APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

Se	e CTA Instruction G	Suide for detailed i	nstructions.		1 Total pages fit	ed: 2
2 CANDIDATE	MS (MR) MR	FIRST		Mł	OFFICI	E USE ONLY
NAME		BRANDY		Ν.	Fiter ID #	
	NICKNAME	LAST		SUFFIX	Demonde	 \/
		ROBINSON			RECE	
3 CANDIDATE MAILING	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	FEB 24	2025
ADDRESS				,	AUSTIN CO	
					Date Hand-Delivered	Posi-narked
4 CANDIDATE	AREA CODE	PHONE NUMBER		EXTENSION	Receipt#	Amount \$
PHONE					Date Processed	<u>, , , , , , , , , , , , , , , , , , , </u>
5 OFFICE HELD (if any)	N/A				Date Imaged	
6 OFFICE SOUGHT (if known)	AUSTIN COL	INTY CRIMIN	VAL DIST	RICT ATTO	RNEY	
7 CAMPAIGN	M3MRS/MR	FIRST	М	NICKNAME	LAST	SUFFIX
TREASURER NAME		ISA !	M .	To	BOLA	
	AND CONTRACTOR OF THE PARTY OF					
8 CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS;	APT /	SUITE #:	CłTV∙	STATE;	ZIP CODE
(residence or business)						
9 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION	Water .	
TREASURER PHONE	,					
	*	-				
10 CANDIDATE SIGNATURE	I am aware o	of the Nepotism	Law, Chap	ter 573 of the T	exas Governi	ment Code.
	I am aware of the Election	of my responsib Code.	ility to file t	imely reports a	as required by	title 15 of
	1	of the restrictions ations and labor			Code on cont	ributions
r	Bran	da Bali	nsan		2-12-20	25
		Signature of Candida	ate		Date Signe	
	<u> </u>	GO TO	O PAGE 2			10000

11 CANDIDATE NAME	BRANDY N. ROBINSON
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only. (An election cycle includes a primary election, a general election, and any related runoffs.)
	Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA

/1	CANDIDATE NAME		2 FILER ID#	3 Total pages filed:
	BRAN;	DY ROBINSON		
	Use this form	See ACTA Instruction Guid for changes to existing information <i>or</i>	de for detailed instructions. nly. Do not provide information	n previously disclosed.
4	CANDIDATE	NEW MS/MRS/MR FIRST	MI	OF HICE SEVINE D
	NAME	BRANDY NICKNAME LAST ROBINSON	351717	AUSTIN CO. TAX
5	CANDIDATE		CITY; STATE; ZIP CODE	SSESSOR-COLLECTOR
Ĭ	MAILING ADDRESS		3	Date Hand-delivered or Postmarked
				Receipt # Amount S
	CANDIDATE	NEW AREA CODE PHONE NUMBER	EXTENSION	Dale Processed
6	CANDIDATE PHONE			Date Imaged
7	OFFICE HELD (If any)	CRIMINAL DIST	RICT ATTORNEY	
8	OFFICE SOUGHT (i(known)	CRIMINAL DISTA	RICT ATTORNEY	
9		NEW MS/MRS/MR FIRST	MI NICKNAME	LAST SUFFIX
	TREASURER NAME	BRANDY	ν.	ROBIN SON
	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
11	CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER	EXTENSION	
12	: CANDIDATE SIGNATURE	I am aware of the Nepotism L	aw, Chapter 573 of the Tex	kas Government Code.
		I am aware of my responsibil the Election Code.		
,		I am aware of the restrictions from corporations and labor o		ode on contributions
		Brand Rotins	a	07-09-2025
		Signature of Candidat		Date Signed
			-	

AMENDMENT:

CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA PG 2

NAME	
14 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission

P.O. Box 12070 Austin, TX 78711-2070

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For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) 12 The C/OH Instruction Guide explains how to complete this form. FIRST ΜĬ 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Ν Brandy Ms. NAME Date Received LAST SUFFIX NICKNAME Robinson APT / SUITE #; STATE: ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX; CITY: JUL 15 2025 OFFICEHOLDER MAILING **AUSTIN COUNTY ADDRESS ELECTIONS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER PHONE** Receipt # Amount \$ FIRST МІ MS / MRS / MR CAMPAIGN TREASURER Brandy Ms. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged Robinson STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN TREASURER ADDRESS (Residence or Business) EXTENSION PHONE NUMBER CAMPAIGN AREA CODE TREASURER PHONE REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month Day Year 10 PERIOD Year Month Dav COVERED 25 30 6 20 25 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Primary Other Month Description Special 26 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) 12 OFFICE Criminal District Attorney Criminal District Attorney THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Brandy Nicole Robins	on	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,351.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,325.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ 26.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
	Λ, <	2.
	Gland R.	Prince)
	Signature of C	andidate or Officeholder
	digitator of	
	Please complete either option belo	w:
	i icase complete cities option belo	***
(4) 649 5		
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
	which, witness my hand and seal of office.	
, to certify	annon, maiosomy hand and oddror officer	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat		
_{My name is} Brandy R	obinson, and my date of birth	o7/27/1981
My address is 312 Bra	zos Oaks Court , Sealy ,	TX, 77474, United States
	(street)	(state) (zip code) (country)
Executed in Austin	County, State of Texas , on the 15 day of July	
	Read	(year)
	- January Stranger	didate/Officeholder (Declarant)
	Organization Contraction	and the second of the second o

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME andy Nicole Robinson	mission Filers)				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,351.29				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,730,29				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Band.	Nicola Rabiasan			i
4 Date	Nicole Robinson 5 Full name of contributor	out-of-state PAC	: /In#-	7 Amount of contribution (\$)
2-22-25	Brandy Nicole Robinson	n		#120K AA
	6 Contributor address;	City;	State; Zip Code	\$1,325.00
	J	- •		i I
8 Principal occu	pation / Job title (See Instructions)	0	9 Employer (See Instruct	tions)
	District Attorney		State of T	x
Comment of the commen				C
Date	Full name of contributor		O (ID#:)	Amount of contribution (\$)
2	Brandy Nicole Robins Contributor address;	50N		
3-1-25	Contributor address;	City;	State; Zip Code	\$1,086.75
				πι,ο ου. 10
			·	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	•
Criminal	District Attorney		State of T.	X
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1	Brandy Nicole Robin	1500		
3-4-25	Contributor address;	City;	State; Zip Code	.,
		•	-	\$75.00
		•		
Principal occup	pation / Job tille (See Instructions)		Employer (See Instruc	
Crimina	District Attorney		State of	Texas
	0			(\$\)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
_	Brandy Nicole Robin	1 <i>5</i> 01		
3-7-25	Contributor address;	City;	State; Zip Code	\$ 60.00
	:-	7	1	, i
Deinainal accu	pation / Job title (See Instructions)		Employer (See Instruc	-tions)
· ·			State of	•
Crimin	al District Attorney		וס אומוע סו	
	•			
}				
]	ATTACH ADDITIC	NAL COPIES	OF THIS SCHEDULE AS I	NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 3
FILER NAME				3 Filer ID (Ethics Commission Filers)
Brandy	Nicole Robinson 5 Full name of contributor			
			C (ID#:)	7 Amount of contribution (\$)
4-6-25	Brandy Nicole Robinson 6 Contributor address;	City;	State; Zip Code	\$18.54
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction	ons)
Criminal	District Attorney		State of	TX
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
4-12-25	Brandy Nicole Robinson Contributor address;	1 City;	State; Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)
	District Attorney		State of TX	
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
4-22-25	Brandy Nicole Robins	9.⁄ට City;	State; Zip Code	\$300.00
	! .			
Principal occu	pation / Job title (See Instructions)	8	Employer (See Instructi	ons)
	·	<i>₹</i>	Employer (See Instruction State of TX	ons)
	District Attorney Full name of contributor	out-of-state P/		Amount of contribution (\$)
Criminal	District Attorney	150.1	State of TX	
Criminal Date 6-12-25	District Attorney Full name of contributor		State of TX	Amount of contribution (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to co	form.	1 Total pages Schedule A1: 3	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Brand.	Nicola Robinson			
4 Date	5 Full name of contributor	ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6-30-25	Brandy Nicole Robin 6 Contributor address;	>01	State; Zip Code	\$100.00
8 Principal occur	pation / Job title (See Instructions)	-0	9 Employer (See Instruct	ions)
	District Attorney		State of T	
Date			(ID#:)	Amount of contribution (\$)
2-20-25	Brandy Nicole Robins Contributor address;	Son	State; Zip Code	\$226.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Criminal	District Attorney		State of T	<u> </u>
Date	Full name of contributor o	out-of-state PAC	(ID#:)	Amount of contribution (\$)
2-21-25	Brandy Nicole Robinson Contributor address;) City;	State; Zip Code	\$100.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	I District Attorney		State of 1	
Date	Full name of contributor o	out-of-slate PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; C	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	• • • • • • • • • • • • • • • • • • • •		OF THIS SCHEDULE AS N	
1	If contributor is out-of-state PAC, plea	ase see Instri	uction quide for additional	reporting requirements.

SCHEDULE G

		EXPENDITURE CATI	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E		Travel in District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction Guide expla	ins how to d	complete this form.		
1 Total pages Schedule G:	2 FILER NA		»v1		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee nar	ие				
2-20-25	Unite	y Nicole Robinso de States Posta	Servi	Le		
6 Amount (\$) \$ 226.00 Reimbursement from political contributions intended	7 Payee add	dress;		City;	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description	_	
OF EXPENDITURE	office Ove	rhend/Rental Expens	5e	P.O. Box	Rental	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	in, TX, officeholder living	expense
9	Candid	late / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	Brandy	Nicole Robinson	Crim	1. Dist. Atty.	Gim.	Dist. Alty (Ass
Date	Payee nai					_
2-21-25	Anstin	n County State E	Bank			
Amount (\$) 73.90 Reimbursement from	Payee ad			City;	State;	Zip Code }
 political contributions intended 						
PURPOSE	Category	/ (See Categories listed at the top of thi	is schedule)	Description		
OF EXPENDITURE	Account	ling/Bank		Account/	Checks	
EXPENDITURE		Check if trayet outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense
	l Candid	date / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/	OH Brand	y Nicole Robinso	n C	im, Dist. Atty.	Crim.	Dist. Atty Cassit
Date	Payee na	me				
3-4-25	Greate	r Sealy Area Cham	iber of	Commerce		222
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
Reimbursement from political contributions intended	•					1
PURPOSE OF	Contribs	y (See Categories listed at the top of th /Donations made by Indidate		Description Silent A	uction	
EXPENDITURE		Check if travel outside of Texas. Complete	s Schedule T.	Check if Aus	slin, TX, officeholder livin	g expense
	 Candi	date / Officeholder name		Office sought		Office held
Complete ONLY If direct expenditure to benefit C/OH		الله و المعالمة و				
	ATT	ACH ADDITIONAL COPIES	COE TUIC O	CHEDIII E AS NEE		
	Alla	AUN AUDI HUNAL GUPIES	3 CE 1 1113 3	OUTEDOLE NO NEE	. レビセ	

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITUR	ECATEGO	RIES 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 Printling 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Brandy Nicole Robinson			
4 Date	5 Payee name			
2-27-25	Brandy Nicole Robinson 5 Payee name Greater Sealy Area Gamber of	Commerce		
6 Amount (\$) \$ 1,325,00	7 Payee address;	City;	State; Zip Code	
Reimbursement from political contributions Intended			•	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions / Donations made by Candidate	(b) Description Live Auction/Ev	ent	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Data	Payer pame			
3-1-25	Bellville Lions Club			
Amount (\$) # 1,0 86.75 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by	Description		
OF EXPENDITURE	Candidate	Live Auction/Event		
TAL EMPHONE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Data	Payee name			
3 - 7 - 25	JCDA-Guardian Angel Catholic	hurch Bazaar	•	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by	Description	1. /r. L	
OF EXPENDITURE	candidate	Silent Av	action/Event	
Y-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I-I	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED)ED	

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/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 G:	2 FILER NAME Brandy Nicole Robinson	3 Filer ID (Ethics Commission Filers)				
4 Date 4-6-25	5 Payee name Bellville Lions Club					
6 Amount (\$) \$18.54 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions / Donations made by Candidate	(b) Description Event tick	ket			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check If Austin,	ustin, TX, officeholder living expense			
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 4-12-25	Payee name Cat Spring VFD					
Amount (\$) 50.00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions / Don ations made by Candidate	Description Even+/Ra-	ffle			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date 4 - 22 - 25	Payee name Bluebonnet Society of Austi	n County				
Amount (\$) 300 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions / Donations made by Candidate	Description Event tickets				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED			

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Total pages Schedule G: Brandy Nicole Robinson 5 Payee name Austin County Ag Extension Office 7 Payee address; 4 Date 6-12-25 Stata 7in Code 6 Amount (\$) City; #10.00 Relmbursement from ✓ political contributions ntended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense Parade Banner OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit CIOH Brandy Nicole Robinson Crim. Dist. Atty Crim. Dist. Atty. Payee name Date Bellville Lions Club 6-30-25 Amount (\$) Zip Code City; State, \$100 Reimbursement from political contributions intended Category (See Categories listed at the lop of this schedule) Contributions / Donations made Description PURPOSE Raffle OF by Candidate Office holder **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Amount (\$) Payee address; City; State; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedute) **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXP	ENDITURE CAT	EGORIES	FOR BOX 10	(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Fees Food/Beve By Glft/Award cal Committee Legal Serv	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services s how to complete this form.		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Brandy Nicole Re	'			3 F	ILER ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$	2,730,29		
5 CREDIT CARD ISSUER	Name of financial institut Amazon Visa	ion						
6 PAYMENT	(a) Amount Charged \$ 1, 325	(b) Date Expenditu 2 - 22 - 25	re Charged		lit Card Issuer Pa 5 - 2 <i>5</i>	sid		
7 PAYEE	(a) Payee name Great Area Chamber o Commerce	er Sealy	(b) Payee ad 301 Ma		city, Scaly	State, T×	Zip Code 77474	
8 PURPOSE OF EXPENDITURE Political	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations made by Candidate (b) Description Live Ancti				Event			
Non-Political				Check if Austin, TX,	istin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office Sought Office Held							
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged		(c) Date(s) Credit Card Issuer Paid					
	\$ 1,086.75	3-1-25		4-15	·····			
PAYEE	(a) Payee name Belluille Lions (Llub	(b) Payee ad Po Box 1011	dress;	City, Belluille	State,	774/8	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) Contributions / Ponations made by Candidate			(b) Description Live Auction / Event				
Non-Political				Check if Austin, TX	if Austin, TX, officeholder living expense			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
PAYMENT	(a) Amount Charged \$ 18.54	(b) Date Expendit			dit Card Issuer Pa 5 - 25	aid		
PAYEE	(a) Payee name Bellville Lions (-	(b) Payee ad		city, Bellui/le	State,	Zip Code 774/8	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations made by Candidate		dule)	(b) Description Event	ticket			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin,	TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Hel	1	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDEI)		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE	CATEGORIES	FOR BOX	10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memortals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politic	-,	/Memorials Expense ces	Printing E Salaries∧	xpense Wages/Contract L		out Of District nter a category	no(listed above)	
	Guide explains how to cor	mplete this form.		USE A NEW PA	AGE FOR EACH C	REDIT CARD	ISSUER	
1 TOTAL PAGES SCHEDULE F4:						3 FILER ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$ 2,	730, 2	9	
5 CREDIT CARD	Name of financial institution							
ISSUER	Amazon Visa							
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid							
	\$ 300.00	4-22-25			15-25			
7 PAYEE	(a) Payee name Bluebonnet Societ Austin Count	y of	(b) Payee add		Bellville	State, TX	Zip Code 77418	
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description				
EXPENDITURE	candidate	wation was	N.V	Event	t tickets			
▽ ; Political □ Non-Political		side of Texas. Complet	e Schedule T.		Check if Austin, TX, offi	ceholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issu			dit Card Issuer Paid				
	\$							
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description	1			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought		fice Sought	ht Office Held				
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	dit Card Issuer Paid			
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE . Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description	n			
Non-Political	(c) Check if travel ou	tside of Texas. Comple	te Schedule T.		Check if Austin, TX,	officeholder livi	ng expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held		
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE	E AS NEEDED			