

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: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR MR FIRST Norman MI B
NICKNAME Norm LAST Robbins, Jr. SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6144 Plum Valley Place
Fort Worth, TX 76116

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 951-4392

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR MR FIRST Robert MI Daniel
NICKNAME Dan LAST Settle, Jr. SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
201 Main St., Ste. 2500
Fort Worth, TX 76102

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 332-2500

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
03 / 23 / 21 THROUGH 04 / 21 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 01 / 21 General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
FWISD District 7 Trustee FWISD District 7 Trustee

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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

APR 22 2021

Date Hand-Delivered or Date Postmarked
Board of Education

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

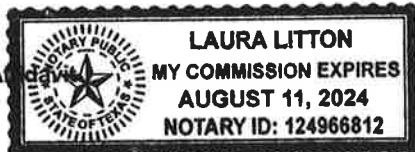
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Norman B. Robbins, Jr.		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 37.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,048.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,384.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Norman B. Robbins, Jr.
Signature of Candidate or Officeholder

Please complete either option below:



(1) A

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Norman B. Robbins this the 22nd day of April, 2021, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Adm. Asst.
Signature of officer administering oath Printed name of officer administering oath 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

20 Filer ID (Ethics Commission Filers)

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE**

**SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,875.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,048.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: <u>3</u>
2 FILER NAME <u>Norman B. Robbins, Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan E. Lawrence</u>	7 Amount of contribution (\$) <u>2,500.00</u>
6 Contributor address; City; State; Zip Code <u>2008 Foot Oaks Ln., Fort Worth, Tx 76107</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Peter + Sara Sterling</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>66 Westover Ter., Fort Worth, Tx 76107</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martha S. Williams</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>3707 Camp Bowie Blvd, Ste 300, Fort Worth, Tx 76107</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/3/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karen + Larry Antin</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>7020 Castle Creek Court, Fort Worth, Tx 76135</u>		
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: 3
2 FILER NAME Norman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice & Steve Waters	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2644 Waters Edge Ln, Fort Worth, TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce & Malynnda McGee	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. Box 629, Fort Worth, TX 76101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) For The Children PAC	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code P.O. Box 159, Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark M. Jones	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4400 Summercrest Ct, Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3
2 FILER NAME Noorman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brackett & Ellis, P.C.	7 Amount of contribution (\$) 250,00
6 Contributor address; City; State; Zip Code 100 Main St., Fort Worth, TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Fernandez	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 306 W. 7th St., Ste. 600, Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Assoc. of Realtors For a Non-Profit	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 2650 Parkview Dr., Fort Worth, TX 76102		
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 (\$)
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.

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 | 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 F1: <u>2</u>	2 FILER NAME <u>Norman B. Robbins, Jr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/25/21</u>	5 Payee name <u>Mulhollands</u>	
6 Amount (\$) <u>\$1,610.22</u>	7 Payee address: <u>P.O. Box 470697</u> City: State: Zip Code <u>Fort Worth, TX 76147</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing expense</u>	(b) Description <u>Campaign signs</u>
	(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 <u>4/3/21</u>	Payee name <u>Raconteur Media Co.</u>	
Amount (\$) <u>\$2,280.00</u>	Payee address: <u>1717 W. 6th St, Ste. 215</u> City: State: Zip Code <u>Austin, TX 78703</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>	Description <u>website</u>
	<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 <u>4/16/21</u>	Payee name <u>Datazapp</u>	
Amount (\$) <u>\$500.00</u>	Payee address: <u>555 W. Granada Blvd, Ste 66</u> City: State: Zip Code <u>Ormond Beach, FL 32174</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>	Description <u>Mailing list</u>
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 F1: <u>2</u>	2 FILER NAME <u>Norman B. Robbins, Jr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/16/21</u>	5 Payee name <u>Bromley Printing Co.</u>	
6 Amount (\$) <u>\$1,591.28</u>	7 Payee address; <u>620 N. Main St.</u> City: State: Zip Code <u>Fort Worth, TX 76164</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>	(b) Description <u>Mailers & door hangers</u>
	(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
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Date <u>4/19/21</u>	Payee name <u>Metro Mailer</u>		
Amount (\$) <u>\$4,429.62</u>	Payee address; <u>5719 E. Rosedale St., Ste. 909</u> City: State: Zip Code <u>Fort Worth, TX 76112</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Mailing house</u>	
	<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 <u>4/21/21</u>	Payee name <u>Raconteur Media Company</u>		
Amount (\$) <u>\$3,600.00</u>	Payee address; <u>1717 W. 6th St. Ste. 215</u> City: State: Zip Code <u>Austin, TX 78703</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>	Description <u>Banner ads and texts to District 7 voters</u>	
	<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