

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|---|---|--|--|------------------------------------|--|
| 1 Filer ID (Ethics Commission Filers) 00088267 | | 2 Total pages filed: 8 | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Brett A. | MI MI | ELECTRONICALLY FILED 10/28/2024 | |
| | NICKNAME | LAST Robinson | SUFFIX | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit _____ | | | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| | Date Hand-delivered or Date Postmarked | | | | |
| Receipt # | | | Amount | | |
| Date Processed | | | | | |
| Date Imaged | | | | | |
| 5 ORIGINAL PERIOD COVERED | | Month Day Year 09/27/2024 | THROUGH | Month Day Year 10/26/2024 | |

6 EXPLANATION OF CORRECTION

I had documented that William Myers contributed \$20 earlier this month, but I did not immediately put the \$20 in my campaign bank account. Therefore, on the question of total funds maintained as of the last day of the filing period, I had incorrectly stated \$2,303.50. I have since deposited the \$20 and have changed the amount to the correct total of \$2,323.50.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Brett A. Robinson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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 (Ethics Commission Filers) 00088267 | 2 Total pages filed: 8 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Brett A. | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Robinson | SUFFIX | | Date Received ELECTRONICALLY FILED 10/28/2024 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 15606 Bluff Park Ct. Cypress, TX 77429 | | | Date Hand-delivered or Date Postmarked | | | |
| | | | | Receipt # Amount | | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Brett A. | MI | | | | |
| | NICKNAME | LAST Robinson | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15606 Bluff Park Ct. Cypress, TX 77429 | | | | | | |
| | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (713) | 594-1077 | | | | | |
| 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | | 09/27/2024 | | | | 10/26/2024 | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | | ELECTION TYPE | | | |
| | | | | <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) State Representative District 130 | | | |
| | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|--|---|
| 13 C / OH NAME Robinson, Brett A. (Mr.) | 14 Filer ID (Ethics Commission Filers) 00088267 |
|--|---|

| | | |
|---|--|---|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|---|-------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 625.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 23.92 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2,323.50 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Mr. Brett A. Robinson
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | |
|--|--|---|
| 18 FILER NAME Robinson, Brett A. (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00088267 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 625.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 23.92 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.09 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 5/8 |
| 2 FILER NAME Robinson, Brett A. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088267 |
| 4 Date 10/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruzen, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Manish <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Entrepreneur | | Employer (See Instructions) Geometris LP |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koelling, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Education / Research | | Employer (See Instructions) Univ. of Houston |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ligon, Gary <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Chemical Engineer/Project Manager | | Employer (See Instructions) Retired |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Alana <hr/> Contributor address; City; State; Zip Code Houston, TX 77069 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/8 |
| 2 FILER NAME Robinson, Brett A. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088267 |
| 4 Date 10/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, William | 7 Amount of Contribution (\$) \$20.00 |
| 6 Contributor address; City; State; Zip Code Tomball, TX 77377 | | |
| 8 Principal occupation / Job title (See Instructions) Self-employed business owner | | 9 Employer (See Instructions) Aquarium Systems |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, William | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Tomball, TX 77377 | | |
| Principal occupation / Job title (See Instructions) Self-employed business owner | | Employer (See Instructions) Aquarium Systems |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, MaryBeth | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Sugar Land, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Bus Dev Dir | | Employer (See Instructions) UTHealth |

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
Credit Card Payment

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: 1/1 Rpt: 7/8 | 2 FILER NAME Robinson, Brett A. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088267 | |
| 4 Date 10/26/2024 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$23.92 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | | |
| 8 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 Total fees for reporting period | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 8/8 |
| 2 FILER NAME Robinson, Brett A. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088267 |
| 4 Date 09/30/2024 | 5 Name of person from whom amount is received Capital One | 8 Amount (\$) \$0.09 |
| | 6 Address of person from whom amount is received; City; State; Zip Code McLean, VA 22102 | |
| | 7 Purpose for which amount is received Total Earned Interest | <input type="checkbox"/> Check if political contribution returned to filer |