

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2

2 CANDIDATE  
NAME

MS/MRS/MR

FIRST

MI

BRANDY

N.

NICKNAME

LAST

SUFFIX

ROBINSON

OFFICE USE ONLY

Filer ID #

Date Received

RECEIVED

FEB 20 2025

AUSTIN COUNTY  
ELECTIONS

Date Hand-Delivered or Postmarked

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Receipt #

Amount \$

Date Processed

5 OFFICE  
HELD  
(if any)

N/A

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

AUSTIN COUNTY CRIMINAL DISTRICT ATTORNEY

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

LISA

M.

TOBOLA

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

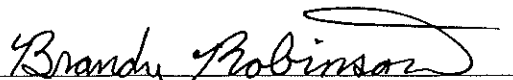
EXTENSION

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

2-12-2025

Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA**  
**PG 2**

**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  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**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](mailto: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**  
**PG 1**

1 CANDIDATE NAME <b>BRANDY ROBINSON</b>	2 FILER ID #	3 Total pages filed: <b>2</b>
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	<input checked="" type="radio"/> MS / MRS / MR	FIRST <b>BRANDY</b>	MI <b>N.</b>	OFFICE USE ONLY <b>RECEIVED</b> Date Received <b>JUL 09 2025</b> <b>AUSTIN CO. TAX ASSESSOR-COLLECTOR</b>	
	NICKNAME <b>ROBINSON</b>		LAST <b>ROBINSON</b>			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS <input checked="" type="radio"/> PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Date Hand-delivered or Postmarked
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$
7 OFFICE HELD (if any)	NEW	<b>CRIMINAL DISTRICT ATTORNEY</b>				Date Processed
8 OFFICE SOUGHT (if known)	NEW	<b>CRIMINAL DISTRICT ATTORNEY</b>				Date Imaged
9 CAMPAIGN TREASURER NAME	NEW	<input checked="" type="radio"/> MS / MRS / MR	FIRST <b>BRANDY</b>	MI <b>N.</b>	NICKNAME <b>ROBINSON</b>	LAST <b>ROBINSON</b>
10 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	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u><i>Brandy Robinson</i></u> Signature of Candidate</p> <p><u>07-09-2025</u> Date Signed</p>					

**GO TO PAGE 2**

**AMENDMENT:**  
**CANDIDATE MODIFIED REPORTING DECLARATION**

**FORM ACTA**  
**PG 2**

13 CANDIDATE  
NAME

14 MODIFIED  
REPORTING  
DECLARATION

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
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**•• 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  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**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](mailto:treasappoint@ethics.state.tx.us)  
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>12</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Brandy N	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>JUL 15 2025</b>   <b>AUSTIN COUNTY ELECTIONS</b> </div>		
	NICKNAME LAST SUFFIX Robinson			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Brandy N	Date Received		
	NICKNAME LAST SUFFIX Robinson	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year    Month Day Year 2 / 20 / 25    THROUGH    6 / 30 / 25			
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 3 / 26 <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (If any) Criminal District Attorney	13 OFFICE SOUGHT (If known) Criminal District Attorney		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

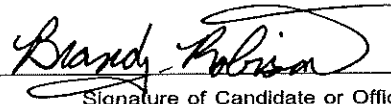
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Brandy Nicole Robinson		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	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 LAST DAY OF REPORTING PERIOD	\$ 26.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

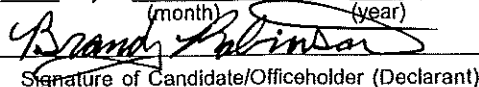
Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Brandy Robinson, and my date of birth is 07/27/1981.  
My address is 312 Brazos Oaks Court, Sealy, TX 77474, United States.  
(street) (city) (state) (zip code) (country)

Executed in Austin County, State of Texas, on the 15 day of July, 2025.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Brandy Nicole Robinson

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1. <input checked="" type="checkbox"/>	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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,730.29
9. <input checked="" type="checkbox"/>	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: <b>3</b>
2 FILER NAME <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-22-25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$1,325.00</b>
8 Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		9 Employer (See Instructions) <b>State of TX</b>
Date <b>3-1-25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$1,086.75</b>
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of TX</b>
Date <b>3-4-25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of Texas</b>
Date <b>3-7-25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$60.00</b>
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of TX</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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: <b>3</b>
2 FILER NAME <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-6-25</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Brandy Nicole Robinson</b>	7 Amount of contribution (\$) <b>\$18.54</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		9 Employer (See Instructions) <b>State of TX</b>
Date <b>4-12-25</b>	Full name of contributor out-of-state PAC (ID#: <b>Brandy Nicole Robinson</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of TX</b>
Date <b>4-22-25</b>	Full name of contributor out-of-state PAC (ID#: <b>Brandy Nicole Robinson</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of TX</b>
Date <b>6-12-25</b>	Full name of contributor out-of-state PAC (ID#: <b>Brandy Nicole Robinson</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of Texas</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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: <b>3</b>
2 FILER NAME <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-30-25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		9 Employer (See Instructions) <b>State of TX</b>
Date <b>2-20-25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$226.00</b>
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of TX</b>
Date <b>2-21-25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandy Nicole Robinson</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Criminal District Attorney</b>		Employer (See Instructions) <b>State of TX</b>
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**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/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-20-25</b>	5 Payee name <b>United States Postal Service</b>		
6 Amount (\$) <b>\$226.00</b> <input checked="" type="checkbox"/> 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) <b>Office Overhead/Rental Expense</b>		(b) Description <b>P.O. Box Rental</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held <b>Brandy Nicole Robinson</b> <b>Crim. Dist. Atty.</b> <b>Crim. Dist. Atty. (Asst.)</b>			
Date <b>2-21-25</b>	Payee name <b>Austin County State Bank</b>		
Amount (\$) <b>\$73.90</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Bank</b>		Description <b>Account / Checks</b>
	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 <b>Brandy Nicole Robinson</b> <b>Crim. Dist. Atty.</b> <b>Crim. Dist. Atty. (Asst.)</b>			
Date <b>3-4-25</b>	Payee name <b>Greater Sealy Area Chamber of Commerce</b>		
Amount (\$) <b>\$75.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribs / Donations made by Candidate</b>		Description <b>Silent Auction</b>
	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 NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-22-25</b>		5 Payee name <b>Greater Sealy Area Chamber of Commerce</b>			
6 Amount (\$) <b>\$ 1,325.00</b> <input checked="" type="checkbox"/> 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) <b>Contributions / Donations made by Candidate</b>		(b) Description <b>Live Auction / Event</b>		
	(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					
Date Payee name <b>3-1-25 Bellville Lions Club</b>					
Amount (\$) <b>\$ 1,086.75</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations made by Candidate</b>		Description <b>Live Auction / Event</b>		
	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/OH Candidate / Officeholder name Office sought Office held					
Date Payee name <b>3-7-25 JCDA-Guardian Angel Catholic Church Bazaar</b>					
Amount (\$) <b>\$ 60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations made by candidate</b>		Description <b>Silent Auction / Event</b>		
	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/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-6-25</b>	5 Payee name <b>Bellville Lions Club</b>		
6 Amount (\$) <b>\$18.54</b> <input checked="" type="checkbox"/> 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) <b>Contributions / Donations made by candidate</b>	(b) Description <b>Event ticket</b>	
	(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			
Date <b>4-12-25</b>	Payee name <b>Cat Spring VFD</b>		
Amount (\$) <b>\$50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations made by candidate</b>	Description <b>Event / Raffle</b>	
	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/OH Candidate / Officeholder name Office sought Office held			
Date <b>4-22-25</b>	Payee name <b>Bluebonnet Society of Austin County</b>		
Amount (\$) <b>\$300</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations made by candidate</b>	Description <b>Event tickets</b>	
	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/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <b>Brandy Nicole Robinson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6-12-25</b>		5 Payee name <b>Austin County Ag Extension Office</b>			
6 Amount (\$) <b>\$10.00</b> <input checked="" type="checkbox"/> 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) <b>Advertising Expense</b>		(b) Description <b>Parade Banner</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <b>Brandy Nicole Robinson</b>		Office sought <b>Crim. Dist. Atty.</b>		Office held <b>Crim. Dist. Atty.</b>	
Date <b>6-30-25</b>		Payee name <b>Bellville Lions Club</b>			
Amount (\$) <b>\$100</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations made by candidate / Officeholder</b>		Description <b>Raffle</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Brandy Nicole Robinson		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 2,730.29
5 CREDIT CARD ISSUER	Name of financial institution Amazon Visa		
6 PAYMENT	(a) Amount Charged \$1,325	(b) Date Expenditure Charged 2-22-25	(c) Date(s) Credit Card Issuer Paid 4-15-25
7 PAYEE	(a) Payee name Greater Sealy Area Chamber of Commerce	(b) Payee address; 309 Main St. Sealy TX 77474	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations made by Candidate (b) Description Live Auction/Event (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$1,086.75	(b) Date Expenditure Charged 3-1-25	(c) Date(s) Credit Card Issuer Paid 4-15-25
PAYEE	(a) Payee name Bellville Lions Club	(b) Payee address; P.O. Box 1011 Bellville TX 77418	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations made by Candidate (b) Description Live Auction/Event (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$18.54	(b) Date Expenditure Charged 4-6-25	(c) Date(s) Credit Card Issuer Paid 5-15-25
PAYEE	(a) Payee name Bellville Lions Club	(b) Payee address; P.O. Box 1011 Bellville TX 77418	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations made by Candidate (b) Description Event ticket (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Brandy Nicole Robinson		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 2,730.29
5 CREDIT CARD ISSUER	Name of financial institution Amazon Visa		
6 PAYMENT	(a) Amount Charged \$ 300.00	(b) Date Expenditure Charged 4-22-25	(c) Date(s) Credit Card Issuer Paid 6-15-25
7 PAYEE	(a) Payee name Bluebonnet Society of Austin County	(b) Payee address; P.O. Box 92	City, State, Zip Code Bellville TX 77418
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contribution/donation made by candidate		(b) Description Event tickets
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <span style="float:right">Office Sought</span> <span style="float:right">Office Held</span>		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <span style="float:right">Office Sought</span> <span style="float:right">Office Held</span>		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <span style="float:right">Office Sought</span> <span style="float:right">Office Held</span>		

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