JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.	(Eth	er ID nics Commission 083435	Filers)	2 Total pages f	iled: 33
3 CANDIDATE /	MS / MRS / MR	FIRST			MI		USE ONLY
OFFICEHOLDER	The Honorable	Jared S.					USE ONE I
NAME						Date Received	
						ELECTRONIC	ALLY FILED
	NICKNAME	LAST			SUFFIX	01/16/2024	
		Robinson					
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #· CI	Γγ·		ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	ADDITESS / 1 0 DOX,		,				
MAILING						Receipt #	Amount
ADDRESS	REDACTED PER	254.0313, GOV'T	CODE				
Change of Address						Date Processed	
						Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST				MI	
TREASURER		Beth J.					
NAME							
	NICKNAME	LAST Robinson				SUFFIX	
		RUDITISUT					
6 CAMPAIGN TREASURER	STREET ADDRESS (NC	PO BOX PLEASE);		APT / S	UITE #; CITY	ζ; ST.	ATE; ZIP CODE
ADDRESS							
(Residence or Business)	REDACTED PER	254.0313, GOV'T	CODE				
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTEN	SION			
TREASURER PHONE	(713) 560-5506						
8 REPORT		_		_	-		
TYPE	X January 15	30th day befor	e electior	n Run	off	15th day after ca appointment (off	ampaign treasurer iceholder only)
	July 15	8th day before	election	Exce	eeded modified	Final Report (Att	
			0.000.011		rting limit		
9 PERIOD	Month Day Ye	ear			Month Day	Year	
COVERED	07/01/2023		HROUG	н	12/31/20		
	01101/2023	·			12/31/20	25	
10 ELECTION		- 1					
10 ELECTION	ELECTION DATI		-				
	03/05/2024		Primary	L	Runoff	Other	
	03/03/2024		General	Г	Special		
11 OFFICE	OFFICE HELD (if any)	I		12	OFFICE SOUGH	T (if known)	
	District Judge District	405 Galveston			District Judge D		
					5		
		GO	ΤΟ ΡΑ	GE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.st	ate.tx.us		Ver	sion V3.5.1.0bfcfb67

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 33

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			-	
13 C / OH NAME	Robinson, Jared S. (The Honorable)	14 Filer ID 00083435	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		I. IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	(2)	\$ 37,750.00
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES	(3)	\$ 0.00
101/120	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 31,366.66
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	LAST DAY OF THE	\$ 81,896.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 1,400.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Hono	rable Jared S. Robin	son
		Signature c	of Candidate or Officeho	lder
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Tex	kas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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18 FILER NA Robinsoi	ME n, Jared S. (The Honorable)	19 Filer ID 00083435	(Ethics Cor	nmission Filers)
20 SCHEDU NAME OF	SUBT	OTAL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	37,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	31,366.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/33
2 FILER NAME Robinson, Ja	ared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/12/2023	Abraham, Watkins, Nichols, Sorrels, Agosto, &		\$1,500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/19/2023	Allen and Nunnally LLP		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77098		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/14/2023	Apffel Legal, PLLC		\$2,500.00
	Contributor address; City; State; Zip Code		
	Galveston, TX 77550		
O sustaila standa I		O susteile stade Jak Tide	
Contributors	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
L Compositional	by Taxas Ethics Commission www.ethic	s state ty us	Version V/2 5 1 Obfefb67

The Instrue	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/33
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Robinson, Ja	ared S. (The Honorable)		00083435
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/17/2023	Barr, Eugene		\$100.00
	6 Contributor address; City; State; Zip Code		
	Seabrook, TX 77586	I	
	Principal Occupation	9 Contributor's Job Title	
Attorney	malayor/layy firm	Attorney	
10 Contributor's e Royston Ray		11 Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	\ \	Amount of Contribution (\$)
11/02/2023	Beck Redden LLP)	\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77010		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	Browning Jr., Robert		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77061		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
-	employer/law firm	Law firm of contributor's sp	oouse (if any)
Brown Sims			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	es state tx us	Version V3 5 1 0bfcfb67

The Instruc	ction Guide explains how to complete this f	The Instruction Guide explains how to complete this form.	
2 FILER NAME Robinson, Ja	ared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
10/13/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Daughtry & Farine 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2,500.00
9 Contributorio D	Houston, TX 77058		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/25/2023	Full name of contributor out-of-state PAC (ID#:_ Farah Law Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
Contributor's F	Houston, TX 77006 Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/11/2023	Full name of contributor out-of-state PAC (ID#:_ Fostel Law Firm Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Liberty Hill, TX 78642		
Contributor's P	Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instrue	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/33
2 FILER NAME Robinson, Ja	ared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
4 Date 11/13/2023	 5 Full name of contributor out-of-state PAC (ID#: Gonzales, Ricardo 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
	Ocala, FL 34476		
	Principal Occupation	9 Contributor's Job Title	
Construction 10 Contributor's e		Supervisor 11 Law firm of contributor's sp	nource (if any)
T and G Con		II Law IIIII of contributors sp	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/13/2023	Grabosky, David	·······	\$500.00
	Contributor address; City; State; Zip Code		
	St. Cloud, FL 34771		
	Principal Occupation	Contributor's Job Title	
Ameritas		Owner	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
T and G Con			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#: Gregory W. Markum, PC)	Amount of Contribution (\$)
11/02/2023	Contributor address; City; State; Zip Code		\$100.00
	Continuator address, City, State, Zip Code		
	Houston, TX 77046		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/33
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Robinson, Ja	ared S. (The Honorable)		00083435
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/24/2023	Hagood and King LLC		\$2,500.00
	6 Contributor address; City; State; Zip Code		
	Alvin, TX 77611		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Data	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (*)
Date 07/05/2023	Full name of contributor out-of-state PAC (ID#:] James Ducote, Attorney At Law)	Amount of Contribution (\$) \$500.00
01103/2023	-		\$300.00
	Contributor address; City; State; Zip Code		
	League City, TX 77573		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/06/2023	Jordan Lynch & Cancienne, PLLC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
II CONTRIBUTOR IS	s a child, law firm of parent(s) (if any)		
L	by Taylog Ethics Commission		λ (arcian λ /2 Γ 1 0 bf of b C 7

The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/33
2 FILER NAME Robinson, Ja	red S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
10/10/2023	 Full name of contributor out-of-state PAC (ID#: McMillan Law Firm Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.00
9 Contributor's D	Houston, TX 77002	9 Contributor's Job Title	
	rincipal Occupation		
10 Contributor's er	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Mestemaker and Straub Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
Contributor's P	Houston, TX 77027 rincipal Occupation	Contributor's Job Title	
Contributor's er	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	I	
Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_ Murray Lobb PLLC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
	Houston, TX 77058		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor's er	mployer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
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The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/33
2 FILER NAME Robinson, J	ared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
4 Date 10/25/2023	 5 Full name of contributor out-of-state PAC (ID#: Naman, Barrett 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$200.00
	Houston, TX 77079	-	
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Nemeroff La			
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/25/2023	Paul Doyle & Associates PC		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
lf contributor i	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	Perdue, Brandon, Fielder, Collins and Mott, LLF	······	\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77009		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)	1	

The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/33
2 FILER NAME Robinson, Ja	ared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
4 Date 11/02/2023	 5 Full name of contributor out-of-state PAC (ID#: Porter Firm PLLC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2,500.00
9 Contributorio (Houston, TX 77057	0 Contributorio Job Titlo	
	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/25/2023	Full name of contributor out-of-state PAC (ID#:_ Ready Law Firm PLLC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,500.00
Contributor's F	Houston, TX 77056 Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ SBSB Eastman Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Toyas Ethics Commission		Varsian V/2 5 1 Obfefb67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/33	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Robinson, Ja	ared S. (The Honorable)		00083435
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/02/2023	Seipel, Collin		\$500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77494		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Brown Sims			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	Shipley Snell Montgomery LLP		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/23/2023	Simon and O'Rourke, PC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor 3 1			
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
<u> </u>	h Tayaa Ethiaa Cammiaalan yuuu athi		Varian V/2 E 1 Obfefb67

The Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/33
2 FILER NAME Robinson, Jared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
4 Date 5 Full name of contributor out-of-stat 10/25/2023 Strickland, Tim 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00
League City, TX 77573		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Attorney	Attorney	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Keane Miller		
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-stat	te PAC (ID#:)	Amount of Contribution (\$)
10/25/2023 Terry & Thweatt P.C.	、	\$2,500.00
Contributor address; City; State; Zip Code	9	
Houston, TX 77009		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-stat	te PAC (ID#:)	Amount of Contribution (\$)
10/12/2023 The Law Office Of Marcus Esther, PL	LC	\$500.00
Contributor address; City; State; Zip Code	9	
Texas City, TX 77591		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Forme provided by Taylog Ethios Commission		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/33	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	ared S. (The Honorable)	00083435	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/04/2023	The Law Office of Daniel D. Horowitz III PC		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston TX 77002		
	Houston, TX 77002		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/02/2023	The Shellist Law Firm PLLC)	\$500.00
11/02/2023			
	Contributor address; City; State; Zip Code		
	Houston, TX 77046		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Data			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	The Thornhill Law Firm PC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77249		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/33						
2 FILER NAME Robinson, Ja	red S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083435							
12/07/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Tracey Fox and Walters 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$1,000.00							
	Houston, TX 77002								
8 Contributor's P	rrincipal Occupation	9 Contributor's Job Title							
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)						
12 If contributor is	a child, law firm of parent(s) (if any)								
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)						
10/19/2023	Walker and Taylor, PLLC		\$1,000.00						
	Contributor address; City; State; Zip Code Houston, TX 77058								
Contributor's P	rincipal Occupation	Contributor's Job Title							
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)						
If contributor is	a child, law firm of parent(s) (if any)	I							
Date 07/05/2023	Full name of contributor out-of-state PAC (ID#:_ Walker, David Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$350.00						
	League City, TX 77573								
Contributor's P	rincipal Occupation	Contributor's Job Title							
Attorney									
	mployer/law firm	oouse (if any)							
	f David Walker								
If contributor is	If contributor is a child, law firm of parent(s) (if any)								
Forms provided l									

	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/33		
2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Robinson, Ja	ared S. (The Honorable)	00083435		
4	Date	5 Full name of contributor	7 Amount of Contribution (\$)		
	11/14/2023	Wright, Michael	\$500.00		
		6 Contributor address; City;	State; Zip Code		
		Orlando, TX 32814			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•
	Construction	l		Principal	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
	T and G Cor	ntractors			
12	If contributor is	is a child, law firm of parent(s) (if	f any)	1	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			- Gift/Awards/Memorials Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District				quipment & Related Expense trict		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/16 Rpt: 17/33		Robinson, Jared S. (The Honorable)					00083435	
4	Date	5	Payee name						
	07/21/2023		2 Ways Draught and Kitchen						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$90.62		2111 W. Parkwood Dr						
			Ste 115						
			Friendswood, TX 77546						
8	PURPOSE	(a)			(b) Des	cription			
ľ	OF	(4)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			outsio	de of Texas. Comp	plete Schedule T.
	EXPENDITURE					Check if Austin,	TX,	officeholder living	expense
					Car	mpaign Me	eeti	ng	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht			Office he	ld
	Date		Payee name						
	07/17/2023		Amazon						
	Amount (\$) Payee address; City; State; Zip Code								
	\$536.98 410 Terry Ave N								
			Seattle, WA 98109						
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Des	cription			
	OF	()	Campaign Communication Device	edule)	_		outsio	de of Texas. Comp	plete Schedule T.
	EXPENDITURE					Check if Austin,	ΤX,	officeholder living	expense
					Ipa	d			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht			Office he	ld
	Date		Payee name	_				-	
	12/31/2023		Anedot						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$938.90		1920 McKinney Ave						
			7th Floor						
			Dallas, TX 75201						
	PURPOSE	(2)	_		(b) Des	cription			
	OF	(4)	Category (See Categories listed at the top of this sche Fees	edule)			outsio	de of Texas. Comp	blete Schedule T.
	EXPENDITURE					Check if Austin,	тx,	officeholder living	expense
					Tra	nsaction fe	ees	5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Iht		_	Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Trans Food//Beverage Expense Polling Expense Trave - Gift/Awards/Memorials Expense Printing Expense Trave				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · ·				3	Filer ID (Ethics Commission Filers)
-	Sch: 2/16 Rpt: 18/33		Robinson, Jared S. (The Honorable))				00083435
4	Date 11/01/2023		Payee name Bay Area Entertainer					
6	6 Amount (\$) \$349.00 Texas City, TX 77590 7 Payee address; City; State; Zip Code 114 12th Ave N Texas City, TX 77590							
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. (b) Check if travel outside of Texas. Complete Schedule T. (check if Austin, TX, officeholder living expense bayareaentertainer.com 						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
12/05/2023 Black Pearl								
	Amount (\$)Payee address;City;State; Zip Code\$61.80327 23rd St							
			Galveston, TX 77551					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	07/27/2023		C.O.G. Parking					
	Amount (\$) \$2.25		Payee address; City; Sta 823 Rosenberg Ave	ate; Zip Co	ode			
			Galveston, TX 77550		-			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Event Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense t Parking
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 19/33	-	Robinson, Jared S. (The Honorable)				00083435
4	Date 12/05/2023	5	Payee name C.O.G. Parking				
6	Amount (\$) 7 Payee address; City; State; Zip Code \$2.25 \$23 Rosenberg Ave Galveston, TX 77550 Galveston, TX 77550						
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	10/20/2023 CMC Communications Broadcasting						
	Amount (\$) Payee address; City; State; Zip Code \$225.00 PO Box 891274						
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77289-1274 Category (See Categories listed at the top of this sche Advertising Expense	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense I G
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	12/24/2023		CMC Communications Broadcasting				
	Amount (\$) \$125.00		Payee address; City; State; PO Box 891274	Zip Coo	le		
			Houston, TX 77289-1274				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		і, TX	ide of Texas. Complete Schedule T. , officeholder living expense NG
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 20/33		Robinson, Jared S. (The Honorable)				00083435
4	Date	5	Payee name				
	11/27/2023		Clear Creek Republican Women				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$55.00		PO Box 2171				
			League City, TX 77574				
8	PURPOSE	(a)			(b) Decoription		
ľ	OF	(a)	Category (See Categories listed at the top of this schu Event Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense				, officeholder living expense
					Christmas Lu	ncl	heon
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held
	Date		Payee name				
	10/31/2023		Cline Elementary PTO				
			-	Zip Co	10		
	Amount (\$)			zip Co	le		
	\$200.00		1550 W. Blvd				
			Friendswood, TX 77546				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Advertising Expense	edule)			ide of Texas. Complete Schedule T.
					Sponsorship	, IX,	, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ıht		Office held
	Date		Payee name				
	07/10/2023		Coastal Grill				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$34.38		1827 The Strand	2.0 00			
	QQ-1.00						
			Galveston, TX 77550				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.
					Campaign M		, officeholder living expense
					Campaign Mi	eet	
	0 1 1 0 11 1 1						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Service	je Expense Iemorials Expense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Tra Tra Tra	ansportation E avel in District avel Out of Dis	raising Expense quipment & Related Expense strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3 Fil	ler ID	(Ethics Commission Filers)
	Sch: 5/16 Rpt: 21/33		Robinson, Jared S. (*	The Honorable)				0083435	
4	Date 10/06/2023		Payee name Coastal Grill						
6	Amount (\$) \$ Amount (\$) \$ Amount (\$) \$ A Payee address; City; State; Zip Code 1827 The Strand Galveston, TX 77550								
8	PURPOSE OF EXPENDITURE		Category _{(See Categories} Event Expense	listed at the top of this sche	edule) (b) Description Check if travel Check if Austir Galveston Pa	ı, TX, offi	ceholder living	plete Schedule T. expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder n	ame C	Office soug	ht		Office he	eld
	Date		Payee name						
	10/06/2023		Crisis and Pregnancy	Center of Galves	ton Cour	ty			
	Amount (\$) \$2,025.00	I	Payee address; Cit 602 6th St N	/; State;	Zip Cod	е			
	PURPOSE OF EXPENDITURE	(a)	Texas City, TX 77590 Category (See Categories Contributions/Donation Candidate/Officehold	listed at the top of this sche	,	Check if Austin	ı, TX, offi	ceholder living	plete Schedule T. expense r Sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder n	ame C)ffice soug	ht		Office he	eld
	Date		Payee name						
	10/25/2023		Crowder Deats Flowe	er Shop					
	Amount (\$) \$244.25		Payee address; Cit 845 FM 517 #100 Dickinson, TX 77539	/; State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE		Category _{(See Categories} Gift/Awards/Memoria		edule)	b) Description	ı, TX, offi		plete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expe	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)				
-	Sch: 6/16 Rpt: 22/33	Robinson, Jared S. (The Honorable)	00083435				
4	Date	Payee name					
	11/28/2023	Duck Camp					
6	6 Amount (\$) 7 Payee address; City; State; Zip Code 1301 East Ceasar Chavez Austin, TX 78702						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE Advertising Expense Advertising Expense Image: Comparison of the schedule						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				
	Date	Payee name					
	11/15/2023	Ducks Unlimited					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$35.00	1 Waterfowl Way Memphis, TN 38120					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Contributions/Donations Made By Candidate/Officeholder/Political Committee	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				
	Date	Payee name					
	12/14/2023	Ducks Unlimited					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,100.00	1 Waterfowl Way					
		Memphis, TN 38120					
	PURPOSE OF) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship/Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)				
	Sch: 7/16 Rpt: 23/33	Robinson, Jared S. (The Honorable)	00083435				
4	Date 10/06/2023	Payee name Friendswood ISD Education Foundation					
-							
0	Amount (\$) \$300.00 Friendswood, TX 77546						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/07/2023	Galveston County Bar Association					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$275.00	PO Box 36 Galveston, TX 77553					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/06/2023	Galveston County Republican Party					
	Amount (\$) \$1,500.00	Payee address;City;State;Zip Code600 Gulf Fwy N, Suite 103					
		Texas City, TX 77591					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Credit Card Payment The Instruction Guide explains how to complete this form.				head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	·		•	3	Filer ID (Ethics Commission Filers)	
	Sch: 8/16 Rpt: 24/33	-	Robinson, Jared S. (The Honorable)				00083435	
4	Date 12/11/2023	5	Payee name Galveston Fishing Company					
6	Amount (\$) \$68.96							
8	PURPOSE OF EXPENDITURE	OF Advertising Expanse						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held	
	Date		Payee name					
	09/21/2023 Galveston Republican Women							
	Amount (\$) \$33.00	\$33.00 101 14th St.						
	PURPOSE OF EXPENDITURE	(a)	Galveston, TX 77550 Category (See Categories listed at the top of this sche Event Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	10/19/2023		Galveston Republican Women					
	Amount (\$) \$33.00		Payee address; City; State; 101 14th St.	Zip Co	le			
			Galveston, TX 77550					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			-	Fees Office Overhead/Rental Expense Transportation Equipment & Related E Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/16 Rpt: 25/33		Robinson, Jared S. (The Honorable)					00083435	
4	Date	5	Payee name						
	12/20/2023		Galveston Republican Women						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode				
	\$30.00		101 14th St.						
			Galveston, TX 77550						
8	PURPOSE	(2)			(h)	Description			
Ŭ	OF	(4)	Category (See Categories listed at the top of this s Event Expense	chedule)	(5)		outsi	de of Texas. Comple	ete Schedule T.
	EXPENDITURE		Event Expense					officeholder living e	
						Lunch			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	ł
	Date		Payee name						
	08/23/2023		Google Domains						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode				
	\$12.00		1600 Ampitheater Pkwy	., .					
	+==::::								
			Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b)		, TX,	de of Texas. Comple officeholder living e:	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	i Ight			Office held	j
_	Data	<u> </u>	D						
	Date 12/18/2023		Payee name						
			HEB						
	Amount (\$)			e; Zip Co	ode				
	\$301.84		2955 Gulf Fwy						
			League City, TX 77573						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense	ŗ				de of Texas. Comple	
	EXPENDITORE							officeholder living e	
						Office Staff, C Christmas Gi			, and Specialty Courts
						Christinas Gl	115/	uunations	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	t

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 10/16 Rpt: 26/33		Robinson, Jared S. (The Honorable)			00083435		
4	Date	5	Payee name					
	10/26/2023		Kata Robata					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode			
	\$168.98		3600 Kirby Dr					
			Suite H					
			Houston, TX 77098					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
			Event Expense	icuaic)		outside of Texas. Complete Schedule T.		
	EXPENDITURE					, TX, officeholder living expense		
					Post Campai	gn Event Meeting		
				o."	<u> </u>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight	Office held		
	Date		Payee name					
	07/26/2023		Koop's BBQ Kitchen					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$76.08		4501 Broadway Street					
			Galveston, TX 77571					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense unch		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l ıght	Office held		
	Date		Payee name					
	07/27/2023		La Escondida Mexican Grill					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$100.00		400 W. Parkwood					
			#124					
			Friendswood, TX 77546					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel of	outside of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Comn	nittee		, TX, officeholder living expense		
					FISD New En	nployee Lunch Sponsorship		
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	laht	Office held		
	expenditure to benefit C/OI			Since Sou	ignit	Onice neid		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment			Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 11/16 Rpt: 27/33		Robinson, Jared S. (The Honorable)				00083435		
4	Date	5	Payee name						
	11/01/2023		Long, Jason						
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le				
	\$1,550.00		117 Country Ln						
			-						
			League City, TX 77573						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	lule)	b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Signage corr				
					eignage con	pu	,		
0	Complete ONLY if direct		Candidate/Officeholder name Off	fice souc	ht		Office held		
9	expenditure to benefit C/Oł			nce soug	III		Office field		
	Date		Payee name						
	08/09/2023		Maceo Spice and Import Co.						
	Amount (\$)		Payee address; City; State;	Zip Coo	le				
	\$44.19		2706 Market St						
			Galveston, TX 77550						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Campaign Lı	inc	h Meeting		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name Off	fice soug	ht		Office held		
	expenditure to benefit C/OI	1							
	Date		Payee name						
	12/12/2023		Maceo Spice and Import Co.						
	Amount (\$)		Payee address; City; State;	Zip Coo	le				
	\$28.96		2706 Market St						
			Galveston, TX 77550						
	PURPOSE	(2)			(b) Decerietien				
	OF	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense		
					Campaign M				
							-		
-	Complete ONLY if direct		Candidate/Officeholder name Off	fice souc	ht		Office held		
	expenditure to benefit C/OF								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor	Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/16 Rpt: 28/33		Robinson, Jared S. (The Honorable)				00083435	· · · ·	
4	Date 10/24/2023	5	Payee name Magnolia Creek Golf Club						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode				
	\$1,500.00		1501 Bay Area Blvd.						
			League City, TX 77573		ī				
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense			Check if travel outsid			
						Check if Austin, TX,	-	expense	
						Sponsorship and	i siynaye		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught		Office he	ld	
	Date		Payee name						
	11/03/2023		Mario's Ristorante						
		-		e; Zip C	odo				
	Amount (\$)			e, zip C	oue				
	\$53.28		2202 61st St						
			Galveston, TX 77551		1				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	de ef Teuros, Comr	alata Cabadula T	
	EXPENDITURE		Food/Beverage Expense			Check if travel outsic Check if Austin, TX,			
						Campaign Meeti		capende	
						eapa.g.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught		Office he	ld	
	Date		Payee name						
	07/05/2023		McDonald's						
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode				
	\$34.38		100 W. Parkwood Ave						
			Friendswood, TX 77046						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	de ef Teurs Os	alata Cabadula T	
	EXPENDITURE		Food/Beverage Expense			Check if travel outsic Check if Austin, TX,			
						Camapign Volun		expense	
					1	Camapign Volun			
		Ļ	Condidate/Officebalder news	Office			Office k	ld	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	uynt		Office he	iu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 13/16 Rpt: 29/33	Robinson, Jared S. (The Honorable)	00083435						
4	Date 12/21/2023	 Payee name Nicks Kitchen and Beach Bar 							
6	Amount (\$) \$336.32	 Payee address; City; State; Zip Code 3802 Seawall Blvd Galveston, TX 77551 							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ation Lunch						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/19/2023	Office Depot							
	Amount (\$) \$58.93	Payee address; City; State; Zip Code 2711 61st St							
		Galveston, TX 77551							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rdS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/13/2023	Parabellum Media, LLC							
	Amount (\$) \$11,269.50	Payee address;City;State;Zip Code1005 Congress Ave							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nSulting						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Oiling Expense Gitl/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Rel Travel in District Travel Out of District OTHER (enter a category not lis	ated Expense
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID (Ethics Com	mission Filers)
	Sch: 14/16 Rpt: 30/33		obinson, Jared S. (The Honorable	e)				00083435	
4	Date 12/13/2023		ayee name eeds Family Outdoors						
6	Amount (\$) \$3,908.44	5	ayee address; City; Si 22 Minnesota Ave West /alker, MN 56484	ate; Zip C	ode				
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Committee Gifts/Campaign Event Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Office so	ught			Office held	
	Date	P	ayee name						
	07/05/2023	S	hell						
	Amount (\$) \$15.64	2	210 S. Friendswood Dr	ate; Zip C	ode				
	PURPOSE OF EXPENDITURE	(a) C	riendswood, TX 77546 ategory (See Categories listed at the top of thi ood/Beverage Expense	s schedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule officeholder living expense aign Volunteers	т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ught			Office held	
	Date	P	ayee name						
	11/08/2023		tate Bar College of Texas						
	Amount (\$) \$75.00		ayee address; City; Si O Box 12487	ate; Zip C	ode				
		A	ustin, TX 78711						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of thi	s schedule)	(b)		, TX,	de of Texas. Complete Schedule officeholder living expense S	т.
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fe Fo Gi nmittee Le	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expe					Equipment & Related Expense at istrict	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
1	Sch: 15/16 Rpt: 31/33	1		red S. (The Ho	norahla)			ľ	00083435	
_	-				norable)				00003433	
4	Date	5	Payee name							
	12/19/2023		Stone Cold M	eats						
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de			
	\$114.46		3612 W. Mair	l St						
			Suite 200							
			League city, 1	TX 77573						
	PURPOSE						(b) p			
8	OF	(a)	Category (See			nedule)	(b) Description	louts	side of Texas. Con	nplete Schedule T.
	EXPENDITURE		GIII/Awarus/w	lemorials Exp	ense				(, officeholder livin	
							Office Staff			
9	Complete ONLY if direct		Candidate/Office	holdor namo		Office sou	sht		Office h	old
9	expenditure to benefit C/OI		candidate/Office	noidei name		Jince Sou	ji it		Oncen	leiu
	Date		Payee name							
	09/08/2023		Texas Center	For The Judic	iary					
	Amount (\$)	-	Payee address	; City;	State	; Zip Co	de			
	\$1,000.00		1210 San Ant			· •				
	\$1,000.00		Suite 800	onio						
			Austin, TX 78	701						
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sch	nedule)	(b) Description			
	OF EXPENDITURE			Donations Ma						nplete Schedule T.
			Candidate/Of	ficeholder/Poli	tical Comm	nittee			(, officeholder livin	
							Judicial Edu	cau	ion Sponsor	snip
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	holder name	(Office sou	jht		Office h	ield
	experiatore to benefit 6/01									
	Date		Payee name							
	11/06/2023		Texas Center	For The Judic	iary					
	Amount (\$)	t	Payee address	; City;	State	; Zip Co	de			
	\$75.00		1210 San Ant	onio						
			Suite 800							
				701						
			Austin, TX 78	701						
	PURPOSE OF	(a)	Category (See		ne top of this sch	nedule)	(b) Description			
	EXPENDITURE		MCLE Confer	ence					side of Texas. Con K, officeholder livin	nplete Schedule T.
							MCLE Regis			ig expense
							MOLL REYR	Jua		
			Developer 101	la a lal a u u		241			<u> </u>	- 1-1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	nolder name	(Office sou	jnt		Office h	ieia
	,									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loan Offic Pollin ense Print Sala	Repayme e Overhea ng Expens ng Expen ies/Wage	ent/Reimbursement Id/Rental Expense ie se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:			. 1. 1			3	Filer ID	(Ethics Commission Filers)
	Sch: 16/16 Rpt: 32/33		Jared S. (The Hond	orable)				00083435	
4	Date 12/20/2023	5 Payee nam Walmart	8						
6	Amount (\$) \$24.76	 7 Payee addr 2625 W. N League Ci 		State; Zip	Code				
8	PURPOSE OF EXPENDITURE		See Categories listed at the to Is/Memorials Expens		(b)		, TX,	de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office	sought			Office he	eld
	Date 10/17/2023	Payee nam Whisky Ca	e ake Kitchen and Bar						
	Amount (\$) \$39.62	Payee addr 18840 Gul Friendswo		State; Zip	Code				
	PURPOSE OF EXPENDITURE		See Categories listed at the to erage Expense	op of this schedule)	(b)		, TX,	de of Texas. Com officeholder living ing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office	sought			Office he	eld

OUTSTAN	IDING LOANS		SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages S Sch: 1/1 Rp	
2 FILER NAME Robinson, Jared	d S. (The Honorable)	3 Filer ID (Et 00083435	hics Commission Filers)
LENDER INFORMATION	 4 Name of lender Robinson, Jared 5 Lender address; City; State; Zip Code 		
	ТХ		
GUARANTOR INFORMATION	6 Name of guarantor		
X not applicable	7 Guarantor address; City; State; Zip Code		