CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT the C/OH Instruction Guide explains how to complete this for

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00088267	sion Filers)	2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Brett A.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	NICKNAME	Robinson		SUFFIX	0171072020	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	15606 Bluff Park Ct.					T
ADDRESS					Receipt #	Amount
Change of Address	Cypress, TX 77429				Data Dragged	
🖰					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Brett A.		••••		
NAME	IVII.	Diett 7t.				
	NIOVALANE			OLIEDY		
	NICKNAME	LAST Robinson		SUFFIX		
		RODITISOTI				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	15606 Bluff Park Ct.					
(Residence or Business)						
	Cypress, TX 77429					
7 CAMPAICNI	ADEA CODE DUOS	IE NII IMBED - E	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(713) 594-1077					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after can	nnainn treasurer
		_ court day before		L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	PI	rimary	Runoff	Other	
		I⊓G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
III OFFICE	OFFICE HELD (II ally)			TE OFFICE SOUGHT	(II KIIOWII)	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Robinson, Brett A. (M	lr.)	14 Filer ID ((Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM POLITICAL candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,590.07			
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,366.02			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes a under Title 15. Election Code.					
		4.40. 1.40 25, 2.50.0 5540.					
		Mr. E	Brett A. Robinson				
		Signature of	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 9			
18 FILER Robin		Brett A. (Mr.)	19 Filer ID 00088267	(Ethics Commission Filers)			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE E: LOANS		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 1,512.07			
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 78.00			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 1.20			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 4/9	Robinson, Brett A. (Mr.)	00088267
4	Date	5 Payee name	
	05/09/2025	Robinson, Brett	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	15606 Bluff Park Ct	
		Cypress, TX 77429	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Reimbursement for filing fee 12/11/23
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
\vdash	Data		
	Date 05/09/2025	Payee name	
		Robinson, Brett	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.80	15606 Bluff Park Ct	
		Cypress, TX 77429	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Reimbursement for website domains on 12/11/23
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/09/2025	Robinson, Brett	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.00	15606 Bluff Park Ct	
		Cypress, TX 77429	
	PURPOSE		Description
	OF	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	254	Check if Austin, TX, officeholder living expense
			Reimbursement for PO box on 12/07/23
		O	Office held
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office field
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office field
			Office field
			Office field

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 5/9		Robinson, Brett A. (Mr.)		00088267
4	Date	5	Payee name		·
	05/09/2025		Robinson, Brett		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$40.00		15606 Bluff Park Ct		
			Cypress, TX 77429		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Reimbursement for graphic design on 1/28/24
					3 4, 11113
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>ı </u>	Office held
	expenditure to benefit C/OF	Н			
	Date	Т	Payee name		
	05/09/2025		Robinson, Brett		
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	ode	
	\$250.00		15606 Bluff Park Ct		
	l		Cypress, TX 77429		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Reimbursement for business cards on 2/11/24
	l				
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>ı </u>	Office held
	expenditure to benefit C/OF	Н			
	Date	Т	Payee name		
	05/09/2025		Robinson, Brett		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$22.07		15606 Bluff Park Ct		
	l		Cypress, TX 77429		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Reimbursement for website publishing subscription
					on 2/12/24
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	Н		Ū	

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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in 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: 3/4 Rpt: 6/9	Robinson, Brett A. (Mr.) 00088267
4	Date	5 Payee name
	05/09/2025	Robinson, Brett
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.20	15606 Bluff Park Ct
		Cypress, TX 77429
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for website publishing subscription
		on 3/12/24
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/09/2025	Robinson, Brett
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.00	15606 Bluff Park Ct
		Cypress, TX 77429
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for PO box on 5/26/24
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/09/2025	Robinson, Brett
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	15606 Bluff Park Ct
		Cypress, TX 77429
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense Reimbursement for website domain on 11/27/24
		Reinibulsetherit for website domain on 11/2//24
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printing Salaries	Expense Expense sWages/Contract Labor complete this form.		District it of District enter a category not listed above)
1	Total pages Schedule F1: Sch: 4/4 Rpt: 7/9	l	AME n, Brett A. (Mr.)			3 Filer ID 000883	
┰	Date	5 Payee na				00000	
	05/09/2025	Robinso					
6	Amount (\$)	7 Payee ac	dress; City;	State; Zip C	Code		
	\$71.00	15606 B	luff Park Ct				
		Cypress	, TX 77429				
8	PURPOSE OF		(See Categories listed at the top		(b) Description		- Occupator Cabadala T
	EXPENDITURE	Loan Re	payment/Reimbursem	ent		in, TX, officeholde	s. Complete Schedule T. er living expense
					. —		box on 11/16/24
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate H	Officeholder name	Office so	ought	Off	ice held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 8/9 Robinson, Brett A. (Mr.) 00088267 Date Payee name 05/16/2025 **USPS** 6 Amount (\$) Payee address; City; State; Zip Code \$78.00 16635 Spring Cypress Rd Reimbursement from political contributions intended Х Cypress, TX 77429 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** PO Box Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/9 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Robinson, Brett A. (Mr.) 00088267 5 Name of person from whom amount is received 8 Amount (\$) Date 06/30/2025 Capital One \$1.20 6 Address of person from whom amount is received; City; State; Zip Code McLean, VA 22102 Purpose for which amount is received Check if political contribution returned to filer Total interest 1/1/25-6/30/25