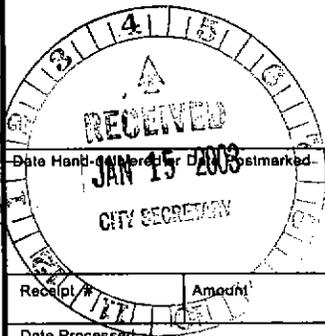


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <p style="text-align: center; font-size: 1.2em;">Carroll G.</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Robinson</p>	<b>OFFICE USE ONLY</b> <hr/> Date Received  <hr/> Date Hand-Carried or Delivered Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">P.O. Box 162 Houston Texas 77001-0162</p>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <p style="text-align: center; font-size: 1.2em;">Jack Liaville</p> NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">5555 San Felipe Ste. 1000 Houston, Texas 77056</p>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(713) 622-1444</p>		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <p style="font-size: 1.2em;">7 / 1 / 2002    THROUGH    12 / 31 / 2002</p>		
10 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.2em;">11 / 4 / 03</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <p style="font-size: 1.2em;">City Council Pos. 5</p>	12 OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">NONE</p>	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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. ** <hr/> Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
Carroll G. Robinson

15 ACCOUNT # (Ethics Commission files)

16 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. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ 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. TOTAL POLITICAL EXPENDITURES

\$3,819.25

OUTSTANDING LOAN TOTALS

5. 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Carroll G. Robinson  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Carroll G. Robinson this the 15<sup>th</sup> day

of JANUARY, 20 03, to certify which, witness my hand and seal of office.

Troy D. Lemon  
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:  
1-0659

2 FILER NAME  
Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date  
8/12/02

5 Payee name  
Kam's Restaurant  
6 Payee address; City; State; Zip Code  
Memrose, Houston TX

7 Amount (\$)  
\$42.42

8 Purpose of payment (See instructions regarding type of information required.)  
City Council Staff Luncheon

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

Date  
8/15/02

Payee name  
Sprint PCS  
Payee address; City; State; Zip Code  
P.O. Box 660092 Dallas TX 75266-0092

Amount (\$)  
\$6.32

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

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

Date  
8/26/02

Payee name  
Sherry Boyles Campaign  
Payee address; City; State; Zip Code  
815-A Brazos - Box 561  
Austin, Texas 78701

Amount (\$)  
\$50.00

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

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

Date  
9/16/02

Payee name  
Sprint PCS  
Payee address; City; State; Zip Code  
PO Box 660092  
Dallas, TX 75266-0092

Amount (\$)  
\$65.90

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

\*\* 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:  
**2-96-4**

2 FILER NAME **Carroll G. Robinson** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<b>9/16/02</b>	<b>St. Peter Claver Catholic Church</b>	<b>\$10.00</b>
	6 Payee address; City; State; Zip Code	
	<b>6005 North Wayside Houston, Texas 77028</b>	

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

Date	Payee name	Amount (\$)
<b>9/18/02</b>	<b>Martha Galvan</b>	<b>\$50.00</b>
	Payee address; City; State; Zip Code	
	<b>1123 Gardendale Houston, TX 77018</b>	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b>
<b>Council Pastry Day Food</b>	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
<b>9/29/02</b>	<b>Sprint PCS</b>	<b>\$56.56</b>
	Payee address; City; State; Zip Code	
	<b>PO Box 66092 Dallas TX 75266-0092</b>	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b>
<b>Cell phone bill</b>	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
<b>9/29/02</b>	<b>TicketTrack</b>	<b>\$40.00</b>
	Payee address; City; State; Zip Code	
	<b>505 E. Northfoothills Dr. Ste 100 Spokane WA 99207-2157</b>	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b>
<b>Parking Ticket</b>	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:

3-56-4

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/17/02

Document Solutions, Inc.

\$116.95

6 Payee address; City; State; Zip Code

723 Main Street Ste. 420  
Houston TX 77002

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

Printing

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/25/02

Bethel Nathan

\$1,000.00

6 Payee address; City; State; Zip Code

4610 Beechmont #104  
Houston, TX 77096

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

Consulting Services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/2/02

Tsu School of Business

\$360.00

6 Payee address; City; State; Zip Code

3100 Cleburne  
Houston, TX 77004

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

Donation - Golf Tournament

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/2/02

Sprint PCS

\$59.60

6 Payee address; City; State; Zip Code

P.O. Box 660092  
Dallas TX 75266-0092

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

cell phone bill

-- 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:

4-06-5

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/21/02

Web link Wireless

\$108.13

6 Payee address; City; State; Zip Code

P.O. Box 78645  
Phoenix, AZ 85062-8645

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

Date

Payee name

Amount (\$)

11/02/02

Houston Livestock Show & Trade

\$54.00

Payee address; City; State; Zip Code

P.O. Box 20070  
Houston, TX 77225-0070

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

Ad. Purchase

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11/02

Love Star Golf Association

\$200.00

Payee address; City; State; Zip Code

P.O. Box 8234  
Houston, TX 77288

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

Membership Fee & Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11/02

KTSU Radio

\$1000.00

Payee address; City; State; Zip Code

3100 Cleburne  
Houston TX 77004

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

Donation

\*\* 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:  
**5-9-5**

2 FILER NAME **Carroll G Robinson** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/15/02</b>	5 Payee name <b>TSU Bookstore</b>	7 Amount (\$) <b>\$109.94</b>
6 Payee address; City; State; Zip Code <b>3100 Cleburne Houston, TX 77004</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Political Gifts</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>12/2/02</b>	Payee name <b>Sprint</b>	Amount (\$) <b>\$59.60</b>
Payee address; City; State; Zip Code <b>P.O. Box 660092 Dallas TX 75266-0092</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Cell Phone Bill</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**