#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083435 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jared S. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Robinson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 571 MAILING Receipt # Amount **ADDRESS** Change of Address Friendswood, TX 77549 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Beth J. NAME NICKNAME LAST **SUFFIX** Robinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 317 Grand Ranch Ln. **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 560-5506 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special

**GO TO PAGE 2** 

12 OFFICE SOUGHT (if known)

District Judge District 405

11 OFFICE

OFFICE HELD (if any)

District Judge District 405 Galveston

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Robinson, Jared S. (*	he Honorable)	<b>14</b> Filer ID 00083435	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OT	HER THAN PLEDGES, LOANS,	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS N	MADE ELECTRONICALLY)	\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 22,671.27
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 87,028.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 1,500.00
17 AFFIDAVIT	•			•
			der penalty of perjury, that the acincludes all information required ton Code.	
		T	he Honorable Jared S. Robins	son
		S	ignature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of		
Signature of office	cer administering oath	Printed name of officer administeri	ng oath Title of office	r administering oath

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

				OVE	R SHEET PG 3 3 of 25
	ER NAM	ME , Jared S. (The Honorable)	<b>19</b> Filer ID 00083435	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	1,500.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	22,671.27
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 F TO FILER	RETURNED	\$	

MONE	TARY POLITICAL C	CONTRIBUTION	ONS		SCHEDULE A(J)1
The Instru	uction Guide explains how	to complete this	form.	1	ages Schedule A(J)1: /1 Rpt: 4/25
2 FILER NAMI					(Ethics Commission Filers)
	- Jared S. (The Honorable)			00083	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	<b>7</b> Amoun	t of Contribution (\$)
11/20/2024	Galveston Republican Wo  6 Contributor address; City; St	men PAC			\$1,000.00
	Friendswood, TX 77546				
8 Contributor's	Principal Occupation		9 Contributor's Job Title	l	
10 Contributor's	s employer/law firm		11 Law firm of contributor's sp	ouse (if any	)
12 If contributor	is a child, law firm of parent(s) (if a	ny)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amoun	t of Contribution (\$)
07/15/2024	Medearis, David	_			\$500.00
	Contributor address; City; St	ate; Zip Code			
	Friendswood, TX 77546				
	Principal Occupation		Contributor's Job Title		
Attorney			Attorney		
	employer/law firm		Law firm of contributor's sp	ouse (if any	<b>(</b> )
	aw Firm, PLLC				
if contributor	is a child, law firm of parent(s) (if a	ny)			

	LOANS (J	IUDICIAL)				SCHE	DULE	E(J)	
	The Instruction		pages Schedule E(J): L/1 Rpt: 5/25						
2	FILER NAME Robinson, Jareo	d S. (The Honorable)		3		(Ethics Co		ı Filers)	
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$		1,500.00	
5	Date of loan	7 Name of lender  ut-of-state P	AC (ID#:			9 Loan A	mount (\$)		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interes	t Rate		
						<b>11</b> Maturit	y Date		
12	Lender's Principal	Occupation	13 Lender's Job Title						
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (i	f any)				
16	If lender is child, la	aw firm of parent(s) (if any)							
17	Description of Col	lateral	18 Check if personal funds w	ere (	deposite		al account estructions		
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$						
23	not applicable  Guarantor's Princi	<b>21</b> Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title						
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)						
27	' If guarantor is chil	d, law firm of parent(s) (if any)							

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 6/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	08/19/2024	A4 Customs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.20	2102 Main St
		Danbury , TX 77534
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation/Sponorship
		Donation/Sponoiship
<u>_</u>	Complete ONU V & direct	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.68	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cards and Envelopes Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Thank You cards and envelopes
		Thank Tou calus and envelopes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	08/05/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.84	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		batteries
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/OI	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	strict category not listed al	oove)
				The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 2/19 Rpt: 7/25		Robinson, J	ared S. (The H	onorable)					00083435		
4	Date	5	Payee name									
	08/13/2024		Amazon									
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$46.80		410 Terry A	ve N								
			Seattle, WA	98109								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Event Exper					Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		-					Check if Austin,	, TX,	officeholder living	g expense	
								Pens and Ma	ırke	ers		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice souç	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	08/19/2024		Amazon									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$12.98		410 Terry A	ve N								
			Seattle, WA	98109								
	PURPOSE	(a)				1	(h)	Description				
	OF	(۳)	Event Exper	e Categories listed at	the top of this schedu	ule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Event Exper	126				<b>=</b>		officeholder living		
								Stationary				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/04/2024		Amazon									
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$12.98		410 Terry A	ve N								
			•									
			Seattle, WA	98109								
	PURPOSE	(a)					(h)	Description				
	OF	اس	Event Exper	e Categories listed at t	the top of this schedu	ule)	(6)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Event Exper	130				Check if Austin,	, TX,	officeholder living	g expense	
								cups				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
I												

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 8/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	09/11/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.47	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership Fees
		Wichibership rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/16/2024	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.64	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Snacks
		Sildono
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/16/2024	Anchor Point
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	103 Davis Rd
		League City, TX 77573
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation
		Donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
ı		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense P S		ense ges/Contract I		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						3		(Ethics Commission Filers)
L	Sch: 4/19 Rpt: 9/25	Robinson	, Jared S. (The Hono	rable)				00083435	
4	Date	5 Payee nan	ne						
	07/23/2024	Anedot							
6	Amount (\$)	7 Payee add	lress; City;	State; 2	Zip Cod	e			
	\$21.30	1920 Mcł	Kinney Ave						
		7th Floor							
		Dallas, T	X 75201						
8	PURPOSE	(a) Category	(See Categories listed at the to	n of this schedu	ıle) (	<b>b)</b> Descrip	otion		
	OF EXPENDITURE		ng/Banking	p of this soricut				side of Texas. Com	plete Schedule T.
	EXPENDITORE							X, officeholder living	g expense
						Bank F	-ees		
Ļ								= ***	
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Offi	ce soug	ht		Office he	eld
	Date	Payee nan	ne						
	12/02/2024	BBQ Drip	EZ						
	Amount (\$)	Payee add	lress; City;	State; 2	Zip Cod	e			
	\$154.86	1517 Rid	geview Dr						
		Louisiville	e, CO 80027						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedu	ıle)	<b>b)</b> Descrip	otion		
	OF EXPENDITURE		ds/Memorials Expens					side of Texas. Com	
						Staff C		X, officeholder livinç	y expense
						Stan	J1163		
$\vdash$	Complete ONLY if direct	Candidate/C	Officeholder name	Offi	ce soug	ht		Office he	eld
	expenditure to benefit C/O			O/III	00ug	•		500 III	
$\vdash$	Date	Douge res	20						
	11/08/2024	Payee nan Brick and							
				C4-+	7in 0 - 1				
	Amount (\$)	Payee add		State; 2	∠ıp Cod	e			
	\$44.00		nmett F Lowry						
		Suite 113							
		Texas Cit	y, TX 77591						
	PURPOSE OF	(a) Category	(See Categories listed at the to	p of this schedu	ıle)	b) Descrip			
	EXPENDITURE	Event Ex	oense					side of Texas. Com X, officeholder living	
								s Health Gala	
	Complete ONLY if direct	Candidate/0	Officeholder name	Offi	ce soug	ht		Office he	eld
	expenditure to benefit C/O			2		-		300 11	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 10/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	07/01/2024	Coastal Conservation of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	6919 PortWest Drive
		Suite 100
		Houston, TX 77024
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
		2 Stratter in particular in pa
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/02/2024	Coastal Conservation of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6919 PortWest Drive
		Suite 100
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Sponsorship/Donation
		Sponsorship/Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/25/2024	Coastal Conservation of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	6919 PortWest Drive
		Suite 100
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

e Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/19 Rpt: 11/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	11/12/2024	Coastal Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.55	1827 The Strand
		Galveston, TX 77550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Pachyderm Lunch
		1 dd 1 y dai 1 d 2 d 1 d 2 d 1 d 2 d 1 d 2 d 1 d 2 d 1 d 2 d 1 d 2 d 1 d 2 d 1 d 2 d 2
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davos nama
	07/08/2024	Payee name  Ducks Unlimited
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.50	1 Waterfowl Way
		Memphis, TN 38120
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
		2 stratisting operation in particular in the strategic in
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davide name
	10/07/2024	Payee name  Ducks Unlimited
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	1 Waterfowl Way
		Memphis, TN 38120
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation/ Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
ᆫ				The Instruction C	suide explains i	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/19 Rpt: 12/25		Robinson,	Jared S. (The F	Ionorable)					00083435		
4	Date	5	Payee name	;								
	11/12/2024		Ducks Unli									
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Co	de					
	\$21.50	l	1 Waterfow		,							
	Ψ21.00		1 114(6)161	ay								
l		l										
L		L	Memphis, <sup>-</sup>	IN 38120								
8	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE	l	Fees					<b>=</b>			mplete Schedule T.	
		l						Membership		officeholder livir	ng expense	
		l						Membership		53		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	С	Office sou	ght			Office h	neld	
	experialitate to benefit 6/61											
	Date		Payee name	9								
	11/25/2024		Ducks Unli	mited								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$35.00		1 Waterfow	vl Way								
				,								
			Memphis, <sup>-</sup>	TNI 20120								
L		ļ.,	-									
	PURPOSE OF	(a)		See Categories listed at	the top of this sche	edule)	(b)	Description		d4.T O	and the Calculate T	
l	EXPENDITURE		Advertising	j Expense				<b>=</b>		officeholder livir	mplete Schedule T.	
								Donation/Spc			. д одренос	
⊢	Complete ONLY if direct	<u> </u>		ficeholder name		Office sou	aht			Office h	neld	
l	expenditure to benefit C/OI		Sandidate/On	nceriolaer name	O	office 30d	giit			Office i	iciu	
⊨		_										
	Date		Payee name									
	12/09/2024		Ducks Unli	mited								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$3,660.00		1 Waterfow	vl Way								
l			Memphis, <sup>-</sup>	TN 38120								
H	PURPOSE	(a)	Category (6	See Categories listed at	the ten of this color	adula)	(b)	Description				
	OF	(")		rhead/Rental Ex		edule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
l	EXPENDITURE	l	Office Over	mead/Nemai E/	фензе			Check if Austin,	, TX	officeholder livir	ng expense	
								Jury Room S	upp	olies		
一	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI						-					
$\vdash$												
l												

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/19 Rpt: 13/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	12/16/2024	Ducks Unlimited
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,610.00	1 Waterfowl Way
		Memphis, TN 38120
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/16/2024	Fanatics
	Amount (\$)	Payee address; City; State; Zip Code
	\$871.35	15701 SW 29th Street
	Ψ01 2.00	16161 611 2511 611651
		Miramar, FL 33027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Decor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	08/30/2024	Fanatics
	Amount (\$)	Payee address; City; State; Zip Code
	\$868.08	15701 SW 29th Street
	Ψ000.00	13701 3W 25th Street
		Miramar, FL 33027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Decor
	Operation ONLY if allowed	Our distance (Office health annuary Control health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 14/25	Robinson, Jared S. (The Honorable)	00083435
4	Date	5 Payee name	
	10/01/2024	Fifty Club Of Galveston County	
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 231	
Ĺ		Galveston, TX 77573	
8	PURPOSE OF EXPENDITURE	1 000	outside of Texas. Complete Schedule T. TX, officeholder living expense Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/06/2024	Galveston County Bar Association	
	Amount (\$) \$128.62	Payee address; City; State; Zip Code PO Box 36  Galveston, TX 77553	
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Membership	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/21/2024	Galveston Republican Women	
	Amount (\$) \$33.00	Payee address; City; State; Zip Code 101 14th St.  Galveston, TX 77550	
	DUDDOOF		
	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 10/19 Rpt: 15/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	09/09/2024	Houston Airport Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.16	7800 Airport Blvd
		Houston, TX 77061
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		parking
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	10/04/2024	Jimmy John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.25	102 Kempner Ave
L		Galveston, TX 77550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H 
	Date	Payee name
	11/22/2024	La Brisa's Mexican Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.04	501 N Wesley Dr
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Republican Network Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 16/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	07/18/2024	La Escondida Mexican Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$206.22	400 W. Parkwood
		#124
		Friendswood, TX 77546
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	11/29/2024	Lola Blankets
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.15	950 S. Fairfax Ave
		apt 412
		Los Angeles, CA 90036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Gifts
		Stall Gills
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	09/24/2024	Magnolia Creek Golf Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1501 Bay Area Blvd.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 17/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	10/17/2024	Mario's Ristorante
6	Amount (\$) \$30.85	7 Payee address; City; State; Zip Code 2202 61st St
		Galveston, TX 77551
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	Mary Queen Catholic Church
	Amount (\$) \$70.00	Payee address; City; State; Zip Code 606 Cedarwood Drive
		Friendswood, TX 77546
	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.  Check if Austin, TX, officeholder living expense  Sponsorship
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	Mary Queen Catholic Church
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 606 Cedarwood Drive
		Friendswood, TX 77546
	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.  Check if Austin, TX, officeholder living expense  Donation/Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 18/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	12/24/2024	National Band And Tag Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.02	712 York Street
		Newport, KY 41071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Awards
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/20/2024	Pier 6 Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$458.93	113 6th St
		San Leon, TX 77539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2024	RMEF
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5705 Grant Creek Rd
	4100.00	or oo oran orook na
		Missoula, MT 59808
	DUDDOOF	las
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 19/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	10/08/2024	RMEF
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.00	5705 Grant Creek Rd
		Missoula, MT 59808
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		membership fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/07/2024	Republican National Committee
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.80	310 First Stret SE
		Washignton, DC 20003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Party Donation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Republican Party Donation
		Trepublicant any Bonduon
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/06/2024	San Luis Hotel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$119.32	5222 Seawall Blvd
	¥220.02	0=== 000.10.1 =
		Galveston, TX 77550
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Expense
L	Complete CNUV'S	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 20/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	07/17/2024	Scotty Cameron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.04	7401 Katelyn Court
		Suite A
		San Diego, CA 92120
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Campaign Staff Gifts
		Campaigh Stail Gills
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/07/2024	Shirley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.11	110 W. Parkwood Dr
		Friendswood, TX 77546
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donuts
		2 5.1.4.13
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/01/2024	Sitka
	Amount (\$)	Payee address; City; State; Zip Code
	\$641.06	1251 N. Rouse Ave
	,	
		Bozeman, MT 59715
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Staff Gifts
		Campaign Stail Onts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/19 Rpt: 21/25	2 FILER NAME Robinson, Jared S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083435
4	Date 11/04/2024	5 Payee name Sitka
6	Amount (\$) \$681.47	7 Payee address; City; State; Zip Code 1251 N. Rouse Ave Bozeman, MT 59715
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.  Check if Austin, TX, officeholder living expense  Campaign Outerwear
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/16/2024	Payee name South Shore Harbor Resort
	Amount (\$) \$27.00	Payee address; City; State; Zip Code 2500 South Shore Dr  League City, TX 77573
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Anchorpoint Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/10/2024	Payee name Spec's
	Amount (\$) \$117.16	Payee address; City; State; Zip Code 3100 FM 528
		Friendswood, TX 77546
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Beverages
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 22/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	12/18/2024	Stone Cold Meats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.28	3612 W. Main St
		Suite 200
		League city, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Staff Gifts
		Stati Gills
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/16/2024	TAF
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 711
		Baton Rouge, LA 70821
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
		Bollation/opensorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/16/2024	TAF
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 711
		Baton Rouge, LA 70821
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
		Donation Opensorship
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 23/25	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	08/19/2024	Texas Association of District Judges
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$50.00	PO Box 1748
		Austin, TX 78767
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CLE Fees
		5-2 . 333
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	09/17/2024	Texas Association of District Judges
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,501.06	PO Box 1748
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation/Sponsorship
		Donation/Sponsorship
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
┝	Data	Davis same
	Date 12/05/2024	Payee name Texas Bar Foundation
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	515 Congress Ave
		Suite 1755
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation
		Donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Con	nmittee	Legal Services  The Instruction	Guide explains		ages	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 19/19 Rpt: 24/25			lared S. (The	Honorable)					00083435	
4	Date	5	Payee name								
	09/05/2024			er For The Ju	ıdiciary						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$1,000.00		1210 San A	ntonio							
			Suite 800								
			Austin, TX 7	78701							
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees					<u> </u>		de of Texas. Com	
								_	, TX,	officeholder living	expense
								Donation			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	: (	Office sou	aht			Office he	eld
	expenditure to benefit C/OI	1									
	Date		Payee name								
	10/04/2024		Texas Cent	er For The Jเ	ıdiciary						
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$35.00		1210 San A	ntonio							
			Suite 800								
			Austin, TX 7	78701							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees					<b></b>		de of Texas. Com	
								CLE Fees	, IX,	officeholder living	expense
								CLL Fees			
_	Complete ONLY if direct		Candidate/Offi	ceholder name	. (	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1									

OUTSTAN	IDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 25/25
FILER NAME Robinson, Jared	d S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083435
LENDER INFORMATION	4 Name of lender Robinson, Jared	
	5 Lender address; City; State; Zip Code	
	Friendswood, TX 77546	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	