

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH Cover Sheet pg 1

The C/OH Instruction Guide explains how to complete this form.		1. ACCOUNT # (Ethics Commission filers)		2. Total Pages Filed: 5	
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Don	MI	OFFICE USE ONLY Date Received	
	NICKNAME	LAST Robinson	SUFFIX		
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS C Change of Address	Address/PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked
	4435 Lashley Dr Dallas TX 75232				
5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #
	()				
6. CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Cecil	MI	Date Processed	
	NICKNAME	LAST Proctor	SUFFIX	Date Imaged	
7. CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1111 E. Ledbetter Dr Dallas TX 75216				
8. CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	()				
9. REPORT TYPE	January 15				
10. PERIOD COVERED	7/1/2008 THROUGH 12/31/2008				
11. ELECTION	ELECTION DATE		ELECTION TYPE		
			General		
12. OFFICE	OFFICE HELD (if any)		13. OFFICE SOUGHT (if known)		
			Council District 5		
14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS C additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	NAME				
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr Don Robinson	16 ACCOUNT #(Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) C additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**	
	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 670.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 645.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Don Robinson, this the 15th day of January, 20 09, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 2	
2 FILER NAME Mr Don Robinson		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Cecil Proctor Contributor 6 Contributor address; City; State; Zip Code 1111 E. Iedbetter Dr Dallas, TX 75216	7 Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Alice McPhail Contributor Contributor address; City; State; Zip Code 6247 Harmony Ln. Dallas, TX 75241	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Cecelia Jackson Contributor Contributor address; City; State; Zip Code 624 Rickey Canyon Desoto, TX 75115	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Irene Smith Contributor Contributor address; City; State; Zip Code 6112 Silvery Moon Dallas, TX 75241	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Demont Herrod Contributor Contributor address; City; State; Zip Code 1004 Woodall Cedar Hill, TX 75104	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 2 of 2	
2 FILER NAME Mr Don Robinson		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Godfrey Turner Contributor 6 Contributor address; City; State; Zip Code 2833 Sommerset Grand Prairie, TX 75052	7 Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Reginald Goosby Contributor Contributor address; City; State; Zip Code 1004 Woodall Cedar Hill, TX 75104	Amount of Contribution (\$) 70.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 1 of 1
2 FILER NAME Mr Don Robinson		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/18/2008	5 Payee name Phils Barbecue & Catering 6 Payee address; City; State; Zip Code 2550 W. Red Bird Ln Dallas, TX 75237	7 Amount (\$) 570.00
8 Purpose of payment (See instructions regarding type of information required.) Catred food for reception (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/2008	Payee name U S Post Office Payee address; City; State; Zip Code 1000 Interstate 30 Dallas, TX 75212	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/12/2008	Payee name Ms Yvette Richmond Payee address; City; State; Zip Code 1344 Coral Hills Dallas, TX 75229	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Brochures (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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