JUDICIAL	CANDIE SN FINAN	OATE / OFFICE REPORT	CEHOLDER		ORM JC/OH SHEET PG 1
The JC/OH Instruction	n Guide explains he	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	led
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFIC	E USE ONLY
	NICKNAME "Danr	Daniel IAST Roble	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	C APT / SUITE #; (CITY, STATE; ZIP CODE	GITY GLEI 2021 JAN	RK DEPT 15 AM8:09
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NI MARER	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MRS.	FIRST	MITTER	Receipt #	Amount \$
	NICKNAME	Mary LAST Robledo	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	IITE#; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January July 15	30th day before elec	tion Exceeded Modified	treasurer a (Officehok	fter campaign ppointment for Only)
10 PERIOD COVERED	Month 08	Day Year 2020	Reporting Limit Month 01 THROUGH	Day You 15 / 20	,
11 ELECTION	Month Day	Year Primary	Runoff Other Description		
12 OFFICE	OFFICE HELD (Farry) Judge Munic	ipal Court Number I	13 OFFICE SOUGHT (Fixnown) Judge Municipal	Court Numb	er Five
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE CANDIDATE / OFFICEHOL CANDIDATES AND OFFICE COMMITTEE TYPE	OF POLITICAL CONTRIBUTIONS AC DER. THESE EXPENDITURES MAY MA EHOLDERS ARE REQUIRED TO REPO COMMITTEE NAME	CEPTED OR POLITICAL EXPENDITURES MADE VE BEEN MADE WITHOUT THE CANDIDATE'S O RT THIS INFORMATION ONLY IF THEY RECEIVE	BY POLITICAL COMMIT	TTEES TO SUPPORT THE
Additional Pages	GENERAL	COMMITTEE ADDRESS			
1	SPÉCIFIC	COMMITTEE CAMPAIGN TREASU			
		GO TO P	AGE 2		
orms provided by Texas Et	nics Commission	www.ethics.s	state.tx.us		Revised 11/4/2020

CAMPAIGN	ANDIDATE / OF	(1		COVER	SHEET PO
5 JC/OH NAME Daniel "Danny" Robledo			10	5 Filer ID (Ethics Co	ommission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GI CONTRIBUTIONS MADE EL	ITICAL CONTRIBUTIONS (OTF UARANTÉES OF LOANS, OR ECTRONICALLY)	IER THAN	\$	0
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES	ITRIBUTIONS , LOANS, OR GUARANTEES OF	LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE		\$	0
	4. TOTAL POLITICAL EXP	ENDITURES		\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	IBUTIONS MAINTAINED AS O	F THE LAST D	4Y \$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPORT	IT OF ALL OUTSTANDING LOA	NS AS OF THE	\$	0
		Signal	ture of Candid	date/Officeholde	r
	Please co	Signal Signal mplete either option			r
) Affidavit	Please co			CITY CL	ERK DEPT N 15 AM8:09
) Affidavit NOTARY STAMP / SEAL	Please co			CITY CL	ERK DEPT
NOTARY STAMP / SEAL	ore me by	mplete either optio	n below:	CITY CL 2021 JA	ERK DEPT
NOTARY STAMP / SEAL		mplete either optio	n below:	CITY CL 2021 JA	ERK DEPT N 15 AM8:09
NOTARY STAMP / SEAL vorn to and subscribed be	ore me byich, witness my hand and seal of offic	mplete either optio	n below:	CITY CL 2021 JA day of	ERK DEPT N 15 AM8:09
NOTARY STAMP / SEAL worn to and subscribed be, to certify w mature of officer administering	ore me byich, witness my hand and seal of office	mplete either optio	n below:	CITY CL 2021 JA day of	ERK DEPT N 15 AM8:09
NOTARY STAMP / SEAL vorn to and subscribed be, to certify we hature of officer administering	ore me byich, witness my hand and seal of office	mplete either optio	n below:	CITY CL 2021 JA day of	ERK DEPT N 15 AM8:09
NOTARY STAMP / SEAL rom to and subscribed be, to certify we mature of officer administering Unsworn Declaration	ore me byich, witness my hand and seal of office	mplete either optio	this the	GITY GL 2021 JA day of	ERK DEPT N 15 AM8:09
NOTARY STAMP / SEAL vorm to and subscribed be, to certify w mature of officer administerin Unsworn Declaration name is	ore me byich, witness my hand and seal of office oath Printed name of	mplete either optionce.	this the	CITY CL 2021 JA day of Title of office	ERK DEPT N 15 AM8:09
worn to and subscribed be	ore me by	mplete either optio	this the	GITY CL 2021 JA day of	ERK DEPT N 15 AM8:09 er administering oat USA (country)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME Daniel "Danny" Robledo 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	5
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	5
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s

NONE

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

	The Instruction Guide explains h	ow to complete this	s form.	1 Total pages Schedule A(J)1:
FILER NAME Daniel "Da	nny" Robledo			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	ul-of-state PAC	3 10#)	7 Amount of contribution (\$)
				None
	6 Contributor address;	City;	State; Zip Code	
Contributor's p	rincipal occupation		9 Contributor's job title	_
Contributor's	employer/law firm		11 Law firm of contributor's	spouse (if any)
If contributor i	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PA	C (D#)	Amount of contribution (\$)
	Contributor address;	City,	State; Zip Code	
Contributor's	principal occupation		Contributor's job title	
Contributor's	employer/ław firm		Law firm of contributor	s spouse (If any)
If contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	Out-of-state PA	C ID#)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Contributor's	principal occupation		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if	(any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requ	ested information is not applicable, DO NOT include	le this page	in the report.
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
² FILER NAME Daniel "D	≡ anny" Robledo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)		8 Amount of 9 In-kind contribution Contribution 5 I description
	7 Contributor address; City; State;	Zip Code	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
Date	Full name of contributor out-of-state PAC (IO#: Contributor address; City; State;	Zip Code	Amount of In-kind contribution Contribution \$ description
			Check if travel outside of Texas Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job litle (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fim	n of contributor's spouse (if any) (FOR JUDICIAL)
if contributor	r Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı	SV SV
			4 20
	None	83	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHED	ULE AS NEEDED dditional reporting requirements.

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PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B(J) If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B(J): The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) Daniel "Danny" Robledo \$ None 4 TOTAL OF UNITEMIZED PLEDGES ut-of-state PAC (ID#: 6 Full name of pledgor 9 In-kind contribution 8 Amount 5 Date description of Pledge \$ 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Pledgor's job title 10 Pledgor's principal occupation 13 Law firm of pledgor's spouse (if any) 12 Pledgor's employer/law firm 14 If pledgor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#:_ Full name of pledgor Amount In-kind contribution Date of Pledge \$ description City; State: Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Piedgor's job title Pledgor's principal occupation Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) Out-of-state PAC (ID#: Full name of pledgor Amount In-kind contribution Date of Pledge \$ description City; Pledgor address; State: Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor's Job title Pledgor's principal occupation Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E(J)

If the requested	information is not applicabl	le, DO NOT in	clude this p	age in the re	port.
The In	struction Guide explains how to	o complete this	form.		1 Total pages Schedule E(J):
² FILER NAME Daniel "Danny	" Robledo				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNIT	TEMIZED LOANS				\$ None
5 Date of loan	7 Name of lender	Out-of-state PAC	(ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; C	City;	State;	Zip Code	10 Interest rate
Y N				-	11 Maturity date
12 Lender's Principal C	Occupation		13 Lender's J	lob Titte	
14 Lender's Employer/	Law Firm		15 Law Firm	of lender's spous	se (if any)
16 If lender is a child, la	aw firm of parent(s) (if any)		•		
17 Description of Collar	teral	And a first of	18	Check if person account (See Ins	al funds were deposited into political structions)
19 GUARANTOR INFORMATION	20 Name of guarantor			a-general and the second	22 Amount Guaranteed (\$)
	21 Guarantor address; C	City;	State;	Zip Code	
not applicable					
23 Guarantor's Principa	al Occupation		24 Guaranto	r's Job Title	
25 Guarantor's Employ	er/Law Firm		26 Law Firm	of guarantor's sp	oouse (if any)
27 If guarantor is a chil	d, law firm of parent(s) (if any)	10.000			
		None			
I	ATTACH ADDITIO				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Benking
Consulting Expense
Contributions/Conations Made By
Candidata/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense)

Total pages Schedule F1:	2 FILER NAME Daniel "Danny" Robledo	3 Filer ID (Ethics Commission Filers)		
Date	5 Payee name			
Amount (\$)	7 Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule) None	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Scheduls T.	Check If Au	istin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name		1	
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Callegory (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Constitutes/Defaultion/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Leoal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel (in District
Travel Out Of District
Office (select expense and listed along a)

Candidate/Officeholder/Politics		Selaries/Wages/Contract Labor	Other (entera category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F2;	2 FILER NAME Daniel "Danny" Robledo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGA	ATIONS	s None
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this s	chedule) (b) Description	
	(C) Check if travel outside of Texas Complete Sch	neduleT. Check if Aus	tin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	97 97 7 9 9 19 19 19 19 19 19 19 19 19 19 19 19	A CONTRACTOR OF THE CONTRACTOR
Amount (\$)	Payee address;	City,	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check If A	kustin, TX, officaholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAM	€ Daniel "Danny" Robledo	3 Filer ID (Ethics Commission Filers)
4 Date	None None Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	Clty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDI	ULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidats/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Renta/Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenso
Travel In District
Travel Out Of District
Other (note: a cottopery not listert above)

Contributions/Donations Made By Candidate/Officeholder/Politica	
	The instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME Daniel "Danny" Robledo 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ None
5 Date	6 Payee name
7 Amount (5)	8 Payee address; City, State, Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	(C) Check if travel outside of Texas. Complete Schedule T
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Рауев пате
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>QNLY</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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entre a release on not listed shows)

Credit Card Payment		The Instruction Guide explains how to co	mplete this	s form.		
i Total pages Schedule G:	2 FILER NA	ме Daniel "Danny" Robledo			3 Filer ID (Ethics Co	mmission Filers)
\$ Date	5 Payee na	None None		-		
Amount (\$)	7 Payee ac	ldress:		City,	State;	Zip Code
Reimbursement from political contributions intended					_	_
PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this schedule)	(b) De	scription		
	(c)	Check if traivel outside of Texas. Complete Schedule T.		Check if Austin	s, TX, officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeholder name	Office s	sought		Office held
Date	Payee n	imė				
Amount (\$)	Payee a	ddress,		City;	State,	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF	Cate	OTY (See Categories listed at the top of this schedule)	De	escription		
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.		☐ Check if Ausi	tin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office			Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State,	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Cate	OTY (See Categories listed at the top of this schedule)	De	escription		
		Check if travel outside of Texas, Complete Schedule T.		Check if Aus	tin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholder name	Office	sought		Office held
	ATT	ACH ADDITIONAL COPIES OF THIS	SCHED	ULE AS NEI	EDED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A **BUSINESS OF C/OH**

SCHEDULE H

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

Event Expense

Loan Repayment/Reimburgement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

		Travel In District Travel Out Of District Other (enter a category not listed above)
The Instruction Gui	ide explains how to complete this form.	
2 FILER NAME Daniel "Dar	nny" Robledo	3 Filer ID (Ethics Commission Filers)
5 Business name	e	
		District To Code
publics address,	City.	State; Zip Code
(a) Category (See Categories listed at the	the top of this schedule) (b) Description	
(c) Check if travel outside of Texas	as, Complete Schedule T, Chack if A	Austin, TX, officeholder living expense
	me Office sought	Office held
Business name		
Business address;	City,	State, Zip Code
Category (See Categories listed at I	the top of this achedule) Description	
Check if travel outside of Tex	cas. Complete Schedule T. Check if	Austin, TX, officeholder living expense
	me Office sought	Office held
Business name		-
Business address;	City;	State; Zip Code
Category (See Categories listed at	the lop of this schedule) Description	
Check if travel outside of Tex	xas. Complete Schedule T; Check if	Austin, TX, afficeholder living expense
Candidate / Officeholder nar	me Office sought	Office held
	The Instruction Gu 2 FILER NAME Daniel "Dan 5 Business name Non 7 Business address; (a) Category (See Categories listed at the Candidate / Officeholder name Business name Business address; Category (See Categories listed at the Category (See Ca	The Instruction Guide explains how to complete this form. 2 FILER NAME Daniel "Danny" Robledo 5 Business name None 7 Business address; City; (a) Category (See Categories listed at the top of this schedule) (b) Dascription (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Business name Business address; City, Category (See Categories Sided at the top of this schedule) Description Category (See Categories Sided at the top of this schedule) Category (See Categories Sided at the top of this schedule) Candidate / Officeholder name Office sought Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Check if travel outside of Texas. Complete Schedule T. Category (See Categories Sided at the top of this schedule) Description Check if Category (See Categories Sided at the top of this schedule) Category (See Categories Sided at the top of this schedule) Category (See Categories Sided at the top of this schedule) Category (See Categories Sided at the top of this schedule) Category (See Categories Sided at the top of this schedule) Category (See Categories Sided at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Check if travel outside of Texas. Complete Schedule T. Check if Check if travel outside of Texas. Complete Schedule T. Check if Check if Texas. Complete Schedu

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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

The Instruction Guide explains how to complete this form.								
Total pages Schedule I:	2 FILER NAME Daniel "Danny" Robledo)	3 Filer ID	(Ethics Con	mission Filers)			
4 Date	5 Payee name None		<u> </u>					
5 Amount (\$)	7 Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See 6 required.)	nstructions regardis	g type of inform	ation			
Date	Раусе пате							
Amount (\$)	Payee address;	City		State	ZIp Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i	nstructions regarding	type of informa	lion			
Date	Payee name				•			
Amount (\$)	Payee address,	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of informa	tion			
Dale	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (5ee required.)	Description (See instructions regarding type of information required.)					
4-4	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS N	EEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND

SCHEDULE K CONTRIBUTIONS RETURNED TO FILER If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME Daniel "Danny" Robledo 3 Filer ID (Ethics Commission Filers) 4 Date 8 5 Name of person from whom amount is received Amount (\$) None 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Amount (\$) Name of person from whom amount is received Address of person from whom amount is received: City: State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Amount (\$) Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 11/4/2020

	DING LOANS Information is not applicable, DO NOT include the	s page in the re	port.	HEDULE		
Th	e Instruction Guide explains how to complete this form.	1	1 Total pages Schedule 1.:			
FILER NAME Daniel "Danny" Robledo		3	3 Filer ID (Ethics Commission Fi			
LENDER INFORMATION	4 Name of lender					
	5 Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	6 Name of guarantor					
not applicable	7 Guarantor address;	City;	State,	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor			25057		
not applicable	Guarantor address;	City;	State;	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	Stale;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address;	City;	State;	Zip Code		
LENDER INFORMATION	Name of lender	A STATE OF THE STA	21	gen		
	Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor			oje:		
not applicable	Guarantor address;	City;	State;	Zip Code		

ASSETS PURCHASEDWITH CONTRIBUTIONS SCHEDULE M If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule M: The Instruction Guide explains when and how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Daniel "Danny" Robledo 4 Description of Asset None Description of Asset ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

FOR TRAVE	LOUTS	DE O	FTEXAS			CHEDULE T		
If the requested in	formation is	not app	licable, DO NOT ir	clude this page i	n the report.			
The inst	ruction Guide	1 Total pages Schedule T:						
2 FILER NAME Danie	l "Danny"	Robled	do	-, -	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / C	Corporation or	Labor Org	ganization / Pledge or None	/ Payee				
5 Contribution / Expendit	ture reported o	n:						
Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
6 Dates of travel	7 Name of p	erson(s) t	raveling					
	8 Departure	city or na	me of departure locati	on				
}	9 Destinatio	n city or n	ame of destination loc	ation				
10 Means of transportati	on	11 Purpor	se of travel (including	name of conference, s	seminar, or other event)			
Name of Contributor /	/ Corporation o	or Labor O	rganization / Pledgor	/ Payee				
						<u> </u>		
Contribution / Expend	titure reported	on:						
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name of	person(s)	traveling					
	Departur	e city or n	ame of departure loca	tion				
	Destinati	on city or	name of destination lo	cation				
Means of transportat	tion	Purpo	ese of travel (including	name of conference,	seminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	/ Payee				
Contribution / Expend	liture reported	on:						
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name of	person(s)) traveling	Proposed School and Commission Co				
	Departu	re city or n	name of departure loca	ition				
	Destinat	ion city or	name of destination lo	ocation				
Means of transporta	tion	Purpo	ose of travel (including	name of conference,	seminar, or other event)			
	AT	TACH AD	DITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

DLS	IGNATION OF THALKLEON	FORM CIOH - FK
	The Instruction Guide explains how to complete	this form.
	•• Complete only if "Report Type" on page 1 is marked	"Final Report" ••
1 C/OH N	AME Daniel "Danny" Robledo	2 Filer ID (Ethics Commission Filers)
3 SIGNA	TURE	
designa	expect any further political contributions or political expenditures in connection wi ting a report as a final report terminales my campaign treasurer appointment. I also gn contributions or make any campaign expenditures without a campaign treasure	so understand that I may not accept any
	WHO IS NOT AN OFFICEHOLDER slete A & B below <i>only</i> if you are not an officeholder. ↔	The state of the s
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or income earner	ed from political contributions.
	I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements.	come earned on political contributions to contributions and that I may not retain contributions longer than six years after political contributions and unexpended
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest or other in	come from political contributions.
	I do retain assets purchased with political contributions or interest or other incontrat I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other incontractions.	other income from political contributions to
		Signature of Candidate
	EHOLDER olete this section only if you are an officeholder ••	7-45K
	I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribut an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ions if, after filing the last required report as