

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

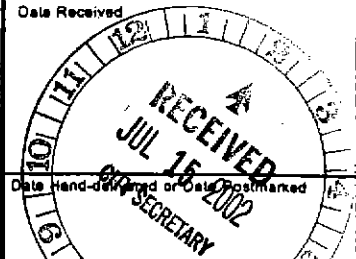
1 ACCOUNT#  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE/  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
*Judson W*  
NICKNAME LAST SUFFIX  
*Robinson III*

OFFICE USE ONLY



4 CANDIDATE/  
OFFICEHOLDER  
ADDRESS

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

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
*Margarette T. Robinson*  
NICKNAME LAST SUFFIX

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

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

7 CAMPAIGN  
TREASURER  
PHONE

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

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 THROUGH Month Day Year  
*1 / 15 / 02 THROUGH 7 / 15 / 02*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year *N/A*  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

*N/A*

12 OFFICE SOUGHT (if known)

*N/A*

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

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

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Judson W. Robinson III*

15 ACCOUNT # (Ethics Commission files)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

*N/A*

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

\$ *NA*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *NA*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *NA*

4. TOTAL POLITICAL EXPENDITURES

\$ *2643.--*

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.



AFFIX NOTARY SEAL ABOVE

*[Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Judson Robinson III*, this the *15<sup>th</sup>* day of *July*, 20 *02*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**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 files)

4 Date <u>1/29</u>	5 Payee name <u>GAA Fisk University</u>	7 Amount (\$) <u>50.00</u>
6 Payee address; City; State; Zip Code <u>1000 Seventeenth St. Nashville TENN 37208</u>		

8 Purpose of expenditure (See instructions regarding type of information required.) <u>scholarship</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	---

Date <u>1/29</u>	Payee name <u>UNCF</u>	Amount (\$) <u>100.00</u>
Payee address; City; State; Zip Code <u>P.O. Box 18206 Merrifield VA 22118</u>		

Purpose of expenditure (See instructions regarding type of information required.) <u>scholarship Pledge</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date <u>1/29</u>	Payee name <u>Lee Brown Campaign</u>	Amount (\$) <u>500.00</u>
Payee address; City; State; Zip Code <u>55 Waugh Dr Hou Tx</u>		

Purpose of expenditure (See instructions regarding type of information required.) <u>Political Good Will</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	---

Date <u>2/21</u>	Payee name <u>Carroll Robinson Campaign</u>	Amount (\$) <u>500.00</u>
Payee address; City; State; Zip Code <u>P.O. Box 162 Houston Tx 77001</u>		

Purpose of expenditure (See instructions regarding type of information required.) <u>Political Good Will</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Judson W. Robinson III</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>3/3</i>	5 Payee name <i>St Thomas High School</i> 6 Payee address; City; State; Zip Code <i>4500 Memorial Dr Houston TX</i>	7 Amount (\$) <i>80.00</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>School Annual Fundraiser</i>		9 ** Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>3/4</i>	Payee name <i>Sylvia Garcia Campaign</i> Payee address; City; State; Zip Code <i>6524 San Felipe # 402 Hou TX 77057</i>	Amount (\$) <i>250.00</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Political Good Will</i>		** Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>3/4</i>	Payee name <i>Gordon Queen Campaign</i> Payee address; City; State; Zip Code <i>P.O. Box 65 Hou TX 77056</i>	Amount (\$) <i>250.00</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Political Good Will</i>		** Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>3/4</i>	Payee name <i>Lawrence Marshal Campaign</i> Payee address; City; State; Zip Code <i>P.O. Box 88082 Hou. TX. 77288</i>	Amount (\$) <i>100.00</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Political Good Will</i>		** Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Judson W. Robinson III</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>3/4</b>	5 Payee name <b>Anwise Parker Campaign</b> 6 Payee address; City; State; Zip Code <b>P.O. Box 66513 Hou TX 77266</b>	7 Amount (\$) <b>250.00</b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Political Good Will</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>3/8</b>	Payee name <b>Antioch Missionary Baptist Church</b> Payee address; City; State; Zip Code <b>P.O. Box 52950 Houston TX 77052</b>	Amount (\$) <b>65.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Memorial Fund</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>3/15</b>	Payee name <b>Gibraltar Lodge 500</b> Payee address; City; State; Zip Code <b>1011 Columbia Blue Dr Missouri City Tx 77489</b>	Amount (\$) <b>15.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Fundraiser for Not Profit</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>3/28</b>	Payee name <b>VNCF</b> Payee address; City; State; Zip Code <b>P.O. Box 18206 Merrifield VA 22118</b>	Amount (\$) <b>100.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Scholarship</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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 files)

4 Date

*3/28*

5 Payee name

*PS Public Storage*

7 Amount (\$)

*183.00*

6 Payee address; City; State; Zip Code

*12400 Fondren  
Houston TX 77035*

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

*Records Storage*

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

Date

*3/27*

Payee name

*Lee Brown Campaign*

Amount (\$)

*200.00*

Payee address; City; State; Zip Code

*55 WAUGH Dr. Hou TX*

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

*Political Good Will*

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**