

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **Mrs** FIRST **Carmyn** MI **E**
NICKNAME **Robey-Robinson** LAST SUFFIX

OFFICE USE ONLY

Date Received

APR 03 2025

4:17 PM

[Signature]

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**7107 Water Glen Lane, Manuel,
Tx, 77578**

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 459-0523

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **Marc** FIRST MI **E**
NICKNAME **Robey** LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**2526 Lemon Block Blvd, Manuel, Tx,
77578**

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(13) 824-3735

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
2 / 15 / 25 THROUGH 4 / 3 / 25

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
5 / 3 / 25 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

City Council Position #4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

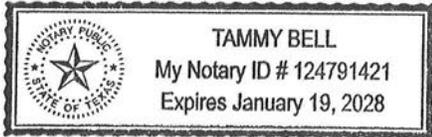
FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <i>Carmyn Riley - Robinson</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,305.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3,351.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate of Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Carmyn Riley Robinson* this the *3* day of *April*, 20 *25*, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Tammy Bell Printed name of officer administering oath
City Secretary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Carmyn Rbey - Robinson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,325</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>936.14</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1,286.00</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,128.80</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Carmyn Robey - Robinson

3 Filer ID (Ethics Commission Filers)

4 Date

2/6/25

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

Richard Floyd

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired Engineer

9 Employer (See Instructions)

Retired - Stell

Date

2/6/25

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

Carolyn Mathis

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired Nurse

Employer (See Instructions)

Harris County

Date

2/6/25

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

Caryn Robey

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Admin

Employer (See Instructions)

St. Joseph

Date

3/19/25

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

Jamie Hughes

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Harris County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Carmyn Robey- Robinson

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/25

5 Full name of contributor

Don Harper

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

7 Amount of contribution (\$)

\$300

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

2/10/25

Full name of contributor

Marion Crews

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

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/9/25

Full name of contributor

Camille ~~Grayson~~ Grayson

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

Amount of contribution (\$)

~~Grayson~~ \$50

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/25

Full name of contributor

Chrystal Izuegbu

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Carmyn Robey-Robinson

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/25

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

Femi Olanipekun

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/25

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

Flenda Whitney

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Self

Date

2/23/25

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

Debbie Vaughn

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

2/17/25

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

Louis Robey

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

Conoco

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Carmyn Robey-Robinson

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/25

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

Kierstin Gilliam

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

Manager

9 Employer (See Instructions)

DND

Date

3/9/25

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

Marc Robey

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

3/6/25

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

Richard Floyd

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Retired Engineer

Employer (See Instructions)

Retired from Shell

Date

3/6/25

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

Tosin Eyiogbe

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carmyn Robey-Robinson	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date 3/19/25	5 Payee name Texas GOP Store XXXXXXXXXX
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6 Amount (\$) 230.32	7 Payee address; City; State; Zip Code 1810 Affton St, Houston, Tx, 77584
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Large 4x4 signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/4/25	Payee name Texas GOP Store
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Amount (\$) \$623.55	Payee address; City; State; Zip Code 1810 Affton St, Houston, Tx, 77584
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Large 4x4 signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/19/25	Payee name Fedex office
-----------------	----------------------------

Amount (\$) 82.27	Payee address; City; State; Zip Code 10904 Memorial Hermann Dr, Pearland, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Brochures
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Carmyn Robey Robinson	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 709.01	(b) Date Expenditure Charged 2/16/25
7 PAYEE	(a) Payee name NetBrand's Media Corp Imprint.com	(b) Payee address; City, State, Zip Code 14550 Beechnut St, Houston, TX
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs, Door Hangers, Brochures
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 261.45	(b) Date Expenditure Charged 4/1/25
PAYEE	(a) Payee name NetBrand Media Corp Imprint.com	(b) Payee address; City, State, Zip Code 14550 Beechnut St, Houston, TX
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 315.00	(b) Date Expenditure Charged 3/7/25
PAYEE	(a) Payee name NetBrand media corp 24hourwristbands.com	(b) Payee address; City, State, Zip Code 14550 Beechnut St, Houston, TX
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Foam Copies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Carmyn Rhey - Robinson	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/25	5 Payee name Meta Ads	
6 Amount (\$) \$304.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA, 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description FB Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/22/25	Payee name Push T-shirt printing	
Amount (\$) \$824.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9777 Harwin Dr # 501, Houston, Tx, 77036	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description T-SHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Netbrands Media Corp.

14550 Beechnut St.
Houston, TX 77083

INVOICE

Order #IMED41E45176
Order Time: 02/16/25 10:05 PM

Bill To

ManvelProud 2025
Carmyn Robey
7107 Water Glen Ln
Manvel, TX 77578
Email: carmynrobey2025@gmail.com

Ship To

ManvelProud 2025
Carmyn Robey
7107 Water Glen Ln
Manvel, TX 77578
Phone: ~~XXXXXXXXXX~~

#	Order Items	Qty	Total
1	<p>Custom 18" x 24" Yard Signs</p> <ul style="list-style-type: none"> • Material: Corrugated Plastic • Number Of Imprint Colors: Full Imprint Colors [+0.00] • Print Position: Both Front And Back [+0.00] • Artwork: Artworks/yveu9icbl3gknvu1gy1f • Display Option: Wire Stand 10" X 30" [+0.89] • Proof Charge: Yes • Estimated Delivery Date: Tuesday Feb 25, 2025 [+0.00] (STANDARD) (5) * 	50 SHIPPED/PICKED UP	\$226.50
2	<p>3.5" x 2" Standard Business Cards</p> <ul style="list-style-type: none"> • Print Orientation: Horizontal • Print Position: Both Front And Back [+0.02] • Number Of Imprint Colors: Full Imprint Colors [+0.00] • Add Metallic Imprint Colors: No • Customized In: USA [+0.01] • Artwork: Artworks/csj6igoc5wqbd6zi3lgb,Artworks/y5o9lqlkgc4iehagq5iy • Proof Charge: No • Estimated Delivery Date: Friday Feb 28, 2025 [+0.055] (STANDARD) (8) * 	600 SHIPPED/PICKED UP	\$76.20
3	<p>4.25 x 11 Inch Full Color Door Hanger</p> <ul style="list-style-type: none"> • Paper Type: 10 Pt • Print Position: Front Side Only • Artwork: Artworks/tzkheuecoco9m7xo2vsm • Proof Charge: Yes • Comments: If It Fits Exactly No Proof Needed • Estimated Delivery Date: Wednesday Feb 26, 2025 [+0.05] (STANDARD) (6) * 	500 SHIPPED/PICKED UP	\$110.00
4	<p>8.5" x 11" Brochures</p> <ul style="list-style-type: none"> • Paper Type: 80 Lb Paper Gloss • Print Position: Outside And Inside [+0.05] • Folding Options: Tri-Fold [+0.02] • Customized In: USA [+0.06] • Artwork: Artworks/wbfd02y4etbs0hgk6tqj,Artworks/lgvs0cwbmlauebo0gsnf • Proof Charge: Yes • Comments: I Can Send Files In A Different Format If Needed, • Estimated Delivery Date: Friday Feb 28, 2025 [+0] (STANDARD) (8) * 	500 SHIPPED/PICKED UP	\$186.00

#	Order Items	Qty	Total
5	5" x 7" Postcards <ul style="list-style-type: none"> Paper Type: 14 Pt Extra Thick Cardstock Coating: UV - Ultra High Gloss Print Position: Front Side Only [+0.00] Number Of Imprint Colors: Full Imprint Colors [+0.00] Add Metallic Imprint Colors: No Customized In: USA [+0.05] Artwork: Artworks/xfqfozt3hs5mrx4roaa Proof Charge: Yes Comments: Can Send In A Different Format If Needed. I Want The Image To Fill The Entire Card, No Lines For Postage Needed Estimated Delivery Date: Thursday Feb 27, 2025 [+0.243] (STANDARD) (7) * 	120 SHIPPED/PICKED UP	\$68.04
6	Custom 18" x 24" Yard Signs <ul style="list-style-type: none"> Material: Corrugated Plastic Number Of Imprint Colors: 3 Imprint Colors [+0.00] Imprint Color: Red, Reflex Blue, White Print Position: Both Front And Back [+0.00] Artwork: Artworks/xngczkaqu51jrazflp48 Display Option: Wire Stand 10" X 30" [+0.89] Proof Charge: Yes Estimated Delivery Date: Tuesday Feb 25, 2025 [+0.00] (STANDARD) (5) * 	30 SHIPPED/PICKED UP	\$152.70

¹ All of production time and shipping time are in business days. Production starts from the day that all of the production requirements are satisfied.

* The selected delivery date is only an estimation assuming the order experiences no delay due to order waiting for approval, proof request, incomplete payment, or any other issue that needs to be confirmed and resolved.

*** All checks require the order number to be written on the check's memo. Any check without the order number will be deposited but the order will not go in production until identified. Production will start after the check has cleared the bank and the order is identified.

**** Please verify your shipping address carefully upon the receipt of this invoice. Any address change or address correction requested after the order goes into the production might not be guaranteed and requires an additional charge of \$35 per tracking number, which will also be automatically charged to the original payment form if the shipping carrier(s) identifies the incomplete or incorrect address issue and successfully makes the correction for the shipment delivery.

***** Customers will assume complete responsibility to obtain all required permissions for the legal reproduction of logos, trademarks, copyrights and from local or government authorities for the use, display, and distribution of the products. By agreeing to print any submitted artwork, Netbrands Media Corp, doing business as Imprint.Com, will not be held liable under any circumstances.

***** By approving your order and the invoice, you have agreed to our Terms & Conditions.

SUBTOTAL	\$819.44
COUPON DISCOUNT	-\$109.84
HANDLING & FEES	\$0.00
SALES TAX	\$0.00
ORDER TOTAL	\$709.60

#	Transaction Date	Type	Reason	Amount	Reference
1	2/16/25 10:05 PM	CHARGE		\$709.60	Amex x-4035



Netbrands Media Corp.

14550 Beechnut St.
Houston, TX 77083

INVOICE

Order #IME2675A2571
Order Time: 04/01/25 1:01 PM

Bill To

ManvelProud 2025
Carmyn Robey
7107 Water Glen Ln
Manvel, TX 77578
Email: carmynrobey2025@gmail.com

Ship To

ManvelProud 2025
Carmyn Robey
7107 Water Glen Ln
Manvel, TX 77578
Phone: ~~(832) 447-1188~~

#	Order Items	Qty	Total
1	Custom 18" x 24" Yard Signs <ul style="list-style-type: none"> • Material: Corrugated Plastic • Number Of Imprint Colors: Full Imprint Colors [+0.00] • Print Position: Both Front And Back [+0.00] • Artwork: Artworks/poguii3uejuwtkomm70h,Artworks/zjmcrcn3vcfzz3hazka • Display Option: Wire Stand 10" X 30" [+0.89] • Proof Charge: No • Estimated Delivery Date: Friday Apr 04, 2025 [+0.98] (RUSH) (2) * 	50 SHIPPED/PICKED UP	\$275.50

¹ All of production time and shipping time are in business days. Production starts from the day that all of the production requirements are satisfied.

* The selected delivery date is only an estimation assuming the order experiences no delay due to order waiting for approval, proof request, incomplete payment, or any other issue that needs to be confirmed and resolved.

*** All checks require the order number to be written on the check's memo. Any check without the order number will be deposited but the order will not go in production until identified. Production will start after the check has cleared the bank and the order is identified.

**** Please verify your shipping address carefully upon the receipt of this invoice. Any address change or address correction requested after the order goes into the production might not be guaranteed and requires an additional charge of \$35 per tracking number, which will also be automatically charged to the original payment form if the shipping carrier(s) identifies the incomplete or incorrect address issue and successfully makes the correction for the shipment delivery.

***** Customers will assume complete responsibility to obtain all required permissions for the legal reproduction of logos, trademarks, copyrights and from local or government authorities for the use, display, and distribution of the products. By agreeing to print any submitted artwork, Netbrands Media Corp, doing business as Imprint.Com, will not be held liable under any circumstances.

***** By approving your order and the invoice, you have agreed to our Terms & Conditions.

SUBTOTAL	\$275.50
COUPON DISCOUNT	-\$33.98
HANDLING & FEES	\$0.00
SALES TAX	\$19.93
ORDER TOTAL	\$261.45

#	Transaction Date	Type	Reason	Amount	Reference
1	4/1/25 1:01 PM	CHARGE	Order	\$35.48	Store Credit
2	4/1/25 1:01 PM	CHARGE		\$225.97	Amex x-4035

INVOICE

Texas GOP Store

PAID

\$0.00

AMOUNT DUE

Invoice No#: TxGOP6718
Invoice Date: Mar 4, 2025
Due Date: Mar 4, 2025



BILL TO

ca*****@gmail.com

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	4x4 Large Sign 15 x \$37.00 Tx 8.25% (\$45.79)	15	\$37.00	\$555.00
2	Card Processing Fee 1 x \$21.03 Tx 8.25% (\$1.73)	1	\$21.03	\$21.03
			Subtotal	\$576.03
			Tax Tx (8.25%)	\$47.52
			TOTAL	\$623.55 USD
			Amount paid	\$623.55
			AMOUNT DUE	\$0.00 USD

INVOICE

Texas GOP Store

PAID

Invoice No#: TxGOP6720
Invoice Date: Mar 19, 2025
Due Date: Mar 19, 2025

\$0.00
AMOUNT DUE

BILL TO

carmynrobey2025@gmail.com

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	4x4 5 x \$41.00 Tx 8.25% (\$16.91)	5	\$41.00	\$205.00
2	Card Processing Fee 1 x \$7.77 Tx 8.25% (\$0.64)	1	\$7.77	\$7.77
			Subtotal	\$212.77
			Tax Tx (8.25%)	\$17.55
			TOTAL	\$230.32 USD
			Amount paid	\$230.32
			AMOUNT DUE	\$0.00 USD



10904 Memorial Hermann Dr
 Ste 103
 Pearland, TX 77584
 713.436.4518

Receipt #: **HBYKNF9A67B63B1509X**

February 19, 2025 2:12 PM

Print Orders

Order: 2010571643264193 **\$76.00**

Item	SKU	QTY	Unit Price	Price
Fast Order Brochure		100	\$0.7600	\$76.00
Reg. Price \$95.00 Savings \$19.00				
Clr Brochure 100 Reg. Price \$95.0000	40023	1	\$76.0000	\$76.00 T

In-Store Pickup Location
 Rohan Robey
 FXO
 10904 Memorial Hermann Dr
 Ste 103
 Pearland, TX 77584, US
 832.436.4518
 [Redacted]@gmail.com

Print Order Subtotal	\$76.00
Tax	\$6.27
Total	\$82.27

Purchase APPROVED

AMEX	\$82.27
Acct #	****4035
Expiration Date	03/2028
Authorization	283894

Total Tender \$82.27

Total Savings \$19.00

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By submitting your project to FedEx Office or by making a purchase in the FedEx Office store, you agree to all the FedEx Office terms and conditions, including limitations of liability, located at fedex.com/officeserviceterms or you may request a copy of our terms and conditions, which will be made available to you upon request.



HBYKNF9A67B63B1509X



Receipt for Carmyn Robey

Account ID: 2067397216640511

Invoice/Payment Date

Mar 24, 2025, 9:01 PM

Payment method

American Express · 4035

Reference Number: E4TQZNYZM2

Transaction ID

9499170230197998-9754728111308870

Product Type

Meta ads

Paid

\$393.01 USD

You requested this manual payment.

Campaigns

Instagram post: YOUR RECREATIONAL GUIDE TO THE...

From Mar 6, 2025, 12:00 AM to Mar 24, 2025, 8:34 PM

\$88.92

Instagram Post

6,028 Impressions

\$88.92

Instagram post: Small-town Roots, Unstoppable...

From Mar 6, 2025, 12:00 AM to Mar 24, 2025, 8:34 PM

\$38.42

Instagram Post

4,823 Impressions

\$38.42

[03/04/2025] Promoting Carmyn Robey-Robinson for Manvel City Council #4

From Mar 6, 2025, 12:00 AM to Mar 24, 2025, 8:34 PM

\$265.67

[03/04/2025] Promoting Carmyn Robey-Robinson for Manvel City Council #4 15,371 Impressions

\$265.67



Rush Tshirt Printing
 9777 Harwin Dr Suite 501
 Houston, TX 77036
 Ph: 713-363-4190
 www.rushcustomtshirts.com

Q
Rec

Cust PO#: _____
 Rep: _____
 Terms: _____
 Ship Via: _____

Bill To:
 832-677-7133

Ship To:

Status	Order Type	Service	Class	Order Date	Due Date
QUOTE	New	Screen Print	Custom	2/22/2025	3/1/2025
Job Name	CAR				

Tax	Qty	Item No - Description - Color	XS	S	M	L	XL	2X	3X	4X	5X	Unit	Ext T
✓	32	G500 - Gildan® Heavy Cotton™ 5.3 oz. T-Shirt - WHITE		4	8	8	8	4				8.00	\$256.00
✓	60	CIRCLE CLOTHING SOFTSTYLE T SHIRTS - BLACK		10	10	15	15	10				8.00	\$480.00

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Placements	Service	Colors	Stitch	Colors
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2X-3X	14	\$2.00	Subtotal: \$736.00
			\$28.00

Notes - Special Instructions

Total Add'l Fees:		\$28.00
Shipping:		\$28.00
Tax: TX Exempt:	8.25%	\$60.72
Tax: Exempt:		\$0.00
Discount:		\$0.00
Grand Total:		\$824.72
Req'd Deposit: 50% =	\$412.36	Payments: \$824.72
Balance Due:		\$0.00

By signing below, you agree to the following conditions: 1. You understand that your order cannot begin production until the order, artwork & sample have been approved, and that our minimum lead time for production is 7-10 days after the approvals have been made, unless otherwise noted. 2. All prepress work, including but not limited to screens, artwork, films and embroidery are the sole property of <Rush TEE>. ALL SALES ARE FINAL NO REFUND NO RETURNS.

X _____ Date _____