

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST Norman MI B	OFFICE USE ONLY Date Received RECEIVED JUL 17 2017 Board of Education <i>by Laura Gibson</i> Date Hand-delivered or Date Postmarked 7-17-17	
	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		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817) PHONE NUMBER 480-9555 EXTENSION	Receipt #	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST Robert MI D.	Amount \$	
	NICKNAME Dan LAST Settle, Jr. SUFFIX	Date Processed 7-17-17	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 Main St., Ste. 2500 Fort Worth, TX 76102	Date Imaged 7-17-17	
8 CAMPAIGN TREASURER PHONE	AREA CODE (817) PHONE NUMBER 332-2500 EXTENSION		
9 REPORT TYPE	<input 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) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 27 / 17 THROUGH 6 / 30 / 17		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 17	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Fort Worth ISD Trustee District 7	13 OFFICE SOUGHT (if known) Fort Worth ISD Trustee District 7	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Norman B. Robbins, Jr.

15 Filer ID (Ethics Commission Filers)

**16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 200.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,700.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 42.93

4. **TOTAL POLITICAL EXPENDITURES**

\$ 5,775.94

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,270.18

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norman B. Robbins, this the 17th day of July, 2017, to certify which, witness my hand and seal of office.

Laura Litton

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Board Asst.

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Norman B Robbins, Jr.</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	\$ 1,500.00
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	\$ 5,733.01
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: 1
2 FILER NAME Norman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 5/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan & Julie McCarty 6 Contributor address; City; State; Zip Code 2729 Colonial Pkwy., Fort Worth, TX 76109	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty & Bob Grable Contributor address; City; State; Zip Code 4447 Crestline Rd., Fort Worth, TX 76107	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty V. Leonard Contributor address; City; State; Zip Code 1411 Shady Oaks Ln., Fort Worth, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan & Gail Settle Contributor address; City; State; Zip Code 201 Main St., Ste. 2500, Fort Worth, TX 76102	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart & Hallman

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

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:	2 FILER NAME <i>Norman B. Robbins, Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/17</i>	5 Payee name <i>Murphy Nascica</i>	
6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code <i>45-A Brazos St., Ste. 304 Austin, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting expense</i>	(b) Description <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 <i>5/4/17</i>	Payee name <i>Costco</i>	
Amount (\$) <i>\$116.53</i>	Payee address; City; State; Zip Code <i>5300 Overton Ridge Blvd. Fort Worth, TX 76132</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <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 <i>5/5/17</i>	Payee name <i>King's Liquor</i>	
Amount (\$) <i>\$116.48</i>	Payee address; City; State; Zip Code <i>6659 Camp Bowie Blvd. Fort Worth, TX 76116</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <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: <i>Norman B. Robbins, Jr., Fort Worth ISD Trustee</i> Office sought: <i>Fort Worth ISD Trustee</i> Office held: _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME <i>Norman B. Robbins, Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/8/17</i>	5 Payee name <i>Murphy Natica</i>
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6 Amount (\$) <i>\$5000.00</i>	7 Payee address; City; State; Zip Code <i>815-A Brazos St., Ste. 304 Austin, TX 78701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Victory Bonus</i>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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