

# 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>3 CANDIDATE / OFFICEHOLDER NAME</b>		MS / MRS / MR <b>Ms.</b>	FIRST <b>Brandy</b>	MI <b>N.</b>	<b>OFFICE USE ONLY</b>	
		NICKNAME	LAST <b>Robinson</b>	SUFFIX	Date Received <b>RECEIVED</b> <b>JAN 14 2026</b> <b>AUSTIN COUNTY ELECTIONS</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>		ADDRESS / PO BOX; <b>P.O. Box 214</b>		APT / SUITE #;	CITY; <b>Bellville, TX</b>	STATE; <b>TX</b>
		ZIP CODE <b>77418</b>				
<input type="checkbox"/> Change of Address						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>		AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>877-9390</b>	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR <b>Ms.</b>	FIRST <b>Brandy</b>	MI <b>N.</b>	Date Hand-delivered or Date Postmarked	
		NICKNAME	LAST <b>Robinson</b>	SUFFIX	Receipt # Amount \$	
		Date Processed				
		Date Imaged				
<b>7 CAMPAIGN TREASURER ADDRESS</b>		STREET ADDRESS (NO PO BOX PLEASE); <b>312 Brazos Oaks Ct.</b>		APT / SUITE #;	CITY; <b>Sealy</b>	STATE; <b>TX</b>
(Residence or Business)		ZIP CODE <b>77418</b>				
<b>CAMPAIGN TREASURER PHONE</b>		AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>877-9390</b>	EXTENSION		
<b>9 REPORT TYPE</b>		<input checked="" 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 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)				
<b>10 PERIOD COVERED</b>		Month Day Year <b>07 / 01 / 2025</b>		THROUGH Month Day Year <b>12 / 31 / 2025</b>		
<b>11 ELECTION</b>		ELECTION DATE Month Day Year <b>03 / 03 / 2026</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>		OFFICE HELD (if any) <b>Criminal District Attorney</b>		<b>13 OFFICE SOUGHT (if known)</b> <b>AUSTIN CO. CRIM. DISTRICT ATTORNEY</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>		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.				
		COMMITTEE TYPE	COMMITTEE NAME			
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS				
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

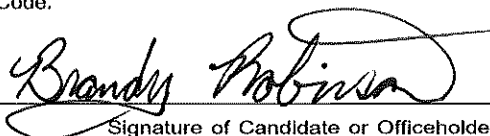
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

5 C/OH NAME Brandy N. 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)	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,219.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,561.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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 N. Robinson, and my date of birth is 07/27/1981

My address is 312 Brazos Oaks Ct., Sealy TX 77474 USA  
(street) (city) (state) (zip code) (country)

Executed in Austin County, State of Texas, on the 14 day of January, 2026  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

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

Brandy N. 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	\$ 8,300.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,219.66
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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:
2 FILER NAME Brandy N. Robinson		3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy N. Robinson	7 Amount of contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code 312 Brazos Oaks Ct. Sealy TX, 77474		
8 Principal occupation / Job title (See Instructions) Criminal District Attorney		9 Employer (See Instructions) Austin Co. / State of Texas
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy N. Robinson	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 312 Brazos Oaks Ct. Sealy TX, 77474		
Principal occupation / Job title (See Instructions) Criminal District Attorney		Employer (See Instructions) Austin Co. / State of Texas
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy N. Robinson	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 312 Brazos Oaks Ct. Sealy TX, 77474		
Principal occupation / Job title (See Instructions) Criminal District Attorney		Employer (See Instructions) Austin Co. / State of Texas
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy N. Robinson	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 312 Brazos Oaks Ct. Sealy TX, 77474		
Principal occupation / Job title (See Instructions) Criminal District Attorney		Employer (See Instructions) Austin Co. / State of Texas

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: 5	2 FILER NAME Brandy N. Robinson	3 Filer ID (Ethics Commission Filers)
4 Date 07/04/2025	5 Payee name Kenney Agricultural Society Hall	
6 Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 444 Kenney Hall Rd <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Bellville TX, 77418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description 4th of July BBQ Tickets
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney
Date 07/12/2025	Payee name Kenney Agricultural Society Hall	
Amount (\$) \$450.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 444 Kenney Hall Rd <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Bellville TX, 77418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by Officeholder	Description Live Auction
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney
Date 07/23/2025	Payee name Bellville FFA Alumni	
Amount (\$) \$700.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; P.O. Box 24 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Bellville TX, 77418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by Officeholder	Description Team Event Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney

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.

<b>1</b> Total pages Schedule G: 5	<b>2</b> FILER NAME Brandy N. Robinson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/15/2025	<b>5</b> Payee name Austin County Printing	
<b>6</b> Amount (\$) \$87.95 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 6 N. Kenney St. Bellville TX, 77418 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Campaign Push Cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney
<b>Date</b> 08/15/2025	<b>Payee name</b> Bellville Volunteer Fire Department	
<b>Amount (\$)</b> \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 511 W. Main St. Bellville TX, 77418 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation by Officeholder	<b>Description</b> Charity Raffle Tickets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney
<b>Date</b> 08/15/2025	<b>Payee name</b> Bellville Volunteer Fire Department	
<b>Amount (\$)</b> \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 511 W. Main St. Bellville TX, 77418 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation by Officeholder	<b>Description</b> Live Auction
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney

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# 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: 5	2 FILER NAME Brandy N. Robinson	3 Filer ID (Ethics Commission Filers)
4 Date 09/06/2025	5 Payee name Raising Academic Performance	
6 Amount (\$) \$175.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P.O. Box 353 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Bellville TX, 77418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Sporting Clay Event Tickets
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney
Date 09/06/2025	Payee name Raising Academic Performance	
Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; P.O. Box 353 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Bellville TX, 77418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by Officeholder	Description Event Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney
Date 09/22/2025	Payee name Bellville Chamber of Commerce	
Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 742 W. Main St. <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Bellville TX, 77418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Chamber Banquet Tickets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brandy N. Robinson	Office sought Crim. Dist. Attorney
		Office held Crim. Dist. Attorney

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# 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: 5	2 FILER NAME Brandy N. Robinson	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2025	5 Payee name CustomInk LLC.	
6 Amount (\$) \$348.39 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 719439 Philadelphia PA, 19171 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Shirts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Brandy N. Robinson Crim. Dist. Attorney Crim. Dist. Attorney	
Date 09/29/2025	Payee name CustomInk LLC.	
Amount (\$) \$450.21 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 719439 Philadelphia PA, 19171 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Brandy N. Robinson Crim. Dist. Attorney Crim. Dist. Attorney	
Date 10/08/2025	Payee name Austin County Printing	
Amount (\$) \$433.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6 N. Kenney St. Bellville TX, 77418 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Brandy N. Robinson Crim. Dist. Attorney Crim. Dist. Attorney	

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# 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.

<b>1</b> Total pages Schedule G: <b>5</b>	<b>2</b> FILER NAME <b>Brandy N. Robinson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/05/2025</b>	<b>5</b> Payee name <b>Austin County Republican Party</b>	
<b>6</b> Amount (\$) <b>\$1,250.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>856 W. Main St. Bellville TX, 77418</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Candidate Filing Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Brandy N. Robinson</b> <b>Crim. Dist. Attorney</b> <b>Crim. Dist. Attorney</b>	
Date <b>11/10/2025</b>	Payee name <b>Maribel Cruz</b>	
Amount (\$) <b>\$221.06</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>265 N. Chesley (work address) Bellville TX, 77418</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Reimbursement</b>	Description <b>Reimbursement for Parade Supplies</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 N. Robinson</b> <b>Crim. Dist. Attorney</b> <b>Crim. Dist. Attorney</b>	
Date <b>10/10/2025</b>	Payee name <b>Paramount Promotions</b>	
Amount (\$) <b>\$1,024.05</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>227 Main St. Sealy TX, 77474</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Banners for Parade Float</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 N. Robinson</b> <b>Crim. Dist. Attorney</b> <b>Crim. Dist. Attorney</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

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

## 5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name	Filer ID #
Brandy N. Robinson	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the C/OH Finance report due on January 15, 2026.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

#### (1) Affidavit

\_\_\_\_\_  
Signature of Filer

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 N. Robinson, and my date of birth is 07/27/1981.

My address is 312 Brazos Oaks Ct., Sealy, TX, 77474, USA.  
(street) (city) (state) (zip code) (country)

Executed in Austin County, State of Texas, on the 14th day of January, 2026.  
(month) (year)

Brandy Robinson  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**