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 filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2003 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE/ OFFICEHOLDER NAME

TITLE: Mr. FIRST: Judson MI: W

NICKNAME LAST: Robinson III SUFFIX

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: 1/15/03 THROUGH Month Day Year: 7/15/03

10 ELECTION

ELECTION DATE Month Day Year: / / N/A

ELECTION TYPE: ☐ 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: 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 POLICITAL 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
	COMMITTEE CAMPAIGN TREASURER ADDRESS

NA

☐ additional pages

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**	$ 3,976.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ NA

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, 2004

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judson Robinson, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Irma E. Gonzalez	IRMA GONZALEZ	Admin. 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: 5

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 ($)
1/19	Houston Livestock Show & Rodeo 20046 Katy TX 77449	100.00

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

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 ($)
1/27	Leland Johnson Common Vision 18211 University Ave #303 St Paul MN 55104	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/12	Mental Health Assoc In Texas 8401 Shoal Creek Austin, TX 78757	100.00

Purpose of expenditure (See instructions regarding type of information required.): MHAT Non For Profit

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/17	Diocesan Service Fund 1700 San Jacinto St. Houston TX 77002	90.00

Purpose of expenditure (See instructions regarding type of information required.): DSF Charity Fund

-- 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

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 ($)
3/18	Public Storage 12400 Fondren Hou TX 77035	71.00

8 Purpose of expenditure (See instructions regarding type of information required.): Pol. 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 ($)
3/19	Ada Edwards Campaign P.O. Box 667307 Houston, TX 77266	100.00

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 / Payee address; City; State; Zip Code	Amount ($)
3/19	Ada Edwards Campaign P.O. Box 667307 Houston TX 77266	50.00

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 / Payee address; City; State; Zip Code	Amount ($)
4/1	Broadway Storage 10401 Broadway Pearland Tx	65.00

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

** 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 Rec's)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/7	Ada Edwards Campaign P.O. Box 667307 Houston Tx 77266	250.00

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
Political Good Will		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/28	Florida Dotson Campaign 4923 Northfork Pearland Tx 77584	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
Political Good Will		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/28	Roosevelt Weeks Campaign 3103 Capitol Ct. Pearland Tx 77584	50.00

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 Good Will		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/29	Mental Health of Greater Hou. 2211 Norfolk # 810 Hou Tx 77098	200.00

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

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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 ($)
5/3	SC YMCA 3531 Wheeler Ave Hou Tx 77004	250.00

8 Purpose of expenditure (See instructions regarding type of information required.): NON Profit Assistance Summer Program

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 ($)
5/6	Broadway West Storage 10401 Broadway Pearland Tx 77584	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/6	Kevin Hoffman Campaign P.O. Box 88082 Hou Tx 77288	250.00

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 / Payee address; City; State; Zip Code	Amount ($)
6/5	Jay Aiyer Campaign	100.00

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:

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Revised 11/12/99

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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 ($)
6/5	ARC of Ft Bend County Commissioner Jerry Patterson Office	1,200.00

8 Purpose of expenditure (See instructions regarding type of information required.): Political Good Will + Non Profit Support

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 ($)
6/22	Kevin Hoffman Campaign P.O. Box 88082 Houston, TX 77288	100

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 / Payee address; City; State; Zip Code	Amount ($)
6/26	TTPOA P.O. Box 1283 Hou TX 77251	100

Purpose of expenditure (See instructions regarding type of information required.): Non Profit for Police Tact Unit

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/3	K. Hoffman Campaign c/o Hyatt Reg P.O. Box 88082 Hou TX 77288	500.00

Purpose of expenditure (See instructions regarding type of information required.): Campaign / Political Good Will

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

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