

# 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: <b>9</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>Norman</b> MI <b>B</b><br>NICKNAME <b>Norm</b> LAST <b>Robbins</b> SUFFIX <b>Jr.</b>  | <b>OFFICE USE ONLY</b>   |                               |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>6144 Plum Valley Place<br/>Fort Worth, Tx 76116</b>   | Date Received<br><br><b>RECEIVED</b><br><b>JAN 18 2021</b><br><b>Board of Education</b>  |                               |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><b>(817) 851-4392</b>  | Date Hand-delivered or Date Postmarked<br><b>1-13-2021</b>   |                               |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>Robert</b> MI <b>D</b><br>NICKNAME <b>Dan</b> LAST <b>Settle, Jr.</b> SUFFIX  | Receipt #  | Amount \$                     |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>201 Main St, Ste. 2500<br/>Fort Worth, Tx 76102</b>  | Date Processed   | <b>1-13-2021</b>              |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><b>(817) 332-2500</b>  | Date Imaged  |                               |
| <b>9 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                               |
| <b>10 PERIOD COVERED</b>  | Month Day Year    THROUGH    Month Day Year<br><b>7 / 1 / 2020    THROUGH    12 / 31 / 2020</b>  |  |                               |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year<br><b>05 / 01 / 2021</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                               |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><b>FWSR Trustee - District 7</b>   | <b>13 OFFICE SOUGHT (if known)</b><br><b>FWSR Trustee - District 7</b>   |                               |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><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.  |  |                               |
| <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC                           | COMMITTEE TYPE   | 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<br><i>Norman B. Robbins, Jr.</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) | \$ <i>100.00</i>                       |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <i>7,405.00</i>                     |
| EXPENDITURE TOTALS                            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <i>174.60</i>                       |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <i>466.59</i>                       |
| CONTRIBUTION BALANCE                          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <i>7,489.41</i>                     |
| OUTSTANDING LOAN TOTALS                       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <i>0</i>                            |

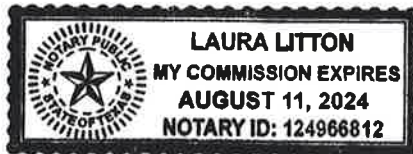
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 B. Robbins, Jr.* this the *13<sup>th</sup>* day of *January*, 20 *21*, to certify which, witness my hand and seal of office.

*Laura Litton*

*Laura Litton*

*Admin 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

*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                                      | \$ <i>7,405.00</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>466.59</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 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: **5**

2 FILER NAME **Norman B. Robbins, Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date **10/2/20**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Good Government Fund**  
 6 Contributor address; City; State; Zip Code  
**1200 Washington Ter., Fort Worth, TX 76107**

7 Amount of contribution (\$)  
**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **11/5/20**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert D. Settle, Jr. & Gail Settle**  
 Contributor address; City; State; Zip Code  
**3729 Amherst Ave., Dallas, TX 75225**

Amount of contribution (\$)  
**1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/6/20**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gordon R. England**  
 Contributor address; City; State; Zip Code  
**30 Windward Rd., Benbrook, TX 76126**

Amount of contribution (\$)  
**2,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/2/20**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ann Ryan**  
 Contributor address; City; State; Zip Code  
**333 Rivercrest Dr., Fort Worth, TX 76107**

Amount of contribution (\$)  
**100.00**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 12/2/20  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John & Linda Maddux  
 6 Contributor address; City; State; Zip Code  
2120 Ridgmar Blvd, Ste. 14, Fort Worth, TX 76166

7 Amount of contribution (\$) 250.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 12/2/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mike & Susi Bickley  
 Contributor address; City; State; Zip Code  
1824 Hillcrest St., Fort Worth, TX 76107

Amount of contribution (\$) 200.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/2/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jane Ferguson  
 Contributor address; City; State; Zip Code  
232 Fountain Square Dr, Fort Worth, TX 76107

Amount of contribution (\$) 100.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/2/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tommy Reilly  
 Contributor address; City; State; Zip Code  
1017 South FMS, Aledo, TX 76008

Amount of contribution (\$) 580.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 12/2/20  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Richard & Carol Minker  
 6 Contributor address; City; State; Zip Code  
 2865 Manorwood Tr., Fort Worth, TX 76109

7 Amount of contribution (\$) 125.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 12/2/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Pete & Beckie Geser  
 Contributor address; City; State; Zip Code  
 1200 Washington Ter., Fort Worth, TX 76107

Amount of contribution (\$) 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/2/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Steve & Janie Christie  
 Contributor address; City; State; Zip Code  
 3708 Lands End St., Fort Worth, TX 76109

Amount of contribution (\$) 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/3/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Eric Fox  
 Contributor address; City; State; Zip Code  
 3513 Overton Park Dr. E., Fort Worth, TX 76109

Amount of contribution (\$) 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 12/3/20  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ben Mitchell  
 6 Contributor address; City; State; Zip Code  
5876 Trigg Dr., Fort Worth, Tx 76114

7 Amount of contribution (\$)  
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 12/4/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Archie Davenport, Jr.  
 Contributor address; City; State; Zip Code  
4070 Clarke Ave., Fort Worth, Tx

Amount of contribution (\$)  
150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/4/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gary & Karen Price  
 Contributor address; City; State; Zip Code  
3805 Overton Park Dr. E., Fort Worth, Tx 7609

Amount of contribution (\$)  
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/17/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Patricia H. Schotts  
 Contributor address; City; State; Zip Code  
4701 Washburn Ave., Fort Worth, Tx 76107

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 12/9/20  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James L. Brittain  
 6 Contributor address; City; State; Zip Code  
3908 S. Fwy., Fort Worth, TX 76110

7 Amount of contribution (\$)  
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 12/9/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jan E. Fersing  
 Contributor address; City; State; Zip Code  
3800 Trailwood Ln., Fort Worth, TX 7609

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/9/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Barbara & Pat McNeal  
 Contributor address; City; State; Zip Code  
3731 W. 4<sup>th</sup> St., Fort Worth, TX 7607

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/9/20  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Steve Humble  
 Contributor address; City; State; Zip Code  
4732 Hawley Ave., Fort Worth, TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 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: <u>1</u> | 2 FILER NAME <u>Norman B. Robbins, Jr.</u> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|--|---------------------------------------|

|                        |                                  |
|------------------------|----------------------------------|
| 4 Date <u>11/18/20</u> | 5 Payee name <u>Metro Mailer</u> |
|------------------------|----------------------------------|

|                             |   |                         |                  |                       |
|-----------------------------|---|-------------------------|------------------|-----------------------|
| 6 Amount (\$) <u>291.99</u> | 7 Payee address; <u>5719 E. Roseale St. Suite 809</u> | City; <u>Fort Worth</u> | State; <u>TX</u> | Zip Code <u>76112</u> |
|-----------------------------|---|-------------------------|------------------|-----------------------|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Solicitation/Fund Raising Expense</u>   | (b) Description <u>Printing and mailing fund raising letters</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 |
|---|-------------------------------|---------------|-------------|

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

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