

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: 13		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Norman</u> MI <u>B</u> NICKNAME <u>Norm</u> LAST <u>Robbins, Jr.</u> SUFFIX _____		OFFICE USE ONLY Date Received <div style="color: red; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="color: red; font-size: 1.2em; font-weight: bold;">APR 01 2021</div> <div style="color: red; font-size: 1.2em; font-weight: bold;">Board of Education</div> Date Hand-delivered or Date Postmarked <u>4-1-2021</u> Receipt # _____ Amount \$ _____ Date Processed <u>4-1-2021 / hand delivered</u> Date Imaged <u>4-1-2021</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>6144 Plum Valley Pl.</u> <u>Fort Worth, TX 76116</u>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 951-4392</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Robert</u> MI <u>D</u> NICKNAME <u>Dan</u> LAST <u>Settle, Jr.</u> SUFFIX _____				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>201 Main St., Ste. 2500</u> <u>Fort Worth, TX 76102</u>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 332-2500</u>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 21</u> THROUGH <u>03 / 22 / 21</u>				
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <u>05 / 01 / 21</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Primary</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> Other Description</div> <div style="width: 50%;"><input checked="" type="checkbox"/> General</div> <div style="width: 50%;"><input type="checkbox"/> Special</div> </div>				
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <u>FWISD District 7 Trustee</u> <u>FWISD District 7 Trustee</u>				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME <u>Norman B. Robbins, Jr.</u>		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)	\$ <u>475.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,525.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>253.46</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>468.34</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,623.53</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Norman Robbins this the 1st day of April,

20 21, to certify which, witness my hand and seal of office.

Faye Daniels
Signature of officer administering oath

Faye Daniels
Printed name of officer administering oath

Executive 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**

Norman B. Robbins, Jr.

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9525.00
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	\$ 468.34
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/4/21

5 Full name of contributor

Lonnie & Lisa Robin

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

6120 Plum Valley Dr., Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/4/21

Full name of contributor

William D. & Ann McGreehill

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1608 Ashland Ave., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/4/21

Full name of contributor

Margaret Sykes

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2000 Spanish Trail, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/4/21

Full name of contributor

Col. (RET) William A. Massad

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

15 Westover Rd., Fort Worth, TX 76107

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/11/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Berkeley S. Merrill

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

6116 Plum Valley Pl., Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Judy R. Mayo

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

3862 Tamworth Rd., Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susanna Bartolomei

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6121 Valley View Dr., Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/12/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bruce & Malinda McGee

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

P.O. Box 629, Fort Worth, TX 76101-0629

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 1/22/21

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

Steve Deleon

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7212 Karen Dr., Fort Worth, TX 76180

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/22/21

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

J H Royer

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

1029 Boaring Springs Rd., Fort Worth, TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/21

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

Raymond B. Kelly III

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

301 Virginia Pl., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/21

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

Scott & Sally Mooring

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3710 Aviemore Dr., Fort Worth, TX 76109

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Louis G. Baldwin II

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

1320 S. University Dr., Ste. 808, Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/29/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bob & Joani Benda

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

608 Paint Pony Tr. N., Fort Worth, TX 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nick & Cindy Kypreos

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

6616 Cherry Hills Dr., Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James D. Harper

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

1009 Hidden Rd., Fort Worth, TX 76107

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: <u>9</u>
2 FILER NAME <u>Norman B. Robbins, Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/8/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paige & Bob Russey</u> <hr/> 6 Contributor address; City; State; Zip Code <u>3124 Tex Blvd., Fort Worth, TX 76116</u>	7 Amount of contribution (\$) <u>500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/12/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve Berry</u> <hr/> Contributor address; City; State; Zip Code <u>P.O. Box 10384, Fort Worth, TX 76185</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/22/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe R. Thompson</u> <hr/> Contributor address; City; State; Zip Code <u>600 Deloache Cres, Westworth Village, TX 76114</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/2/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom & Karen Williams</u> <hr/> Contributor address; City; State; Zip Code <u>4408 Ranch View Rd, Fort Worth, TX 76109</u>	Amount of contribution (\$) <u>100.00</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: <u>9</u>
2 FILER NAME <u>Norman B. Robbins, Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/2/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ann Sheets</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>4200 Inwood Rd., Fort Worth, TX 76109</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/2/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Zem Neill</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>4812 Barkridge Tr., Fort Worth, TX 76109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dee J. Kelly, Jr.</u>	Amount of contribution (\$) <u>1,000.00</u>
Contributor address; City; State; Zip Code <u>5756 Merrymount Rd., Fort Worth, TX 7607</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/4/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert & Elizabeth Miller</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>6128 Plum Valley Pl., Fort Worth TX 76107</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: 9
2 FILER NAME Norman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan & Gail Settle <hr/> 6 Contributor address; City; State; Zip Code 3729 Amherst Ave., Dallas, Tx 75225	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC <hr/> Contributor address; City; State; Zip Code 201 Main St., Ste. 2500, Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund <hr/> Contributor address; City; State; Zip Code 201 Main St., Ste. 2500, Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Linda Hercher <hr/> Contributor address; City; State; Zip Code 4424 Bombay Ct., Fort Worth, Tx 76116	Amount of contribution (\$) 200.00
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: 9
2 FILER NAME Norman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renate Wheeler	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3901 Tamworth Rd, Fort Worth, TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ames Fender	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 311 Bryan Ave, #203, Fort Worth, TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon L. Sands	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4740 Dexter Ave, Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Byrne Reynolds	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1605 Sunset Ter., Fort Worth, TX 76102		
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: <u>9</u>
2 FILER NAME <u>Norman B. Robbins, Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/19/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ashley Robbins</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>6491 Waverly Way, Fort Worth, TX 76116</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lindsay Martin</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>6404 Inca, Fort Worth, TX 76116</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/20/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elizabeth McElroy</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>3501 Dorothy Ln. S., Fort Worth, TX 76107</u>		
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Norman B. Robbins, Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/11/21</u>	5 Payee name <u>River Oaks Printing Co., Inc.</u>		
6 Amount (\$) <u>\$214.88</u>	7 Payee address; City; State; Zip Code <u>4906 Barbara Rd.</u> <u>Fort Worth, TX 76114</u>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		(b) Description <u>letterhead/envelopes</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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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