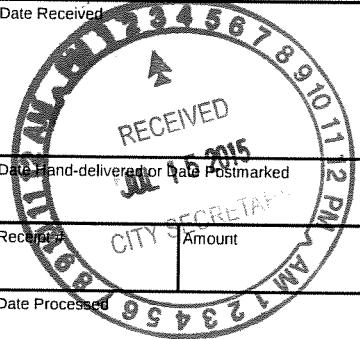


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 45
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Laurie	MI
	NICKNAME	LAST Robinson	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	P.O. Box 132072		
	Houston, TX 77219		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr. William	MI
	NICKNAME	LAST Lawson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4801 Woodway Street, Suite 300 East, Houston, Texas 77056		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		832-439-2351	
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
	01/01/2015	THROUGH	06/30/2015
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/03/2015		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Houston City Council at Large #4



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
2 of 45

13 C / OH NAME Robinson, Laurie 14 Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made 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.

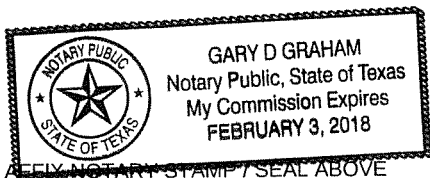
Additional Pages

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43,043.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,736.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,719.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.



Laurie Robinson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said CANDIDATE, this the 14th day of JULY, 2015, to certify which, witness my hand and seal of office.

Gary D. Graham Signature of officer administering
GARY D. GRAHAM Printed name of officer administering
NOTARY PUBLIC Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Robinson, Laurie	19 Filer ID
--	--------------------

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,623.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,420.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,903.41
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,832.80
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Beverly (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77016	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 06/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Sarah (Ms.) Contributor address; City; State; Zip Code Houston, TX 77014	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Beverly (Ms.) Contributor address; City; State; Zip Code Houston, TX 77083	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Laresa (Ms.) Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Laresource 2000
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Devin Contributor address; City; State; Zip Code Houston, TX 77085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashen, Blair	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77024		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Bashen Corporation
Date 04/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Amandalyn (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions) Dominion
Date 06/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Amandalyn (Ms.)	Amount of Contribution (\$) \$107.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions) Dominion
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter-Thierry, Nicole (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Sleep Plus Group
Date 05/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beal Consulting Group	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Joi (Ms.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77088		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beausoleil, Cheryl (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77056		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Superior Home Healthcare
Date 06/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blueford-Daniels, Kathy (Ms.)	Amount of Contribution (\$) \$44.00
Contributor address; City; State; Zip Code Houston, TX 77026		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Kimberly (Ms.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Sr. Consultant		Employer (See Instructions) Apex Systems
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Kimberly (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Sr. Consultant		Employer (See Instructions) Apex Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brailey, Carla (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77288	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas Southern University
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Jeri (Ms.) Contributor address; City; State; Zip Code Houston, TX 77254	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burroughs, Herman (Mr.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Allstate
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Noel (Mr.) Contributor address; City; State; Zip Code Mitchellville, MD 20721	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Smithsonian Natural History Museum
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camel-Smith, Yvette (Ms.) Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Port of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/12/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chargois, Roxann (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Autodealer		9 Employer (See Instructions) Self
Date 03/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisco, David (Mr.) Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifford, Cindy (Ms.) Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) The Clifford Group
Date 06/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin, Evelyn (Ms.) Contributor address; City; State; Zip Code Houston, TX 77091	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeAndrea, Tara (Ms.) Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/07/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMerchant, Laquitta (Ms.) 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denery, Brenda (Ms.) Contributor address; City; State; Zip Code Houston, TX 77086	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, James (Rev.) Contributor address; City; State; Zip Code Houston, TX 77091	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Bishop		Employer (See Instructions) The Community of Faith Church
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Calvin (Mr.) Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Lura (Ms.) Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HR Rep.		Employer (See Instructions) Fairmont Santrol

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Pam	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Lucas, TX 75002		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields-Harris, Deborah (Ms.)	Amount of Contribution (\$) \$144.00
Contributor address; City; State; Zip Code Houston, TX 77088		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) HISD
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Nicole (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mitchellville, MD 20721		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Reagan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77288		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas Southern Univ.
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Ruthine (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77016		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Takasha (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77054	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 06/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gage, Gail (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gite, Lloyd (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gite Gallery
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gite, Lloyd (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gite Gallery
Date 05/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Ellen (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 04/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, William (Mr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Humble, TX 77396		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Gary Greene Realtors
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Brian (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77254		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Shell
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hariani, Vasant (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77056		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Infrastructure Associates
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Michael (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77004		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Audrey (Ms.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Houston, TX 77053		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Audrey (Ms.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Houston, TX 77053		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatchett, Dorita (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77036		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Angelina (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Pharmaceutical Sales Rep		Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Angelina (Ms.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Pharmaceutical Sales Rep		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston 8 Team, LLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Chris	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Belliare, TX 77401		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Charmaine (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Milpitas, CA 95305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Russell (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DIR, Inc.
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Howard (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77035		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Howard (Mr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77035		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Jewel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77085		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Tangelia (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77096		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Zona	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77035		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Irene (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketai, Lisa (Ms.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77098		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) City of Houston
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ladet, Janae (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77044		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Hope (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77022		
Principal occupation / Job title (See Instructions) Claims Processor		Employer (See Instructions) Dept. of Veteran Affairs
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Odysseus (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) McConnell, Jones, Lanier & Murphy, LLC
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Shante (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Missouri City, TX 77489		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Sysco

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Shante (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77489	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Sysco
Date 03/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, William (Rev.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Pastor Emeritus		Employer (See Instructions) Wheeler Baptist Church
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, William (Rev.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Pastor Emeritus		Employer (See Instructions) Wheeler Avenue Baptist Church
Date 06/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levi Benton & Associates <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Carla (Ms.) <hr/> Contributor address; City; State; Zip Code Miamisburg, OH 45342	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Immigration Lead		Employer (See Instructions) Teradata Operations, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCleskey, Kendrick (Mr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77007		
8 Principal occupation / Job title (See Instructions) Professional Services		9 Employer (See Instructions) PwC
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy-Davis, Dannette (Ms.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgette, Roger (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Silver Spring, MD 20903		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mumford, Lynn (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Houston, TX 77047		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Sharon (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77063		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) McConnell, Jones, Lanier & Murphy, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osterwisch, Barbara (Ms.) 6 Contributor address; City; State; Zip Code Kingwood , TX 77345	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osterwisch, Barbara (Ms.) Contributor address; City; State; Zip Code Kingwood , TX 77345	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Jeanette (Ms.) Contributor address; City; State; Zip Code Houston, TX 77051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin. Asst.		Employer (See Instructions) Texas Children's Hospital
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Jeanette (Ms.) Contributor address; City; State; Zip Code Houston, TX 77051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin. Asst.		Employer (See Instructions) Texas Childrens Hospital
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Letitia (Dr.) Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) MaxwellIO, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Matthew (Dr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77002		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RPS Klotz PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77079		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randon, Marleah (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions) CBIZ Risk & Advisory
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Brian (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78724		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Carla (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code St. Paul, MN 55116		
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Hewlett-Packard

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/25/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Cody (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Mitchellville, MD 20721	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Caterer		9 Employer (See Instructions) Robinson Food Services
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, James (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Juanita (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Lawrence (Mr.) <hr/> Contributor address; City; State; Zip Code Mitchellville, MD 20721	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Caterer		Employer (See Instructions) Robinson Food Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Nicole (Ms.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Pamela (Ms.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Mitchellville, MD 20721		
Principal occupation / Job title (See Instructions) Education Specialist		Employer (See Instructions) Prince George County Public Schools
Date 06/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Trena (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78724		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Courtney (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77489		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santee, Sonya (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brian (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77021	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Construction Manager		9 Employer (See Instructions) Brian Smith Construction
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, LaQuinta (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Germaine Contributor address; City; State; Zip Code Houston, TX 77001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Luanna (Ms.) Contributor address; City; State; Zip Code Houston, TX 77070	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texada, O'Neal (Mr.) Contributor address; City; State; Zip Code Houston, TX 77050	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Gary Greene Realtors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 06/24/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texada, O'Neal (Mr.)	7 Amount of Contribution (\$) \$144.00
6 Contributor address; City; State; Zip Code Houston, TX 77050		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Gary Greene Realtors
Date 06/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wretha (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77047		
Principal occupation / Job title (See Instructions) Union President		Employer (See Instructions) HESP Union 6315
Date 06/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, Everett (Mr.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Vienna, VA 22182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verela, Claudinette (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetters, Lori (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Sr. VP		Employer (See Instructions) HSBC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 Date 05/14/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington & Associates	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77002		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Mark (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77084		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Protectors Insurance
Date 06/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Yvette (Ms.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Houston, TX 77028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 26/45	
2 FILER NAME Robinson, Laurie		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/30/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brailey, Carla (Ms.) 7 Contributor address; City; State; Zip Code Houston, TX 77288	8 Amount of contribution (\$) \$2,500.00	9 In-kind contribution description Fundraising Services <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor		11 Employer (FOR NON-JUDICIAL) (See instructions) Texas Southern University	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Linda (Ms.) Contributor address; City; State; Zip Code Houston, TX 77219	Amount of contribution (\$) \$5,000.00	In-kind contribution description Event Consulting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self-employed		Employer (FOR NON-JUDICIAL) (See instructions) Self-employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmouche, Janaeya (Ms.) Contributor address; City; State; Zip Code Houston, TX 77026	Amount of contribution (\$) \$5,000.00	In-kind contribution description Consulting Services <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 27/45	
2 FILER NAME Robinson, Laurie		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/13/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logans, Renee (Ms.) 7 Contributor address; City; State; Zip Code Houston, TX 77056	8 Amount of contribution (\$) \$1,200.00	9 In-kind contribution description Food for event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) IT Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza, Ernesto (Mr.) Contributor address; City; State; Zip Code Houston, TX 77041	Amount of contribution (\$) \$720.00	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) ERGO Consulting Group	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 28/45
2 FILER NAME Robinson, Laurie		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/30/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Laurie (Ms.)	9 Loan Amount (\$) \$8,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 3003 N. Heights Hollow Ln. Houston, TX 77007	10 Interest Rate 1.50
		11 Maturity Date 12/31/2015
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 06/30/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Laurie (Ms.)	Loan Amount (\$) \$3,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 3003 N. Heights Hollow Ln. Houston, TX 77007	Interest Rate 15%
		Maturity Date 08/01/2015
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 29/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 05/17/2015	5 Payee name APRI	
6 Amount (\$) \$120.00	7 Payee address; City, State; Zip Code 2506 Sutherland Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2015	Payee name Amegy Bank	
Amount (\$) \$19.95	Payee address; City, State; Zip Code P.O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2015	Payee name Amegy Bank	
Amount (\$) \$25.00	Payee address; City, State; Zip Code P.O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 30/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 03/03/2015	5 Payee name Amegy Bank	
6 Amount (\$) \$21.20	7 Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Order Checks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2015	Payee name Amegy Bank	
Amount (\$) \$8.00	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2015	Payee name Brown, Linda (Ms.)	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 31/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 05/20/2015	5 Payee name Carmouche, Janaeya (Ms.)	
6 Amount (\$) \$8,008.00	7 Payee address; City; State; Zip Code 3437 Milbank Houston, TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2015	Payee name Costco	
Amount (\$) \$83.30	Payee address; City; State; Zip Code 3836 Richmond Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2015	Payee name Facebook	
Amount (\$) \$25.01	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, TX 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Boost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 32/45		2 FILER NAME Robinson, Laurie		3 Filer ID	
4 Date 04/19/2015		5 Payee name Forty Plus			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 2909 Hillcroft Ave. Suite 400 Houston, TX 77057			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program Advertisement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/13/2015		Payee name Gloria's Midtown			
Amount (\$) \$80.32		Payee address; City; State; Zip Code 2616 Louisiana St. Suite 100 Houston, TX 77006			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/27/2015		Payee name Hanging Tough Foundation			
Amount (\$) \$96.00		Payee address; City; State; Zip Code 2019 Crawford Houston, TX 77002			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 33/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 04/27/2015	5 Payee name Hanging Tough Foundation	
6 Amount (\$) \$96.00	7 Payee address; City; State; Zip Code 2019 Crawford Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2015	Payee name Harry's Restaurant	
Amount (\$) \$32.00	Payee address; City; State; Zip Code 318 Taum Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/16/2015	Payee name Harry's Restaurant	
Amount (\$) \$44.43	Payee address; City; State; Zip Code 318 Taum Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 34/45	2 FILER NAME Robinson, Laurie	3 Filer ID
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4 Date 03/14/2015	5 Payee name Harry's Restaurant
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6 Amount (\$) \$44.63	7 Payee address; City; State; Zip Code 318 Taum Houston, TX 77006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/15/2015	Payee name Hilton Post Oak
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Amount (\$) \$26.00	Payee address; City; State; Zip Code 2001 Post Oak Blvd. Houston, TX 77056
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/30/2015	Payee name La Madelines
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Amount (\$) \$6.48	Payee address; City; State; Zip Code 2047-A West Gray Houston, TX 77019
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 35/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 03/06/2015	5 Payee name Le Peep Restaurant	
6 Amount (\$) \$31.09	7 Payee address; City; State; Zip Code 5750 Woodway Houston, TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2015	Payee name Lykes, Kathleen (Ms.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3807 Sweet Gum Hill Kingwood, TX 77345	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2015	Payee name Lykes, Kathleen (Ms.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3807 Sweet Gum Hill Kingwood, TX 77345	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 36/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 05/16/2015	5 Payee name Lykes, Kathleen (Ms.)	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3807 Sweet Gum Hill Kingwood, TX 77345	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2015	Payee name NAACP	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 401 Present Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2015	Payee name NGP Softward	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1101 15st., NW Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Database
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 37/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 02/18/2015	5 Payee name USPS	
6 Amount (\$) \$56.00	7 Payee address; City; State; Zip Code 1900 West Gray Houston, TX 77291	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PO Box Rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder-name	Office sought Office held
Date 02/25/2015	Payee name West, Andrew (Mr.)	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1023 Pinemont Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2015	Payee name West, Andrew (Mr.)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1023 Pinemont Houston, TX 77091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/8 Rpt: 38/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 03/11/2015	5 Payee name Amegy Bank	
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2015	Payee name Amegy Bank	
Amount (\$) \$19.95 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2015	Payee name Amegy Bank	
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/8 Rpt: 39/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 02/03/2015	5 Payee name Amegy Bank	
6 Amount (\$) \$8.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Maintenance Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2015	Payee name Aunt Bea's	
Amount (\$) \$130.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5422 North Frwy. Houston, TX 77076	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering for Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2015	Payee name Carroll Printing & Promotions	
Amount (\$) \$481.71 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2907 Canal St. Houston, TX 77003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Letterhead and Envelopes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/8 Rpt: 40/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 03/19/2015	5 Payee name Center for Houston's Future	
6 Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1200 Smith St. Suite 1150 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table for Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2015	Payee name Communication Workers of America	
Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1730 Jefferson Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2015	Payee name Costco	
Amount (\$) \$55.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3836 Richmond Houston, TX 77027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/8 Rpt: 41/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 03/28/2015	5 Payee name Fort Bend County Democratic Party	
6 Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 785 Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Seats for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2015	Payee name Fort Bend County Ministers Coalition	
Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Present St. Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table for Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2015	Payee name Gloria's Midtown	
Amount (\$) \$59.43 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2616 Louisiana St. Suite 100 Houston, TX 77006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/8 Rpt: 42/45	2 FILER NAME Robinson, Laurie	3 Filer ID
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4 Date 04/16/2015	5 Payee name Hilton
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6 Amount (\$) \$12.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 Lamar St. Houston, TX 77010
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Parking <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2015	Payee name La Madelines
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Amount (\$) \$17.93 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2047-A West Gray Houston, TX 77019
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/14/2015	Payee name Luby's
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Amount (\$) \$77.79 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7933 Veterans Memorial Dr. Houston, TX 77088
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Volunteer Campaign Meeting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/8 Rpt: 43/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 06/04/2015	5 Payee name Lucille's	
6 Amount (\$) \$195.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5512 La Branch Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Women's event-Table
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2015	Payee name NGP Software	
Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 15st., NW Washington, DC 20005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2015	Payee name ROAD Women	
Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 22678 Houston, TX 77227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 seats for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/8 Rpt: 44/45	2 FILER NAME Robinson, Laurie	3 Filer ID
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4 Date 04/25/2015	5 Payee name ROAD Women
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6 Amount (\$) \$40.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 22678 Houston, TX 77227
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad in Program
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2015	Payee name Starbucks
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Amount (\$) \$135.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2050 W. Gray Houston, TX 77019
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering for event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/28/2015	Payee name Texas Democratic Women of Harris County
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Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 766 Thornbush Houston, TX 77079
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 8/8 Rpt: 45/45	2 FILER NAME Robinson, Laurie	3 Filer ID
4 Date 03/28/2015	5 Payee name Texas Democratic Women of Harris County	
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 766 Thornbush Houston, TX 77079	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad in Program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		

