 75201		1,000.00
8	Principal occupation / Job title (See Instructions) Attorney		9	Employer (See Instructions) JHCM Law Firm
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 Laurie Robinson		3	Filer ID (Ethics Commission filers)
10/9/2015	Tara DeAndrea ----- 6 Contributor address; City; State; Zip Code Frisco TX 75304	7	Amount of contributions (\$) 100.00
8	Principal occupation / Job title (See Instructions) None	9	Employer (See Instructions) Housewife
10/13/2105	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Terrance Martin ----- 6 Contributor address; City; State; Zip Code Friendswood TX 77546	7	Amount of contributions (\$) 100.00
8	Principal occupation / Job title (See Instructions) SAP Systems Developer	9	Employer (See Instructions) Saudi Aramco
10/13/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Angelina Hollins ----- 6 Contributor address; City; State; Zip Code Pearland TX 77584	7	Amount of contributions (\$) 100.00
8	Principal occupation / Job title (See Instructions) Sales	9	Employer (See Instructions) Omni Pharmacy
10/13/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Marian Cones ----- 6 Contributor address; City; State; Zip Code Houston TX 77055	7	Amount of contributions (\$) 250.00
8	Principal occupation / Job title (See Instructions) CourthouseDirect.com	9	Employer (See Instructions) CEO
4	Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Crystal Jackson	7	Amount of contributions (\$) 100.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Laurie Robinson	3 Filer ID (Ethics Commission filers)
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10/13/2015	6 Contributor address; City; State; Zip Code Houston TX 77088	100.00
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8 Principal occupation / Job title (See Instructions) Executive Administrator	9 Employer (See Instructions) The Community of Faith
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10/21/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Spurgeon Robinson 6 Contributor address; City; State; Zip Code Pearland TX 77584	7 Amount of contributions (\$) 500.00
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8 Principal occupation / Job title (See Instructions) Consultant	9 Employer (See Instructions) Self
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10/22/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) George Robinson 6 Contributor address; City; State; Zip Code St. Paul MN 55116	7 Amount of contributions (\$) 100.00
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8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
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10/23/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Dustin Jones 6 Contributor address; City; State; Zip Code Houston TX 77071	7 Amount of contributions (\$) 200.00
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8 Principal occupation / Job title (See Instructions) Sales	9 Employer (See Instructions) Santander Consumer USA
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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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A2:

2 FILER NAME Laurie Robinson 3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$500.00

5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Courtney Johnson	8	Amount of contributions (\$)	9 In-Kind contribution description
	10/18/2015	7 Contributor address; City; State; Zip Code Missouri City TX 77459		250.00	Food for Meet and Greet
			<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) Realtor	11 Employer (See Instructions) Self
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5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Everett Blaylock	8	Amount of contributions (\$)	9 In-Kind contribution description
	10/18/2015	7 Contributor address; City; State; Zip Code Houston TX 77056		250.00	T-Shirts
			<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) Controller	11 Employer (See Instructions) MFR Group
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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 EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 Date 9/30/2105	5 Payee name AB Communications	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court #148 Houston TX 77096	
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 Field Work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/30/2015	5 Payee name Kathleen Lykes	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 3807 Sweet Gum Hill Kingwood TX 77345	
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 Compliance
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 AB Communications	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court #148 Houston TX 77096	
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 Laurie Robinson		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field Work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/26/2015	5 Payee name Richard Johnson		
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 8738 Fannette St. Houston TX 77029		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field Work
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 Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 Date 9/28/2015	5 Payee name Richard Johnson	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 8738 Fannette St. Houston TX 77029	
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 Field Work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/29/2015	5 Payee name Richard Johnson	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 8738 Fannette St. Houston TX 77029	
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 Field Work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name Richard Johnson	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 8738 Fannette St. Houston TX 77029	
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 Laurie Robinson		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/4/2015	5 Payee name Richard Johnson		
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 8738 Fannette St. Houston TX 77029		
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 Field Work
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 Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/11/2015	5 Payee name Richard Johnson	
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 8738 Fannette St. Houston TX 77029	
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 Field Work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name Florida Cooper	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
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 Florida Cooper	
6 Amount (\$) 900.00	7 Payee address; City; State; Zip Code	
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 Laurie 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 Salary
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/1/2015	5 Payee name Michael Yarborough		
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 5616 Wayne St. Houston TX 77026		

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 Salary
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name Michael Yarbrough	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 5616 Wayne St. Houston TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name Amber Burton	
6 Amount (\$) 1,250.00	7 Payee address; City; State; Zip Code 19422 Rosebud Ridge Spring TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name Antonio Maldonado	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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 Laurie 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 Salary
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 Antonio Maldonado		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code		

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 Salary
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/1/2015	5 Payee name Carla Brailey	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 3355 Wentworth Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/21/2015	5 Payee name Advantage Communications	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 8011 Ashley Cr. Dr. N Houston TX 77071	
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 Communications
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/30/2015	5 Payee name Regis	
6 Amount (\$) 998.00	7 Payee address; City; State; Zip Code 4801 Woodway St. Suite 300 Houston TX 77056	
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 Laurie 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 Phones
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/20/2015	5 Payee name Home Depot		
6 Amount (\$) 36.00	7 Payee address; City; State; Zip Code 5445 West Loop Houston TX 77081		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental 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 Supplies
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 Date 10/22/2015	5 Payee name Home Depot	
6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code 5445 West Loop Houston TX 77081	
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 Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/2/2015	5 Payee name Sprint 2 Print	
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 8748 Clay Rd. Suite 300 Houston TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 Materials
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Laurie Robinson	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$752.00	
5 Date 10/7/2015	6 Payee name Paypal	
7 Amount (\$) 752.00	8 Payee address; City; State; Zip Code 2221 North First St. San Jose CA 95131	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Photos
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