

By: Stephanie Gandy

APPLICATION FOR A PLACE ON THE May 9, 2015 GENERAL ELECTION BALLOT

TO: Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>City Council Ward 4</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
---	--

FULL NAME (First, Middle, Last) <u>Robin Lynne Mouton</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>Robin Donatta Mouton</u>
--	--

PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>3390 Del Place</u>	MAILING ADDRESS (If different from residence address)
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CITY <u>Beaumont</u>	STATE <u>Texas</u>	ZIP <u>77705</u>	CITY	STATE	ZIP
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EMAIL ADDRESS (Optional)	OCCUPATION (Do not leave blank) <u>Sales Rep Cumulus Broadcasting</u>	DATE OF BIRTH <u>05/07/1960</u>	COUNTY OF RESIDENCE <u>Jefferson</u>
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TELEPHONE NUMBER (Include area code) (Optional) HOME: <u>409 350-1426</u>	Length of Continuous Residence as of Date Application Sworn		
OFFICE:	IN STATE <u>54</u> yr(s) <u>8</u> mos	IN CITY <u>54</u> yr(s) <u>8</u> mos	IN DISTRICT OR PRECINCT <u>51</u> yr(s) ___ mos

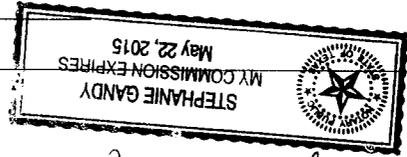
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election

Before me, the undersigned authority, on this day personally appeared (name) Robin Lynne Mouton, who being by me here and now duly sworn, upon oath says: "I, (name) Robin Lynne Mouton of Jefferson County, Texas, being a candidate for the office of Councilmember Ward IV, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

Robin Mouton
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at <u>3:27 PM</u> , this the <u>28th</u> day of <u>JANUARY</u> , 20 <u>15</u>	SEAL
<u>Stephanie Gandy</u> Signature of Officer administering oath	<u>NOTARY</u> Title of Officer administering oath



TO BE COMPLETED BY SECRETARY OF BOARD:
 (See Section 1.007)

1-28-14 Jana Broussard
 Date Received Signature of Secretary

In Person

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed
2 CANDIDATE NAME	MS / MRS / MR MRS.	FIRST Robin	MI L.	OFFICE USE ONLY		
	NICKNAME	LAST Mouton	SUFFIX	Acct #	Date Received	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE	
3390 Del Place						Beaumont, Tx 77705
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(409) 350-1426					
5 OFFICE HELD (if any)						Date Hand-delivered or Postmarked
6 OFFICE SOUGHT (if known)	City Council Ward 4					
	Date Processed					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	Rev.	David	L.		Robinson	Sr.
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);					
	APT / SUITE #, CITY, STATE, ZIP CODE					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(409) 338-5653					
10 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>Robin Mouton</u> Signature of Candidate</p> <p><u>1-28-15</u> Date Signed</p>					
GO TO PAGE 2						

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

2015 Jan 20

Date Hand-delivered or Postmarked

Jan 20 2015

Date Processed

Jan 20 2015

Date Imaged

CITY CLERKS OFFICE

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs. Robin

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Mouton

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(409) 350-1426

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3390 Del Place Beaumont, Tx 77705

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

City Council Ward 4

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Rev. David

L. Robinson

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI <i>Mrs. Robin D.</i> NICKNAME LAST SUFFIX <i>Mouton</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:70%;">Date Received</td> <td style="width:30%; text-align: center;"><i>2015 APR -9 PM 12:42</i></td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	<i>2015 APR -9 PM 12:42</i>	Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	<i>2015 APR -9 PM 12:42</i>														
Date Hand-delivered or Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3340 Del Place</i> <i>Beaumont, TX 77705</i>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(409) 360-1426</i>														
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI <i>Mr. David</i> NICKNAME LAST SUFFIX <i>Robinson</i>														
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1395 Ewing Street</i> <i>Beaumont, TX 77701</i>														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(409) 338-5656</i>														
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)														
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>3 / 10 / 2015</i> <i>4 / 13 / 2015</i>														
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 09 / 2011</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Beaumont City Council - Ward 4</i>													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Robin Mouton 15 ACCOUNT # (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3395.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5933.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2538.46

18 AFFIDAVIT



AFFIX NOTARY STAMP HERE ABOVE

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.

Robin Donatta Mouton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robin D. Mouton, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Heather Salazar
Signature of officer administering oath

Heather Salazar
Printed name of officer administering oath

Member Service Rep.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Robin Mouton

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/27/

2015

5 Full name of contributor

 out-of-state PAC (ID#: _____)

W. Willie Coleman

6 Contributor address; City; State; Zip Code

3285 Blossom DR
Bmt, TX 77705

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/27/

2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Ed + Mary Mouton

Contributor address; City; State; Zip Code

5275 Gladys
Bmt, TX 77706

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/

2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Gwen Carter

Contributor address; City; State; Zip Code

5730 Falcon Ln.
Bmt, TX 77708

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/

2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Louis Davis

Contributor address; City; State; Zip Code

3319 Del Place
Bmt, TX 77705

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/

2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Charles Woods

Contributor address; City; State; Zip Code

3414 Sarah
Bmt, TX 77705

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Robin Mouton

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/17/2015

5 Full name of contributor out-of-state PAC (ID#)

Dora R. Visby
Contributor address; City; State; Zip Code

4520 Corley, BMT 77707

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/20/2015

Full name of contributor out-of-state PAC (ID#)

Joseph Brown
Contributor address; City; State; Zip Code

*5695 Nicole Ln
Beaumont, TX 77713*

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/2015

Full name of contributor out-of-state PAC (ID#)

Aleshia Wells
Contributor address; City; State; Zip Code

*5070 Rosemary
Beaumont, TX 77708*

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/2015

Full name of contributor out-of-state PAC (ID#)

Mary S. Wingate
Contributor address; City; State; Zip Code

*4085 Goliad
Beaumont, TX 77701*

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/2015

Full name of contributor out-of-state PAC (ID#)

David Robinson
Contributor address; City; State; Zip Code

*1395 Ewing St.
Bmt, TX 77701*

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robin Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/22/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brenda Green Daseout</i> 6 Contributor address; City; State; Zip Code <i>4595 Corley Bmt, TX 77707</i>	7 Amount of contribution (\$) <i>\$60.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/23/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Barbara Durley</i> Contributor address; City; State; Zip Code <i>2675 Amarillo Bmt, TX 77701</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/26/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Russell + Elizabeth Waddell</i> Contributor address; City; State; Zip Code <i>690 21st St. Bmt, TX 77706</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/25/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bonnie + Connie Patterson</i> Contributor address; City; State; Zip Code <i>5460 Seale Bmt, TX 77705</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/25/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stanley + Beverly Hatcher</i> Contributor address; City; State; Zip Code <i>7 Sandwood Trl Bmt, TX 77706</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robin Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/26/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia + Ben Eaglin</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4555 Calumet Dr Beaumont, TX 77707</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/26/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia + Eddie Bossette</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3575 Blossom Bmt, TX 77705</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/26/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gwen Molhouse</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3710 Seminole Bmt, TX 77709</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/26/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R.D. + Marvie Pugh</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3260 Kenneth Ave Bmt, TX 77705</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/27/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Geri Bell</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5780 Phyllis Ln. Bmt, TX 77713</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Robin Mouton

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/22/2015

5 Full name of contributor

 out-of-state PAC (ID#: _____)

Ava + Edison Colbert

6 Contributor address; City; State; Zip Code

7390 Griffing Rd BUT 77107

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/15/2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Osie Cole

Contributor address; City; State; Zip Code

115 Long Canyon Ln. Richmond, TX 77469

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Gwendolyn S. Dalcour

Contributor address; City; State; Zip Code

P.O. Box 22861 Houston, TX 77227-2861

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Abbie + Jean Baradar

Contributor address; City; State; Zip Code

P.O. Box 20098 Beaumont, TX 77720

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/2015

Full name of contributor

 out-of-state PAC (ID#: _____)

Joelle Rogers

Contributor address; City; State; Zip Code

311 West Broad Oaks Dr. #1 Houston, TX 77056

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Robin D. Mouton

3 ACCOUNT # (Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

2

5 Date of loan

3/10/2015

7 Name of lender

Robin D. Mouton

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

2538.46

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*3390 Del Place
Beaumont, TX 77705*

10 Interest rate

0%

11 Maturity date

none/na

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Spent To Print</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date <i>3/30/2015</i>	5 Payee name
----------------------------	--------------

6 Amount (\$) <i>\$703.63</i>	7 Payee address; City; State; Zip Code <i>8748 Clay Rel #300, Houston, TX 77080</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>3/21/2015</i>	Payee name <i>Exxon Gas Card</i>
--------------------------	-------------------------------------

Amount (\$) <i>\$65.00</i>	Payee address; City; State; Zip Code <i>2210 IH 10 S, Beaumont, TX 77702</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
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Date <i>3/30/2015</i>	Payee name <i>Cardinal Service Station</i>
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Amount (\$) <i>\$10.03</i>	Payee address; City; State; Zip Code <i>530 W. Cardinal Dr, Bmt, TX 77705</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
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Date <i>3/30/2015</i>	Payee name <i>HEB Grocery Store - (Stamps)</i>
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Amount (\$) <i>\$9.80</i>	Payee address; City; State; Zip Code <i>1180 S. 11th St, Bmt, TX 77701</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation</i>	Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Robin Mouton</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/5/2015</i>	5 Payee name <i>Office Max</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>\$ 103.68</i>	7 Payee address; City; State; Zip Code <i>3785 Stagg Drive, Bmt, TX 77701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Solicitation / Fund Raising</i>	(b) Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
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Date <i>3/5/2015</i>	Payee name <i>Office Depot</i>
-------------------------	-----------------------------------

Amount (\$) <i>\$ 14.06</i>	Payee address; City; State; Zip Code <i>3785 Stagg DR, Bmt, TX 77701</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / Fund Raising</i>	Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
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Date <i>3/16/2015</i>	Payee name <i>Southwestern Printing Company</i>
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Amount (\$) <i>\$360.00</i>	Payee address; City; State; Zip Code <i>675 S. 23rd St., Bmt, TX 77707</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Robin Mouton - City Council</i>	Office sought	Office held
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Date <i>3/16/2015</i>	Payee name <i>Sprint To Print</i>
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Amount (\$) <i>\$784.81</i>	Payee address; City; State; Zip Code <i>8748 Clay Rd - #300, Houston, TX 77080</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (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 <i>Robin Mouton - City Council</i>	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Robin Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/23/2015</i>		5 Payee name <i>100 Black Women</i>			
6 Amount (\$) <i>\$110.00</i>		7 Payee address; City; State; Zip Code <i>4865 Cornell Dr Bmt, TX 77705</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (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 <i>Robin Mouton - City Council</i>		Office sought <i>City Council</i>	
Date <i>2/19/2015</i>		Payee name <i>KKLC Designs</i>			
Amount (\$) <i>\$43.30</i>		Payee address; City; State; Zip Code <i>2582 Pecos St Bmt, TX 77701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation Fund Raising</i>		Description (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 <i>Robin Mouton - City Council</i>		Office sought <i>City Council</i>	
Date <i>3-11-2015</i>		Payee name <i>Southwestern Printing Company</i>			
Amount (\$) <i>\$43.30</i>		Payee address; City; State; Zip Code <i>675 S. 23rd St, Bmt, TX 77707</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (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 <i>Robin Mouton - City Council</i>		Office sought <i>City Council</i>	
Date <i>3/15/2015</i>		Payee name <i>Southwestern Printing Company</i>			
Amount (\$) <i>\$37.89</i>		Payee address; City; State; Zip Code <i>675 S. 23rd, Bmt, TX 77705</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (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 <i>Robin Mouton - City Council</i>		Office sought <i>City Council</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5		2 FILER NAME Robin Mouton		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/18/2015		5 Payee name RAD Graphics			
6 Amount (\$) \$238.00		7 Payee address; City; State; Zip Code 1308 S Twin City Hwy Nederland, TX 77627			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (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 Robin Mouton		Office sought City Council - Ward 4	
Date 2/11/2015		Payee name Beaumont Trophies			
Amount (\$) \$7.58		Payee address; City; State; Zip Code 2450 N 11th Bmt, TX 77703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (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 Robin Mouton - City Council - 4		Office sought City Council - 4	
Date 2/11/2015		Payee name Jefferson County			
Amount (\$) \$8.85		Payee address; City; State; Zip Code P.O. Box 2112 Bmt, TX 77704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling Expense		Description (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 Robin Mouton - City Council - 4		Office sought City Council - 4	
Date 3/11/2015		Payee name Jefferson County			
Amount (\$) \$18.00		Payee address; City; State; Zip Code P.O. Box 2112 Bmt, TX 77704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling Expense		Description (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 Robin Mouton - City Council		Office sought City Council	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Robin Mouton	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/19/2015	5 Payee name Compro Event Centre
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6 Amount (\$) \$525.00	7 Payee address; City; State; Zip Code 4155 W. Cardinal Drive Bmt, TX 77705
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robin Mouton - City Council	Office sought	Office held
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Date 3/12/2015	Payee name Luby's Cafeteria
-------------------	--------------------------------

Amount (\$) \$250.00	Payee address; City; State; Zip Code 2695 FH-10 Bmt, TX 77702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Robin Mouton - City Council	Office sought	Office held
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Date 3/20/2015	Payee name Southerland's Lumber Co.
-------------------	--

Amount (\$) \$6.50	Payee address; City; State; Zip Code 4545 College Bmt, TX 77707
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (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 Robin Mouton - City Council	Office sought	Office held
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Date 3/23/2013	Payee name True Value Hardware
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Amount (\$) \$9.07	Payee address; City; State; Zip Code 632 Washington Blvd Bmt, TX 77705
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (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 Robin Mouton - City Council	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME: Robin Mouton	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 3/4/2015	5 Payee name: Sprint To Print
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6 Amount (\$): \$1934.97	7 Payee address; City; State; Zip Code: 8248 Clay Rd #300, Houston, TX	77080
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising	(b) Description (If travel outside of Texas, complete Schedule T): Signs
--------------------------	---	--

Check if Austin, TX, officeholder living expense

Date: 3/16/2015	Payee name: Cyn's Promotions
---------------------------	--

Amount (\$): \$650.00	Payee address; City; State; Zip Code: 103 Rain Tree Trail, Lafayette, LA	70507
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising - T-Shirts	Description (If travel outside of Texas, complete Schedule T):
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Check if Austin, TX, officeholder living expense

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Check if Austin, TX, officeholder living expense

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <input checked="" type="radio"/> FIRST Robin MI D NICKNAME LAST SUFFIX Mouston	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3390 Del Place Beaumont, TX 77705 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 350-1426		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST David MI NICKNAME LAST SUFFIX Robinson		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1395 Ewing, Bmt, TX 77701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 338-5656		
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 4 / 2015 4 / 30 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Beaumont City Council - Ward 4	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Robyn D. Mouton 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

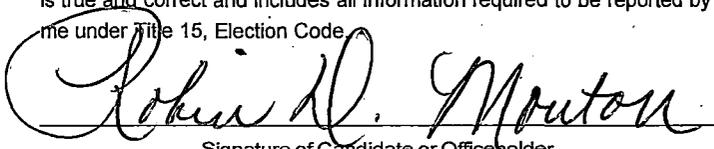
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 820.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3530.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4643.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 293.07

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robyn Mouton, this the 30 day of April, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Amy C Jenkins

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robin Donatta Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-30-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arthur + Sondra Louis</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1785 Rafes Way Bmt TX 77706</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-1-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ed + Christine Mouton</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2323 Fern Bend Ln Katy, TX 77494</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-1-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Felecia D. Compton</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4490 Flamingo Ln Bmt. TX 77705</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-1-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Anne Bradley</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>215 Orleans St Bmt, Texas 77701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-10-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Norris Batiste Jr</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2720 Edmonds Bmt TX 77705</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robin Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-14-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IBEW Local 479</i>	7 Amount of contribution (\$) <i>2000.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 29 Beaumont, Tx 77704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-16-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arlette Bernard</i>	Amount of contribution (\$) <i>50.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16006 Mill Canyon Ct. Cypress Tx 77429</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-16-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbra Durley</i>	Amount of contribution (\$) <i>50.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2675 Amarillo st Bmt. Tx 77701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-25-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cecelia Carmouche</i>	Amount of contribution (\$) <i>50.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>895 Monterrey Bmt Tx 77706</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-27-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CWA Local 6139</i>	Amount of contribution (\$) <i>800.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1125 S. 7th Street Beaumont, Tx 77701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Robert Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-15-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Felix + Jennifer Mouton</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6885 Broadleaf Dr. Bmt. TX 77708</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-17-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Rmalya Thomas</i>	Amount of contribution (\$) <i>80.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2235 Lela St. Bmt. TX 77705</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Robin D. Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>293.07</i>
5 Date of loan <i>4-1-2015</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin D. Mouton</i>	9 Loan Amount (\$) <i>\$293.07</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>3390 Del Place, Bmt TX 77705</i>	10 Interest rate <i>0.7%</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Robin D. Mouton	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-20-15	5 Payee name Southwestern Printing
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6 Amount (\$) 37.35	7 Payee address; City; State; Zip Code 675 23 Rd Bmt TX 77707
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (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
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Date 4-27-15	Payee name Southwestern Printing
------------------------	--

Amount (\$) 909.36	Payee address; City; State; Zip Code 675 23 Rd Bmt, TX 77707
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-22-15	Payee name Service Food
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Amount (\$) 100.00	Payee address; City; State; Zip Code 905 Doucette Bmt, TX 77701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-9-15	Payee name Service Food
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Amount (\$) 80.00	Payee address; City; State; Zip Code 905 Doucette Bmt, TX 77701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Robin Mouton	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-24-15	5 Payee name D. J. Boudain
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6 Amount (\$) 72.00	7 Payee address; City; State; Zip Code P.O. Box 20753 Bmt. TX 77720
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-24-15	Payee name Superior Meat
------------------------	------------------------------------

Amount (\$) 278.50	Payee address; City; State; Zip Code 725 S. 4th Bmt. TX 77701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Robin D. Mouton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-14-15</i>		5 Payee name <i>Southwestern Printing</i>			
6 Amount (\$) <i>85.00</i>		7 Payee address; City; State; Zip Code <i>675 23rd St Bmt TX 77707</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)		
	<i>Advertising Expense</i>		<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	
Date <i>4-17-15</i>		Payee name <i>Southwestern Printing</i>			
Amount (\$) <i>43.30</i>		Payee address; City; State; Zip Code <i>675 23rd Bmt TX 77707</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	<i>Advertising Expense</i>		<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	
Date <i>4-20-15</i>		Payee name <i>Lamar Advertising</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 21580 Bmt TX 77720</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	<i>Advertising Expense</i>		<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	
Date		Payee name <i>Cumulus Radio</i>			
Amount (\$) <i>1780.00</i>		Payee address; City; State; Zip Code <i>755 S. 11th St Bmt TX 77701</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	<i>Advertising Expense</i>		<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Robin Mouton</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-5-15</i>	5 Payee name <i>100 Black Men</i>
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6 Amount (\$) <i>110.00</i>	7 Payee address; City; State; Zip Code <i>Point, TX 77701</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-2-15</i>	Payee name <i>Cyn's Promotions</i>
-----------------------	---------------------------------------

Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>103 Rain tree TRL Lafayette, LA 70507</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-10-15</i>	Payee name <i>EXXON GAS</i>
------------------------	--------------------------------

Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>2210 I-H 10 Point TX 77701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-29-15</i>	Payee name <i>M.J. Ross Group Robo Calls</i>
------------------------	---

Amount (\$) <i>497.62</i>	Payee address; City; State; Zip Code <i>P.O. Box 19037 Portland, Or 97280</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Polling Expense</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PERSONAL FINANCIAL STATEMENT

**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2015, covering calendar year ending December 31, 2014.
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

1 NAME

TITLE; FIRST; MI
Robin Donatta
NICKNAME; LAST; SUFFIX
Mouton

OFFICE USE ONLY

Date Received
2015 MAY -6 PM 4: 19
CITY OF TEXAS OFFICE
CITY OF BEAUMONT

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3390 Del Place
Beaumont, Texas 77705
 (CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(409) 350-1426

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE _____ (INDICATE OFFICE)
- ELECTED OFFICER _____ (INDICATE OFFICE)
- APPOINTED OFFICER _____ (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Kenneth D. Mouton
DEPENDENT CHILD 1. Karmen D. Mouton
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT**COVER SHEET
PAGE 2**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
---------------------------------	--

2 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) Gerdaun Acmisteel / 100 Old Hwy 90 West Vidor, Tx 77662 <hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION Steel Mill
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INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD _____
------------------------	--

EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) Student <hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION unemployed
--	---

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
------------------------	---

EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address) <hr style="border-top: 1px dotted black;"/> NATURE OF OCCUPATION
--	--

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME
	<i>AXA</i>
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS
<hr/>	
BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS
<hr/>	
BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS
<hr/>	
BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS
<hr/>	
BUSINESS ENTITY	NAME
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME	NAME AND ADDRESS
Rental Property	2455 Columbia Beaumont, Texas 77701
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
\$950.00	

SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Owen
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	<input checked="" type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	MBFS
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT 700 ⁰⁰	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Beaumont Municipal C.V.
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT 410 ⁰⁰	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2455 Columbia Bmt. Texas 77701 Jefferson County
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

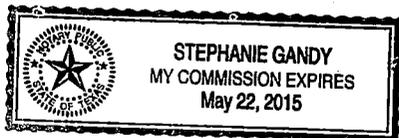
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

John D. Mouton

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Mouton, this the 10th day of MAY, 20 15, to certify which, witness my hand and seal of office.

Stephanie Gandy
Signature of officer administering oath

STEPHANIE GANDY
Printed name of officer administering oath

NOTARY
Title of officer administering oath