

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Carroll G. Robinson 16 ACCOUNT # (Ethics Commission file)

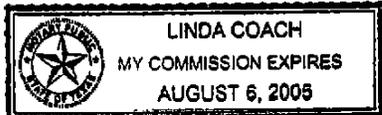
17 NOTICE FROM POLITICAL COMMITTEE(S)

**** This box is for notice of 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. ****

<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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. <u>TOTAL POLITICAL EXPENDITURES</u>	\$ 1389.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Carroll G. Robinson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carroll Robinson, this the 25 day of October, 2002, to certify which, witness my hand and seal of office.

Linda Coach
Signature of officer administering oath

Linda Coach
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1562

2 FILER NAME
Carroll G. Robinson

3 ACCOUNT # (Ethics Commission files)

4 Date
10/30/03

5 Payee name
Sprint

7 Amount (\$)
61.14

6 Payee address; City; State; Zip Code
[Redacted]

8 Purpose of payment (See instructions regarding type of information required.)
Cell Phone Bill

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

Date
11/14/03

5 Payee name
Chrysler Financial

7 Amount (\$)
532.22

6 Payee address; City; State; Zip Code
[Redacted]

8 Purpose of payment (See instructions regarding type of information required.)
Lease Payment

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

Handwritten Date
11/19/03

5 Payee name
Richard Lewis

7 Amount (\$)
60.00

6 Payee address; City; State; Zip Code
[Redacted]

8 Purpose of payment (See instructions regarding type of information required.)
Golf Shirt

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

Date
11/20/03

5 Payee name
WebLink Wireless

7 Amount (\$)
138.42

6 Payee address; City; State; Zip Code
[Redacted]

8 Purpose of payment (See instructions regarding type of information required.)
Pager Bill

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

2062

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

HLA

7 Amount (\$)

50.00

6 Payee address; City; State; Zip Code

[Redacted]

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

Donation

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

Date

Payee name

Celestine/Revis

Amount (\$)

35.00

Payee address; City; State; Zip Code

[Redacted]

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

NPD Special Operation
Division 4th Avenue Stack
T.V. Dinner Ticket

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

Date

Payee name

Chrysler Financial

Amount (\$)

512.56

Payee address; City; State; Zip Code

[Redacted]

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

Lease Payment

Complete 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 payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Carroll G. Robinson

2 ACCOUNT # (Ethics Commission file)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder