FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED
FEC MAIL CENTER
2015 OCT 20 AM 11:57
Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines. 12FE4M5

ROBINSON FOR PRESIDENT LLC

PO BOX 633 SPARTANBURG SC 29304

ADDRESS (number and street))

☐ Check if different than previously reported. (ACC

SPARTANBURG | SC | 29304-

CITY | STATE | ZIP CODE

2. FEC IDENTIFICATION NUMBER ▶ C 47485 1437

3. THIS REPORT IS FOR Primary ☑ or General ☑

4. TYPE OF REPORT *(Choose One)*

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

☐ April 15 (Q1) ☑ October 15 (Q3)
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

Monthly Reports:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10)) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election on MM / DD / YYYY.

☐ Twelfth day report preceding _____ election on MM / DD / YYYY in the State of ____.

Is this Report an Amendment? ☐ yes ☑ no

5. Covering Period 07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID M. Robinson

Signature of Treasurer [signature]

Date 10 / 11 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							

2015-10-20-03-00029223

Write or Type Committee Name

Robinson For President, LLC

Report Covering the Period: From: 07 / 01 / 2015 To: 10 / 15 / 2015

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	1,010,620
8. SUBTOTAL (Lines 6 and 7)	1,010,620
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	543,229
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	467,391
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0
13. EXPENDITURES SUBJECT TO LIMIITATION	0

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	1,010,620
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	543,229

2015-10-20-03-00029224

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3P** (Rev. 03/2011)

NAME OF COMMITEE (in Full)

ROBINSON FOR PRESIDENT LLC

Report Covering the Period: From: 07 / 01 / 2015 To: 09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	101,062.20	
(ii) unitemized	25.00	
(iii) Total contributions	101,062.20	101,062.20
(b) Political Party Committees		
(c) Other Political Committees		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	101,062.20	101,062.20
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	
(b) Other Loans		
(c) TOTAL LOANS (Add 19(a) and 19(b)	0.00	
20. OFFSETS TO EXPENDITURES (Refunds,Rebates, etc.):		
(a) Operating		
(b) Fundraising		
(c) Legal and Accounting		
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	
21. OTHER RECEIPTS (Dividends, Interest, etc.)		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	101,062.20	101,062.20

2015-10-20-03-00029225

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 03/2011) of Disbursements and Contributed Items

NAME OF COMMITEE (in Full)

ROBINSON FOR PRESIDENT LLC

Report Covering the Period: From: MM 07 / DD 01 / YYYY 2015 To: MM 09 / DD 30 / YYYY 2015

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES	54329	54329
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
25. FUNDRAISING DISBURSEMENTS		
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate		
(b) Other Repayments		
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees		
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
29 OTHER DISBURSEMENTS		
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	54329	54329

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		

201510200329226

FEC FORM 3P, Page 5
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print): ROBINSON FOR PRESIDENT LLC

2. FEC IDENTIFICATION NUMBER: C 4 7 4 8 5 1 4 3 7

ADDRESS (number and street): PO BOX 633

CITY: SPARTANBURG STATE: SC ZIP CODE: 29304-

3. NAME OF CANDIDATE:

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado	202,989	202,989
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois	278	278

2015102003002927

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas	860	860
Kentucky	11066	11066
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri	689	689
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

2015-10-20-03-00029228

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina	3,262.02	3,262.02
South Dakota		
Tennessee	1,145	1,145
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS	54,329	54,329

2015-10-20-03-00029229

EXPENDITURES SUBJECT TO LIMIT

FEC **Form 3P** (Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

NAME OF COMMITEE (in Full)

ROBINSON FOR PRESIDENT

Report Covering the Period: From: 07 / 01 / 2015 To: 09 / 30 / 2015

A.	OPERATING EXPENDITURES (Line 23, Column B)	543229
B.	OPERATING OFFSETS Line 20a, Column B)	0
C.	**CURRENT YEAR NET OPERATING EXPENDITURES** (Subtract Line B from A)	543229
D.	PRIOR YEAR(S) OPERATING EXPENDITURES	0
E.	PRIOR YEAR(S) OPERATING OFFSETS	0
F.	**PRIOR YEAR(S) NET OPERATING EXPENDITURES** (Subtract Line E from D)	0
G.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)	0
H.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)	0
I.	CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)	
J.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS	
K.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS	
L.	PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)	
M.	TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)	
N.	20% EXEMPTION (20% of Overall Expenditure Limit)	
O.	**TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT** (Subtract Line N from M)	0
P.	**TOTAL EXPENDITURES SUBJECT TO LIMITATION** (Add Lines C, F and O)	0

03292000 - 03 - 20 - 10 - 2015

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 16	☐ 17a	☐ 17b	☐ 17c	☐ 17d	☐ 18
☐ 19a	☐ 19b	☐ 20a	☐ 20b	☐ 20c	☐ 21

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full): Robinson For President LLC

A. Full Name (Last, First, Middle Initial): Robinson Jr, Jack B

Mailing Address: ~~[illegible]~~ 14 Torrey Pine Ct

City: Spartanburg State: SC Zip Code: 29306

FEC ID number of contributing federal political committee: C

Name of Employer: Self

Occupation: owner

Receipt For: ☐ Primary ☑ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼: 5,000.00

Date of Receipt: 08 / 27 / 2015

Amount of Each Receipt this Period: 5,000.00

B. Full Name (Last, First, Middle Initial): Robinson Jr, Jack B

Mailing Address: 14 Torrey Pine Ct

City: Spartanburg State: SC Zip Code: 29306

FEC ID number of contributing federal political committee: C

Name of Employer: Self

Occupation: owner

Receipt For: ☐ Primary ☑ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼: 7,000.00

Date of Receipt: 07 / 27 / 2015

Amount of Each Receipt this Period: 2,000.00

C. Full Name (Last, First, Middle Initial): Robinson Jr, Jack B

Mailing Address: 14 Torrey Pine Ct

City: Spartanburg State: SC Zip Code: 29306

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Election Cycle-to-Date ▼: 10,106.20

Date of Receipt: 08 / 24 / 2015

Amount of Each Receipt this Period: 3,106.20

Subtotal Of Receipts This Page (optional) ▶ 10,106.20

Total This Period (last page this line number only) ▶ 10,106.20

FEC Schedule A–P (Form 3P) (Rev. 03/2011)

(10,106.20)

2015-10-20-03-00029231

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Robinson For President, LLC

A.
Full Name (Last, First, Middle Initial): Jay Paul Apodaca
Mailing Address: 2341 Tremont Pl
City: Denver State: Colorado Zip Code: 80205
Purpose of Disbursement: Commission Art deposit
Candidate Name: Jack B. Robinson Jr
Category/Type:
Office Sought: ☐ House ☐ Senate ☑ President
State: District:
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Date of Disbursement: 07 / 27 / 2015
Amount of Each Disbursement this Period: $ 20.00

B.
Full Name (Last, First, Middle Initial): Jay Paul Apodaca
Mailing Address: 2341 Tremont Pl
City: Denver State: Co Zip Code: 80205
Purpose of Disbursement: Campaign art Final payment
Candidate Name: Jack B Robinson Jr
Category/Type:
Office Sought: ☐ House ☐ Senate ☑ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 24 / 2015
Amount of Each Disbursement this Period: 1,500.00

C.
Full Name (Last, First, Middle Initial): Business Information Systems
Mailing Address:
City: Boiling Springs State: SC Zip Code: 2
Purpose of Disbursement: computer system
Candidate Name: Jack B Robinson Jr
Category/Type:
Office Sought: ☐ House ☐ Senate ☑ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 24 / 2015
Amount of Each Disbursement this Period: 3,106.20

Subtotal Of Receipts This Page (optional) ▶ 5,106.20

Total This Period (last page this line number only)) ▶ 5,106.20

2015-10-20-03-00029232

SCHEDULE C–P
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 19a ☐ 19b

NAME OF COMMITTEE (In Full) Robinson For President

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:
☐ Primary
☐ General
☐ Other (specify) ▼

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred: M M / D D / Y Y Y Y

Date Due: M M / D D / Y Y Y Y

Interest Rate % (apr)

Secured: ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional) ▶ 0.00

Total This Period (last page this line number only) ▶ 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC **Schedule C–P (Form 3P)** (Revised 03/2011)

2015-10-20-03-00020000

Schedule C-P-1
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary from Information found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print) **FEC IDENTIFICATION NUMBER** C

Robinson For President LLC

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

Not Applicable

CITY STATE ZIP CODE

AMOUNT OF LOAN **INTEREST RATE (APR)** %

DATE INCURRED OR ESTABLISHED M M / D D / Y Y Y Y **DATE DUE** M M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date orignially incurred: M M / D D / Y Y Y Y

B. If line of credit: Amount of this draw Total outstanding balance

C. Are other parties secondarily liable for the debt incurred? No Yes (Endorsers and guarantors must be reported on Schedule C-P.)

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes

If yes, specify:

What is the value of this collateral: Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: M M / D D / Y Y Y Y

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account: M M / D D / Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

FEC Form C-P-1 (Rev. 03/2011)

2015-10-20-03-00029234

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____ Date M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Authorized Representative _____ Date M M / D D / Y Y Y Y

201510200500029235

SCHEDULE D–P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 11 ☐ 12

NAME OF COMMITTEE (In Full)
Robinson For President LLC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) 0

2) **TOTALS** This Period (last page this line number only) 0

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 0

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) 0

2015-10-20-03-00020236

-PRESIDENT LLC

29304

7015 0640 0007 7365 6308

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®

7015 0640 0007 7365 6308

Federal Election Commission
999 E Street, N.W
Washington, D.C.
20463

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2015 OCT 20 AM 11

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered		Date of Receipt
☐ USPS First Class Mail	Postmarked	Date of Receipt
☑ USPS Registered/Certified		Postmarked (R/C) 10/15/15
☐ USPS Priority Mail		Postmarked
☐ USPS Priority Mail Express		Postmarked
☐ Postmark Illegible		
☐ No Postmark		
☐ Overnight Delivery Service (Specify):		Shipping Date Next Business Day Delivery ☐
☐ Received from House Records & Registration Office		Date of Receipt
☐ Received from Senate Public Records Office		Date of Receipt
☐ Received from Electronic Filing Office		Date of Receipt
☐ Other (Specify):		Date of Receipt or Postmarked
PREPARER		10/20/15 DATE PREPARED

(3/2015)

2015-10-20-03-00029238