

# 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>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>Carroll G.</b> NICKNAME LAST SUFFIX <b>Robinson</b>	OFFICE USE ONLY Date Received  Date Hand-dated or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>P.O. Box 162 Houston Texas 77001-0162</b>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>Jack Linville</b> NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>5555 San Felipe Ste. 1000 Houston, TX 77056</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>713 1622-1444</b>		
8 REPORT TYPE	<input 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 checked="" 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 <b>1 / 1 / 03    6 / 30 / 03</b>		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>11 / 4 / 03</b>		
11 OFFICE	OFFICE HELD (if any) <b>City Council Pos. 5</b>	12 OFFICE SOUGHT (if known) <b>NONE</b>	
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. ** Name 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 filers)

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)	\$ 500.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 5,652.15
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Carroll G. Robinson, this the 16<sup>th</sup> day of July, 2003, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>1 of 1</u>	
2 FILER NAME <u>Carroll G. Robinson</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/7/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Don J. Wang</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>[REDACTED]</u>			
9 Principal occupation (Optional) <u>Banker/Bus. Person</u>		10 Employer (Optional) <u>Metro Bank</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
**1565**

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

4 Date <b>4/2/03</b>	5 Payee name <b>Sprint</b>	7 Amount (\$) <b>\$154.83</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 660092 Dallas TX 75266-0092</b>		

8 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
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Date <b>4/5/03</b>	Payee name <b>WebNet Consulting</b>	Amount (\$) <b>\$275.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 740232 Houston, TX 77274</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Website</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>4/17/03</b>	Payee name <b>Messa Restaurant</b>	Amount (\$) <b>\$150.00</b>
Payee address; City; State; Zip Code <b>1160 Smith Houston, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Lunch for Council Staff</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>5/30/03</b>	Payee name <b>TEC</b>	Amount (\$) <b>\$600.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 12070 Austin TX 78711-2070</b>		

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

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2065

2 FILER NAME

Carroll G. Robinson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/03

5 Payee name

Nat'l MS Society/Love Star

7 Amount (\$)

\$50.00

6 Payee address; City; State; Zip Code

8111 N. Stadium Dr Ste 100  
Houston, TX 77054

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

5/23/03

Payee name

South Central YMCA

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

3531 Wheeler  
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

Date

5/29/03

Payee name

James M. Douglas

Amount (\$)

\$1500.00

Payee address; City; State; Zip Code

5318 Calhoun  
Houston TX 77021

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

Consulting Fee

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

Date

5/27/03

Payee name

Sprint

Amount (\$)

\$127.68

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

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**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1. Total pages Schedule F:  
**3 of 5**

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

4 Date <b>5/27/03</b>	5 Payee name <b>WebLink</b>	7 Amount (\$) <b>\$108.17</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 78645 Phoenix, AZ 85062-8645</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Pager Bill</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>5/27/03</b>	Payee name <b>Love Star Golf Assoc</b>	Amount (\$) <b>\$160.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 8234 Houston, TX 77288</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Golf Tournament Fee/Donation</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>5/28/03</b>	Payee name <b>SHAPE Community Center</b>	Amount (\$) <b>\$100.00</b>
Payee address; City; State; Zip Code <b>2423 Dowling Houston, TX 77004</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Donation</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>5/29/03</b>	Payee name <b>Houston Golf Association</b>	Amount (\$) <b>\$38.00</b>
Payee address; City; State; Zip Code <b>5810 Wilson Road Ste 112 Humble, TX 77396</b>		

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

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4065</b>
2 FILER NAME <b>Carroll G. Robinson</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/30/03</b>	5 Payee name <b>Shurgard Storage</b>	7 Amount (\$) <b>\$390.00</b>
6 Payee address; City; State; Zip Code <b>7703 S. Main St Houston, TX 77030</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Storage Fee</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>6/11/03</b>	Payee name <b>Chrysler Financial</b>	Amount (\$) <b>\$532.22</b>
Payee address; City; State; Zip Code <b>P.O. Box 2993 Milwaukee, WI 53201 - 2993</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Lease Payment</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>6/3/03</b>	Payee name <b>Sprint</b>	Amount (\$) <b>\$66.25</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>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>6/4/03</b>	Payee name <b>Bethel Nathan</b>	Amount (\$) <b>\$1000.00</b>
Payee address; City; State; Zip Code <b>Houston TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Consulting Fee</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>5065</b>
2 FILER NAME <b>Carroll G. Robinson</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>6/23/03</b>	5 Payee name <b>Wesley AME Church</b>	7 Amount (\$) <b>\$350.00</b>
6 Payee address; City; State; Zip Code <b>2209 Dowling Street Houston, TX 77003</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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