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 31 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jared S. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Robinson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Beth J. NAME NICKNAME LAST **SUFFIX** Robinson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 405 Galveston

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	Robinson, Jared S. (Γhe Honorable)		14 Filer ID 00083435	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures n	accepted or political expenditures and have been made without to uired to report this information	the candidate's or off	iceholder's kn	owledge or
Additional Pages COMMITTEE TYPE COMMITTEE NAME						
ш	GENERAL					
		COMMITTEE ADDR	ESS			
	SPECIFIC					
		COMMITTEE CAMP	AIGN TREASURER NAME			
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1 TOTAL INITEM	IZED DOLUTICAL CON	 NTRIBUTIONS(OTHER THAN	IDIEDOES LOANS		
TOTALS			ONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBUT PLEDGES, LOANS, C	IONS OR GUARANTEES OF LOANS	S)	\$	45,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXF	PENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	RES		\$	12,883.46
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	118,320.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	1,400.00
17 AFFIDAVIT						
		tro	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.	/ of perjury, that the a	accompanying d to be report	greport is ed by me
			The Honora	able Jared S. Robi	nson	
		_	Signature of	Candidate or Officeh	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subsc	cribed before me, by the s	aid		, this the		day
			y hand and seal of office.			
Signature of office	er administering oath	Printed name of	officer administering oath	Title of office	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 31			
18 FILER NA	ME	19 Filer ID	(Ethics	Commission Filers)			
	n, Jared S. (The Honorable)	00083435					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	44,150.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,000.00			
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	12,883.46			
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	\$				
			•				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/31
2	FILER NAME Robinson, Ja	ared S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083435
4	Date 02/27/2025 5 Full name of contributor out-of-state PAC (ID#:) Adams, Caroline 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77005				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Buzbee Law	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
	- ii donandator ii	o a orma, iaw iiiii or paroria(o) (ii	a.,,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	03/07/2025	Anthony G. Buzbee, LP Contributor address; City; \$	<u> </u>			\$2,500.00
	Contributor's I	Houston, TX 77002 Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (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 (\$)
	02/27/2025	Beeton Shabot, LLC				\$1,000.00
		Contributor address; City; s Galveston, TX 77550	State; Zip Code			
-	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/31
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#:) 02/25/2025 Brock, Jack 6 Contributor address; City; State; Zip Code Galveston, TX 77551		7 Amount of Contribution (\$) \$500.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's 6	employer/law firm , LLP	11 Law firm of contributor's s	pouse (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 (II	D#:)	Amount of Contribution (\$)
	02/27/2025 Burwell Nebout Trial Lawyers Contributor address; City; State; Zip Code			\$1,000.00
	Contributor's I	League City, TX 77573 Principal Occupation	Contributor's Job Title	
	Continuator 5 i	-inicipal Occupation	Continuator 5 300 Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
	02/24/2025	Carlos Garza PLLC Contributor address; City; State; Zip Code Galveston, TX 77550		\$250.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/14 Rpt: 6/31
2	FILER NAME Robinson, Ja	ared S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083435
4			7	Amount of Contribution (\$) \$1,500.00		
		Texas City, TX 77590				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	LGBS, LLC	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	02/27/2025	Dibrell, CG Contributor address; City;	State; Zip Code			\$250.00
	O a materilla contactal a f	Galveston, TX 77551		Occasillant and Dala Title		
	Retired	Principal Occupation		Contributor's Job Title Judge		
_		employer/law firm		Law firm of contributor's sp	20116	co (if any)
	Retired	simpley of have time.		Law mm or contributor 5 of	Jour	oc (ii aiiy)
	If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/27/2025	DuCote, James Contributor address; City;	State; Zip Code			\$500.00
_	Contributor's	League City, TX 77573 Principal Occupation		Contributor's Job Title		
	Attorney	- ппстрат Оссирацоп		Attorney		
H		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Of James Ducote				7,
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL CONTRIBU	TIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	his f	orm.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/31
2	FILER NAME Robinson, Ja	ared S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083435
4	Date 02/27/2025			7	Amount of Contribution (\$) \$2,500.00	
8	Contributor's I	Galveston, TX 77550 Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		L		
Date Full name of contributor out-of-state PAC (ID#:) 02/10/2025 Greer, Herz & Adams, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00			
	Contributor's I	Galveston, TX 77550 Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 02/25/2025	Full name of contributor out-of-state PAC Griffin, Brett Contributor address; City; State; Zip Code Houston, TX 77019	(ID#:_)		Amount of Contribution (\$) \$2,500.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
Contributor's employer/law firm Law firm of contributor's sp Buzbee Law Firm			Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRI	BUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A(J)1: Sch: 5/14 Rpt: 8/31
2	FILER NAME Robinson, Ja	FILER NAME Robinson, Jared S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083435	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Hindman, Margaret (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Galveston, TX 77553				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm f Margaret Hindman		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		ı		
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)
	02/27/2025	Ibrahim, Mohammed Contributor address; City; State; Zip Code				\$1,500.00
		League City, TX 77573				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Ibrahim and					
	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 (\$)
	02/27/2025	Johnson & Associates, Attorneys at La	aw, PLLC			\$500.00
		Contributor address; City; State; Zip Code				
	Cambuilaritarila	League City, TX 77573		Contributorio 1ab Titla		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	TARY POLITICAL CONTRIBUTION)NS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	al pages Schedule A(J)1 n: 6/14 Rpt: 9/31	i.
2	FILER NAME Robinson, Ja	ared S. (The Honorable)		1	r ID (Ethics Commission) 183435	on Filers)
4	Date 02/27/2025			7 Amo	ount of Contribution (\$)	\$1,500.00
8	Contributor's I	Galveston, TX 77550 Principal Occupation	9 Contributor's Job Title			
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if a	any)	
12	If contributor is	is a child, law firm of parent(s) (if any)				
	Date O2/12/2025 Full name of contributor out-of-state PAC (ID#:) Law Office Of Michael Guarino Contributor address; City; State; Zip Code		Amo	ount of Contribution (\$)	\$500.00	
	Contributor's !	Galveston, TX 77550 Principal Occupation	Contributor's Job Title			
		Tillopa Googaan	Gorial Date: G GELL TILL			
		employer/law firm	Law firm of contributor's sp	ouse (if a	any)	
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date 02/10/2025	Full name of contributor out-of-state PAC (ID#:_Law Office of J.L. Carpenter Contributor address; City; State; Zip Code Friendswood, TX 77546		Amo	ount of Contribution (\$)	\$250.00
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if a	any)	
	If contributor is	is a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/31
2	FILER NAME Robinson, Ja	ared S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083435
4	Date 02/24/2025	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$100.00
8	Contributor's I	Galveston, TX 77550 Principal Occupation	9 Contributor's Job Title	
10	Contributor's 6	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 02/26/2025	Full name of contributor out-of-state PAC (ID# Law Office of Michael Russo Contributor address; City; State; Zip Code	÷)	Amount of Contribution (\$) \$500.00
	Contributor's I	Friendswood, TX 77546 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 03/07/2025	Full name of contributor out-of-state PAC (ID# Mark Diaz and Associates, LLC Contributor address; City; State; Zip Code Galveston, TX 77571	;)	Amount of Contribution (\$) \$500.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Contributor's 6	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)		

	MONET	ARY POLITICAL CONT	RIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to com	plete this f	orm.	1	Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/31
2	FILER NAME	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Robinson, J	ared S. (The Honorable)			'	00083435
4	Date 02/27/2025 Mark W. Stevens, Attorney 6 Contributor address; City; State; Zip Code		7 .	Amount of Contribution (\$) \$500.00		
		Galveston, TX 77552				
8	Contributor's	Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	oouse	e (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Τ	Amount of Contribution (\$)
	02/28/2025	McGuire Injury Law, PLLC	State 1 AC (ID#)	'	\$2,500.00
		Contributor address; City; State; Zip Co	ode			
		Santa Fe, TX 77510				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		I		
	Date	Full name of contributor out-of-	state PAC (ID#:_)		Amount of Contribution (\$)
	02/27/2025	McLeod, Alexander, Powel & Apffe				\$2,500.00
		Contributor address; City; State; Zip C	ode			
		Galveston, TX 77553		I		
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	oouse	e (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A	.(J)1
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/31	
2	FILER NAME Robinson, Ja	ared S. (The Honorable)			3 Filer ID (Ethics Commission 00083435	Filers)
4	Date 02/27/2025			7 Amount of Contribution (\$)	\$2,500.00	
8	Contributor's I	Galveston, TX 77550 Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (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 (\$)	
	02/10/2025	Musemeche Law PC Contributor address; City; State; Webster, TX 77598	Zip Code			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuators	Tilicipal Occupation		Contributor 3 300 Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (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 (\$)	
	02/24/2025	Patrick R. Jackson PLC Contributor address; City; State; Bossier City, LA 71111	Zip Code			\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/31
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#:) Perez, Nick 6 Contributor address; City; State; Zip Code Houston, TX 77019		7 Amount of Contribution (\$) \$50.00	
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	L
	Attorney		Attorney	
10	Contributor's of Olson and C	employer/law firm DIson LLP	11 Law firm of contributor's sp	oouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)
	02/27/2025	Simpson, Beeton, Shabot & McConnell LLC Contributor address; City; State; Zip Code Galveston, TX 77550		\$500.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Continuator 3 i	Thispar Occupation	Contributor 3 300 Title	
	Contributor's	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)	I	
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	02/25/2025	Smith Law Firm Contributor address; City; State; Zip Code Alvin, TX 77511		\$1,500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's 6	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)	1	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/31
2	FILER NAME Robinson, Ja	ared S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083435	
4	Date 02/25/2025	5 Full name of contributor Sorrels Law6 Contributor address; City;	7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77007		_		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/27/2025	Strickland, Tim Contributor address; City;			\$500.00	
		League City, TX 77573				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's (Kean Miller	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	02/25/2025	Stroud, William	out of state 1 Me (IBH.			\$1,000.00
Contributor address; City; State; Zip Code Elm Grove, LA 71051						
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney					
	Contributor's	employer/law firm	oous	se (if any)		
	Patrick Jack					
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBU	TIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	nis f	orm.	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/31
2	FILER NAME Robinson, Ja	ared S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083435	
4	Date 02/18/2025	 5 Full name of contributor out-of-state PAC (The Crew Law Firm, P.C. 6 Contributor address; City; State; Zip Code League City, TX 77573 		7	Amount of Contribution (\$) \$2,500.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date 02/27/2025	Full name of contributor out-of-state PAC (The Metzger Law Firm, PLLC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$500.00	
	Contributor's I	Galveston, TX 77550 Principal Occupation		Contributor's Job Title		
		employer/law firm s a child, law firm of parent(s) (if any)		Law firm of contributor's sp	oous	se (if any)
	Date 02/25/2025	Full name of contributor out-of-state PAC (Thornton Law Firm Contributor address; City; State; Zip Code Friendswood, TX 77546	(ID#:_			Amount of Contribution (\$) \$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/31			
2	FILER NAME Robinson, Ja	ared S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083435				
4	Date 02/27/2025	5 Full name of contributor Todd, Alton6 Contributor address; City;	7	Amount of Contribution (\$) \$500.00					
		Friendswood, TX 77546							
8		Principal Occupation		9 Contributor's Job Title					
	Attorney			Attorney					
10		employer/law firm Df Alton C. Todd		11 Law firm of contributor's sp	oous	se (if any)			
12	! If contributor is	s a child, law firm of parent(s) (i	f any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)			
	02/27/2025	Trevino, Ismael Contributor address; City;			\$500.00				
		Galveston, TX 77550							
		Principal Occupation		Contributor's Job Title					
	Attorney			Attorney	-				
		employer/law firm f Ismael Trevino		Law firm of contributor's sp	oous	se (if any)			
_		s a child, law firm of parent(s) (i	f any)						
	ii continuator i	s a cilliu, iaw iiiiii oi pareiii(s) (i	i aliy)						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	02/27/2025	Walker, David				\$500.00			
		Contributor address; City;							
_	Contributor's	League City, TX 77573 Principal Occupation		Contributor's Job Title					
	Attorney	этпстрат Оссирацоп							
		employer/law firm	าดน	se (if any)					
	Law Office C	()							
	If contributor is	s a child, law firm of parent(s) (i	f any)						

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/31			
2	FILER NAME Robinson, Ja	ared S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083435				
4	Date 02/25/2025	5 Full name of contributor Watkins, Emily6 Contributor address; City; S	7	Amount of Contribution (\$) \$250.00					
		League City, TX 77573							
8		Principal Occupation		9 Contributor's Job Title					
	Attorney			Attorney					
10	Contributor's 6 LGBS, LLP	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (if	any)						
_	Date	Full name of contributor)		Amount of Contribution (\$)				
	02/20/2025	Young, Marc Contributor address; City; S		•	\$500.00				
		League City, TX 77573							
		Principal Occupation		Contributor's Job Title					
	Attorney			Attorney					
		employer/law firm		Law firm of contributor's sp	ous	se (if any)			
		entral Appraisal District	3						
	ii 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 (\$)			
	02/10/2025	Zendeh Del & Associates	s, PLLC			\$2,500.00			
		Contributor address; City; S Galveston, TX 77551							
	Contributor's I	Principal Occupation		Contributor's Job Title					
	Continuators	-ппстраг Оссиралоп		Contributor's 30b Title					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if	any)	L					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/31 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robinson, Jared S. (The Honorable) 00083435 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/26/2025 Apffel Legal, PLLC \$1,000.00 | Food and Beverages 7 Contributor address; City; State; Zip Code Galveston, TX 77550 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Travel in District

Candidate/Officeholder/Politica		Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)		
Credit Card Payment		The Instruction Guide exp	plains how to co	mple	te this form.				
otal pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
Sch: 1/12 Rpt: 19/31	Robinson, J	lared S. (The Honorab	ole)				00083435		
ate	5 Payee name								
3/10/2025	Academy S	ports and Outdoors							
mount (\$)	7 Payee addres	ss; City;	State; Zip Co	de					
\$132.46	4523 Fort C	rockett Blvd							
	Galveston,	TX 77551							
PURPOSE	(a) Category	ae Categories listed at the top of	this schedule)	(b)	Description				
OF EVENDITURE			ulis scriedule)	`´	_ `	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE	·				_	, TX,	officeholder living	g expense	
					Canopy				
		ceholder name	Office sou	ght			Office he	eld	
ate	Payee name								
5/06/2025	Anedot								
mount (\$)	Payee addres	ss; City;	State; Zip Co	de					
\$20.30	1920 McKin	iney Ave							
	7th Floor								
	Dallas, TX 7	75201							
PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
OF EXPENDITURE	Accounting/	Banking Banking			-				
					ш	, IX,	officenoider living	g expense	
					1 000				
omplete ONLY if direct	Candidate/Offi	ceholder name	Office sou	l aht			Office he	eld	
				9					
	Davee name								
	1								
		es. City:	State: 7in Co	nde					
• •	1	•	State, Zip Ce	uc					
4022.00		mey / we							
		75201							
DUDDOGE				(I-)					
OF			this schedule)	(a)		nutsi	de of Texas, Com	nlete Schedule T	
XPENDITURE	Accounting/	Danking			브				
					Fees				
omplete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
experioritire to beriefit C/OH									
						_			
	Candidate/Officeholder/Political credit Card Payment stal pages Schedule F1: at at at at at a stal pages Schedule F1: at at at at at at a stal pages Schedule F1: at at at at at a stal pages Schedule F1: at at at at at a stal pages Schedule F1: at at at at a stal pages Schedule F1: at at at at a stal pages Schedule F1: at at at a stal pages Schedule F1: at at at a stal pages Schedule F1: at	ate S/06/2025	Candidate/Officeholder/Political Committee The Instruction Guide expedit Card Payment The Instruction Guide expedited Suits and Outdoors The Instruction Gui	Candidate/Officeholder/Political Committee Tredit Card Payment The Instruction Guide explains how to co that pages Schedule F1: Atlanta pages Pages pame Academy Sports and Outdoors	Candidate/Officeholder/Political Committee Tredit Card Payment The Instruction Guide explains how to complete Card Card The Hoor The Instruction Guide explains how to complete Card The Hoor The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explains and Card The Hoor Payment The Instruction Guide Explain	Legal Services Salaries/Mages/Contract Labor The Instruction Guide explains how to complete this form.	Candidate/Officeholder name Candidate of this schedule Candidate of the schedule	Candidate/Officeholder name Candidate/Officeholder name Candidate Cand	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

abursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not 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: 2/12 Rpt: 20/31	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	02/14/2025	Black Pearl
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.76	327 23rd St
		Galveston, TX 77551
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 Campaign Meeting
		Campaign weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	David and the second se
		Payee name
	06/05/2025	Black Pearl
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.93	327 23rd St
		Galveston, TX 77551
	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 Campaign Lunch
		Campaign Eulen
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davies name
	Date 02/12/2025	Payee name CVS
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.86	6128 Broadway St
		Galveston, TX 77551
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Card
		Card
-	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		aries/Wa		e /Contract Labor		OTHER (enter a	strict category not listed ab	ove)
	Credit Card Payment			The Instruction Gu	iide explains how	to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 3/12 Rpt: 21/31		Robinson, J	ared S. (The Ho	onorable)					00083435		
4	Date	5	Payee name									
	03/31/2025		Clear Creek	Republican Wo	omen							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zij	p Cod	de					
	\$100.00		PO Box 217	1								
			League City	, TX 77574								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne ton of this schedule	<u>. To</u>	(b)	Description				
	OF EXPENDITURE	<u> </u>	Advertising I		ie top of this schedule,	' l	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· ·					_	, TX,	officeholder living	g expense	
								Sponsorship				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	e soug	jht			Office h	eld	
		_										
	Date		Payee name									
	01/02/2025		Coastal Con	servation of An	nerica							
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	de					
	\$250.00		6919 PortW	est Drive								
			Suite 100									
			Houston, TX	77024								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)) ((b)	Description				
	OF EXPENDITURE			s/Donations Ma	,			=			plete Schedule T.	
			Candidate/C	Officeholder/Poli	tical Committee	9		Event Donation		officeholder living		
								Event Bonati	011/	5p0115015111p	,	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office	soug	ıht			Office h	eld	
	expenditure to benefit C/OI					9	,					
_	Date		Payee name									
	04/02/2025		,	nservation of Am	nerica							
	Amount (\$)		Payee addres		State; Zij	n Cod	10					
	\$250.00		6919 PortW	-	State, Zij	р Сос	i.C					
	Ψ230.00		Suite 100	CSt Dilve								
				/ 77024								
		_	Houston, TX									
	PURPOSE OF	(a)		e Categories listed at the	ne top of this schedule)) [(b)	Description Check if travel (nutei	de of Tevas Com	iplete Schedule T.	
	EXPENDITURE		Fees					ш		officeholder living		
								Membership				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e soug	jht			Office h	eld	
	expenditure to benefit C/OI	H										
ı												

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

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: 4/12 Rpt: 22/31	2 FILER NAME Robinson, Jared S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083435
4	Date 05/19/2025	5 Payee name Coastal Conservation of America
	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 6919 PortWest Drive Suite 100 Houston, TX 77024
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/07/2025	Payee name Dropbox
	Amount (\$) \$127.79	Payee address; City; State; Zip Code 1800 Owens Street San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Data Storage/Exchange (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/10/2025	Payee name Ducks Unlimited
	Amount (\$) \$265.00	Payee address; City; State; Zip Code 1 Waterfowl Way
		Memphis, TN 38120
	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/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 5/12 Rpt: 23/31	Robinson, Jared S. (The Honorable) 8 File ID (Ethics Commission Files) 00083435
4	Date	5 Payee name
	05/19/2025	Ducks Unlimited
6	Amount (\$) \$104.00	7 Payee address; City; State; Zip Code 1 Waterfowl Way Memphis, TN 38120
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	Family Promise Of Galveston County
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 14553 Highway 3
		Webster, TX 77598
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Friends Of Friendswood Church
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 502 S. Friendswood Dr
		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 Room Rental
	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	al Com	nmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (als Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 6/12 Rpt: 24/31		Robinson, J	ared S. (The I	Honorable)					00083435	
4	Date	5	Payee name								
L	01/28/2025		Friendswoo	d ISD Education	on Foundatio	n					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$104.17	:	302 Laurel [Orive							
L		L	Friendswoo	d, TX 77546							
8	PURPOSE			e Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Com officeholder living	
								ISD Gala	, , ,	omcendider living	J CAPCITISE
9	Complete ONLY if direct	C	andidate/Offic	ceholder name	0	office sou	<u>ı</u> ıght			Office he	eld
	expenditure to benefit C/OH	Н									
	Date		Payee name								
	04/22/2025	l	•	d ISD Education	on Foundatio	n					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$49.50		302 Laurel [Orive							
			Friendswoo	d, TX 77546							
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations N	/lade By			-		de of Texas. Com	
			Candidate/C	Officeholder/Po	olitical Commi	ittee		Check if Austin. Donation	, TX,	officeholder living	g expense
								Donation			
_	Complete ONLY if direct		andidate/Offic	ceholder name	Ω	office sou	l Jaht			Office he	eld
	expenditure to benefit C/Oh		20.0,011		Ö		5			200 110	
H	Date		Payee name								
	04/23/2025	I	•	d ISD Education	on Foundatio	n					
	Amount (\$)		Payee addres			Zip Co	ode				
	\$153.60	l	302 Laurel [Juio,	_,, 00					
	,										
			Friendswoo	d, TX 77546							
	PURPOSE			e Categories listed a	t the ton of this scho	edule)	(b)	Description			
	OF EXPENDITURE		Advertising		top of tillo still	.auic)	<u> </u>	Check if travel		de of Texas. Com	
	LAFEINDITURE							_	, TX,	officeholder living	gexpense
								Sponsorship			
	Complete ONLY if direct	$\overline{\Gamma}$	andidata/Offic	soholdor nama		office ser	labt			Office he	old.
	Complete ONLY if direct expenditure to benefit C/OH		anunate/Offi	ceholder name	U	office sou	agrit			Office he	ะเน

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 25/31	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	04/18/2025	Friendswood Mustangs Booster Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	702 Greenbriar Dr
		Friendswood, TX 77546
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Friendswood Youth Baseball
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	Renwick Park
	\$1,500.00	
		205 Stadium Drive
		Friendswood, TX 77546
	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
		Advertising/Sponsorship
	Operation ONLY if allowed	One districts (Office healths are seen
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Friendswood Youth Baseball
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	Renwick Park
		205 Stadium Drive
		Friendswood, TX 77546
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

oursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ot Labor OTHER (enter a category not 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: 8/12 Rpt: 26/31	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	01/03/2025	Gaido's Seafood Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$242.43	3828 Seawall Blvd
		Galveston, TX 77551
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 Court Staff Holiday Lunch
		Court Stail Floriday Eurich
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/21/2025	Galveston Republican Women
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	101 14th St.
	Ψ33.00	101 14(1) 5(.
		Galveston, TX 77550
L	DUDDOOF	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GRW Lunch
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2025	Koop's BBQ Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.97	4501 Broadway Street
		Galveston, TX 77571
T	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
		Staff Lunch
L	Operated ONE VIII	Overfields (Office health and an
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/12 Rpt: 27/31	Robinson, Jared S. (The Honorable) 00083435		
4	Date	5 Payee name		
	03/24/2025	Kroger		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$172.39	5730 Seawall Blvd		
		Galveston, TX 77551		
8	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 Appreciation Gifts		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/27/2025	Marucci Sports LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$584.54	5818 McCann Dr		
		Baton Rouge, LA 70809		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF 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		
		Candidate/Officeholder/Political Committee		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/27/2025	Matt's El Rancho		
	Amount (\$)	Payee address; City; State; Zip Code		
\$183.18 2613 S. Lamar Blvd				
		Austin, TX 78704		
	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 TADJ Dinner		
		17.00 Dillie		
\vdash	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 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
OTHER (output a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed ab	oove)
1	Total pages Schedule F1:	2 EII ED NAME		•			2	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 10/12 Rpt: 28/31	l	ared S. (The Honoral	nle)			3	00083435	(Lunca Commiss	ion i liers)
_	Date									
4	02/14/2025	5 Payee name Midtown Ta	vorn							
6	Amount (\$)	7 Payee addres	•	State; Zip Co	ode					
	\$59.81	5806 Stewa	rt Rd							
		Galveston, ⁻	TX 77551							
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	EVENT Expense					ide of Texas. Com			
	LXI LINDITORL					_		, officeholder living	expense	
						Clerk Retirem	ier	IL		
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	06/18/2025	NBCH								
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$100.00	12955 Stark	cey Rd							
		Suite 3900								
		Largo, FL 3	3773							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Contribution	s/Donations Made By	/		=		ide of Texas. Com		
	2/11/2/10/12	Candidate/0	Officeholder/Political (Committee		—	, TX	, officeholder living	expense	
						Donation				
	Complete ONL V if direct	Candidata/Offi	achalder name	Office cou	ı abt			Office he	ıld	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offi	centituer name	Office sou	igni			Office he	eiu	
		Г								
	Date	Payee name								
	04/03/2025	National Mu	Itiple Sclerosis Socie	ty						
	Amount (\$)	Payee addres	•	State; Zip Co	ode					
	\$50.00	733 3rd Ave	!							
		Floor 3								
		New York, N	NY 10017							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		s/Donations Made By			브		ide of Texas. Com		
		Candidate/C	Officeholder/Political (Committee		Donation Check if Austin	, TX,	, officeholder living	expense	
						טוומנוטוו				
	Complete ONLY if direct	Candidate/Offi	coholdor nama	Office	laht			Office he	vld	
	Complete ONLY if direct expenditure to benefit C/OI		сеношег пате	Office sou	ıyııı			Office he	iu	
	•									

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 29/31	Robinson, Jared S. (The Honorable)	00083435
4	Date	5 Payee name	
	01/17/2025	Parabellum Media, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,000.00	1005 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Consulting Expense	f travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		f Austin, TX, officeholder living expense gn Consultant Fees
		Сапра	gn Consultant rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Since Hela
_	Date	Payee name	
	04/02/2025	Parabellum Media, LLC	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1005 Congress Ave	
	Ψ130.00	1000 Congress / We	
		Austin, TX 78701	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	OTT f travel outside of Texas. Complete Schedule T.
	EXPENDITURE		f Austin, TX, officeholder living expense
		Campai	gn Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to some of o		
	Date	Payee name	
	02/27/2025	Saltgrass Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$142.67	1502 Seawall Blvd	
		Galveston, TX 77550	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	EXPENDITURE	1 00d/Beverage Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Staff Lu	
		Stall Ed	
	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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 30/31	Robinson, Jared S. (The Honorable) 00083435
4	Date	5 Payee name
	03/14/2025	Texas Association of District Judges
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,572.50	PO Box 1748
	, —, o · — · · ·	
		Austin, TX 78767
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Association Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2025	Tyra, Richard (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	10230 FM 2004
		Santa Fe, TX 77510
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialtare to belieff C/O	<u>'</u>
	Date	Payee name
	04/16/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.00	310 Morningside Dr
		Friendswood, TX 77546
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PO Box
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

OUTSTAN	SCHEDULE L	
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 31/31
FILER NAME Robinson, Jared	d S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083435
LENDER INFORMATION	4 Name of lender Robinson, Jared	1
	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	