CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed. The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE! MS / MRS MR FIRST MI OFFICE USE ONLY OFFICEHOLDER Ms. Nedra NAME Date Received NICKNAME LAST Robinson 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #. CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING ADDRESS Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS : MR FIRST TREASURER Ryan Date Processed NAME NICKNAME LAST Date Imaged Ray 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; ZIP CODE TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year COVERED 4 6 23 2 1 23 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Other Description Primary Runoff Month Day Year

12 OFFICE

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

■ General

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

× 6

OFFICE HELD (if any)

COMMITTEE TYPE

GENERAL

SPECIFIC

23

Crowley ISD Trustee Place 1

COMMITTEE NAME

COMMITTEE ADDRESS

Special

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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

13 OFFICE SOUGHT (if known)

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Nedra Robinson 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 4,110,00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS TOTAL POLITICAL EXPENDITURES** 4,593.92 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE 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_ _, 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 (2) Unsworn Declaration My name is Ryan Ray and my date of birth is 01/12/1983My address is 204 E. Main St, Suite B Crowley 76036 USA (street) (city) (state) (zip code) (country) Executed in Tarrant County, State of Texas on the 6th ₂₀23 gay of April

Signature of Candidate/Officeholder (Declarant)

If the reque	sted information is not applicable, DO NOT include this page in the	e report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;		
² FILER NAME Nedra Ro		3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor out-of-state PAC (ID#:) Nedra Robinson	7 Amount of contribution (\$)		
02/01/2023	6 Contributor address; City; State; Zip Code Fort Worth, Texas 76123	25.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:) Daryl Davis	Amount of contribution (\$)		
02/01/2023	Contributor address; City; State; Zip Code Fort Worth, Texas 76123	100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
02/01/2023	Mario X Perez Contributor address; City; State; Zip Code Fort Worth, Texas 76110	250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:) Jason Smith	Amount of contribution (\$)		
02/04/2023	Contributor address; City; State; Zip Code	500.00		
Fort Worth, Texas 76104 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		

SCHEDULE A1

If the reque	sted 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
² FILER NAME Nedra Ro	binson	3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2023	5 Full name of contributor out-of-state PAC (ID#:) Roderick Miles 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76123	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 02/16/2023	Full name of contributor out-of-state PAC (ID#:) Keith Marshall Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Fort Worth, Texas 76140	2
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Kenneth Sanders	Amount of contribution (\$)
02/20/2023	Contributor address; City; State; Zip Code Arlingtong, Texas 76002	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Vincent Adams	Amount of contribution (\$)
02/22/2023	Contributor address; City; State; Zip Code Fort Worth, Texas 76132	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

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

If the reques	sted 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:
² FILER NAME Nedra Ro	binson	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2023	5 Full name of contributor out-of-state PAC (ID#:) Kelly Allen Gray 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76111	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date 02/25/2023	Full name of contributor out-of-state PAC (ID#) Joy D Contributor address; City; State; Zip Code Fort Worth, Texas 76133	Amount of contribution (\$) 25.00
Principal occup	Employer (See Instructions) Employer (See Instructions)	ions)
Date 02/26/2023	Nedra Robinson Contributor address; City; State; Zip Code Fort Worth, Texas 76123	Amount of contribution (\$) 5.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Ryan Ray	Amount of contribution (\$)
03/08/2023	Contributor address; City; State; Zip Code Crowley, Texas 76036	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL CODIES OF THE COLUMN 5 ACAD	EEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional i	

If the reque	sted 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
² FILER NAME Nedra Ro	binson	3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2023	5 Full name of contributor out-of-state PAC (ID#:) Thaddeus Raven 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76177	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:) Wendy Jones	Amount of contribution (\$)
	Fort Worth, Texas 76112	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Elijah Strong	Amount of contribution (\$)
03/17/2023	Contributor address; City; State; Zip Code Fort Worth, Texas 76112	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	cions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/21/2023	Jennifer Grassia Contributor address; City: State; Zip Code Fort Worth, Texas 76132	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

If the reque	sted 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:
² FILER NAME Nedra Ro		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Glenn Lewis	7 Amount of contribution (\$)
03/23/2023	6 Contributor address; City; State; Zip Code Fort Worth, Texas 76112	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Tequila Lockridge	Amount of contribution (\$)
03/23/2023	Contributor address; City; State; Zip Code Burleson, Texas 76028	100.00
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
T Thicipal occup	zation, 900 title (Gee institutions)	and the same of th
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/23/2023	Edmond Moss Contributor address; City; State; Zip Code Fort Worth, Texas 76112	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/24/2023	Crystal Gayden Contributor address; City; State; Zip Code	250.00
	Fort Worth, Texas 76137	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

If the reque	sted 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
² FILER NAME Nedra Ro		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Lorene Collier	7 Amount of contribution (\$)
03/27/2023	6 Contributor address; City; State; Zip Code Crowley, Texas 76036	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Adrian Gray	Amount of contribution (\$)
03/27/2023	Contributor address; City; State; Zip Code Grand Prairie, Texas 75052	35.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/30/2023	Dr. Mia Hall Contributor address; City; State; Zip Code Fort Worth, Texas 76123	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	xtions)
Date	Full name of contributor out-of-state PAC (ID#:) Pro Public Education LLC	Amount of contribution (\$)
03/30/2023	Contributor address; City; State; Zip Code Fort Worth, Texas	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	Ÿ1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

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

SCHEDULE A1

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

in the requestion information to the applicable, Be the rimolade this page in the report					
The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1	
² FILER NAME Nedra Ro	binson			3 Filer ID (Ethics Commission Filers)	
4 Date 04/01/2023	Annette Parks 01/2023 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 50.00		
	Fort Worth, Tex	xas	p = 9		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date 04/01/2023	Full name of contributor Al Piper Contributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$)	
	Fort Worth, Tex	xas		_0.00	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date 04/01/2023	Full name of contributor Michael Campbell Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)	
	Fort Worth, Texas		200.00		
Principal occup	ation / Job title (See Instructions)	-	Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
04/01/2023	l		State; Zip Code	50.00	
Principal occup	Fort Worth, Texastal Fort Wort	xas	Employer (See Instruc	tions)	
^	185	2			
	ATTACH ADDITIO		OF THIS SCHEDULE AS N		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ny not listeu above)
1 Total pages Schedule F1	2 FILER NAME Nedra Robinson	3 Filer ID (Ethics Commission Filers)		
4 Date 02/11/2023	5 Payee name VistaPrint			
6 Amount (\$) 165.40	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Literarture		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct				Office held
Date	Payee name			
02/20/2023	Williams Sign Company			
Amount (\$)	Payee address;	City;	State;	Zip Code
378.88				
	Category (See Categories listed at the top of this schedule)	Description	7	
PURPOSE OF EXPENDITURE	Printing Expense	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/21/2023	Rich Girl Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
84.74				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, 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 NE	EDED	

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, and make a parties of the larger	Vages/Contract Labor	Travel Out Of District Other (enter a categor	
1 Total pages Schedule F1;	2 FILER NAME Nedra Robinson		3 Filer ID (Ethics	Commission Filers)
4 Date 02/24/2023	5 Payee name VistaPrint			
6 Amount (\$) 756.90	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Literarture		1
9 Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check if Austi Office sought	in, TX, officeholder living	expense Office held
Date 02/26/2023	Payee name Amazon			
Amount (\$) 124.66	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	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 02/27/2023	Payee name Dynamic Screen Printing, Inc.	N.		
Amount (\$) 282.17	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Я	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Mernorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officerolder/Political Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1	2 FILER NAME Nedra Robinson		3 Filer ID (Ethics	Commission Filers)
4 Date 03/01/2023	5 Payee name Williams Sing Company			
6 Amount (\$) 568.31	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		in. TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/01/2023	Four Love, LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
276.00				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/06/2023	Domino's Pizza			
Amount (\$)	Payee address;	City;	State;	Zip Code
70.00	2			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description		
*	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NE	EDED	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor	Other (enter a category not listed above)
		ompiete this form.	
1 Total pages Schedule F1:	Nedra Robinson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	111	
03/07/2023	AMM Political Strategies		
544.04	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Polling Expense		
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/08/2023	Jumbo Property Management LLC		6
Amount (\$)	Payee address;	City;	State; Zip Code
346.80			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/11/2023	FedEx Office		
Amount (\$)	Payee address;	City;	State; Zip Code
55.35			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	:DED

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polining Expense Salaries/Wanes/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a categor	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Nedra Robinson		3 Filer ID (Ethics	Commission Filers)
4 Date 03/11/2023	5 Payee name Momento Graphics			
6 Amount (\$) 86.60	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 03/13/2023	Payee name Star Donut			
Amount (\$) 33.51	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 03/22/2023	Payee name One Stop Printing, Inc.			
Amount (\$) 65.35	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description		п
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Nedra Robinson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	= -	
03/23/2023	Boo-Rays of Crowley		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
507.91			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Event Expense		
OF EXPENDITURE			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, 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		
03/23/2023	Dynamic Screen Printing, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
89.13			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Printing Expense		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
157.17			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Credit Card Processing Fees		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			