

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST Norman MI B. NICKNAME LAST SUFFIX Norm Robbins, Jr.				OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; margin: 5px; color: magenta; font-weight: bold;"> RECEIVED APR 28 2017 Board of Education </div> <i>by J. J. Jett</i> Date Hand-delivered or Date Postmarked 4-28-17
	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 PHONE NUMBER EXTENSION (817) 480-9555					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST Robert MI D. NICKNAME LAST SUFFIX Dan Settle, Jr.				
	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 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 332-2500		9 REPORT TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>			
10 PERIOD COVERED Month Day Year 3 / 28 / 17		THROUGH Month Day Year 4 / 26 / 17			
11 ELECTION ELECTION DATE Month Day Year 5 / 6 / 17		ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>			
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)

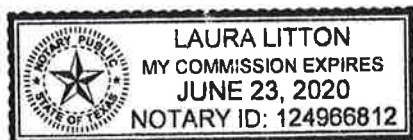
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 89.65
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,708.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,338.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Norman B. Robbins, this the 28th day of April, 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**

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	\$9,050.00
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	\$9,618.48
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

3/28/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dain Hancock

6 Contributor address;

City; State; Zip Code

8881 Random Rd., Fort Worth, TX 76179

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/28/17

Full name of contributor

☐ out-of-state PAC (ID#)

Steve DeLeon

Contributor address;

City; State; Zip Code

7202 Karen Dr., Fort Worth, TX 76180

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/28/17

Full name of contributor

☐ out-of-state PAC (ID#)

Nancy & John McClane

Contributor address;

City; State; Zip Code

3862 Landelite Ln, Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/28/17

Full name of contributor

☐ out-of-state PAC (ID#)

Freese & Nichols PAC

Contributor address;

City; State; Zip Code

4055 Int'l Pkwy., Ste 100, Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Civil Engineering

Employer (See Instructions)

Freese & Nichols

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

3/28/17

5 Full name of contributor

Jan Fersing

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3800 Trailwood Ln, Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/28/17

Full name of contributor

Mike + Phyllis Leach

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

6650 Bradbury Ct, Benbrook, TX 76132

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/28/17

Full name of contributor

Sandy Kautz

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3113 Woodlark, Fort Worth, TX 76123-1014

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/8/17

Full name of contributor

Pollard Rogers

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

600 W. 6th St., Ste. 300, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Cantey Hanger LLP

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

3/31/17

5 Full name of contributor

Lucy Brants

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

4035 Modlin Ave, Fort Worth, TX 7607

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Law Office of Lucy Brants

Date

3/21/17

Full name of contributor

John & Sarah Jeffers

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

708 Roaring Springs, Fort Worth, TX 76114

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self Employed

Date

4/4/17

Full name of contributor

Bill Landreth

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

3207 W. 4th St., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Landreth Co.

Date

4/4/17

Full name of contributor

Nancy Deen

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

6321 Pamlico Rd., Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Not employed

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

4/4/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Will Courtney

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 121488, Fort Worth, TX 76121

8 Principal occupation / Job title (See Instructions)

Real estate owner

9 Employer (See Instructions)

Courtney & Courtney Properties

Date

4/11/17

Full name of contributor

☐ out-of-state PAC (ID#)

Betsy Price

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

P.O. Box 100066, Fort Worth, TX 76185

Principal occupation / Job title (See Instructions)

Mayor

Employer (See Instructions)

City of Fort Worth

Date

4/14/17

Full name of contributor

☐ out-of-state PAC (ID#)

Jim & Margaret DeMoss

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2600 W. 7th St., #2644, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Construction Pres.

Employer (See Instructions)

DeMoss Company

Date

4/20/17

Full name of contributor

☐ out-of-state PAC (ID#)

Richard & Carol Minter

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

2865 Monrovia Tr., Fort Worth, TX

Principal occupation / Job title (See Instructions)

Real estate/b.r.v.p.

Employer (See Instructions)

Colliers Int'l

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

4/20/17

5 Full name of contributor

Nail + Cheryl Van Zandt

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1205 Summit Ave, Ste 516, Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/17

Full name of contributor

Ben Mitchell

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1701 Rogers Rd, Apt 420, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/17

Full name of contributor

Jim Rosenthal

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3952 Thistle Ln, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/17

Full name of contributor

Mac Churchill

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

611 River Crest Dr, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Mac Churchill Acura

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

4/20/17

5 Full name of contributor

James R. Dunaway

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

777 Taylor St, Ste. 1040, Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/20/17

Full name of contributor

Stephen Humble

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4516 Hartwood Dr., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

The Squire Shop

Date

4/20/17

Full name of contributor

Jay L. Fierke, M.D.

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4951 Riverbend Ct., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/17

Full name of contributor

S.T. Mitchell

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

5600 Miramar Ln., Fort Worth, TX 76034

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

4/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Arnold & Harriette Cushman

6 Contributor address;

City; State; Zip Code

1229 Shady Oaks Ln, Fort Worth, TX 76107

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/17

Full name of contributor

☐ out-of-state PAC (ID#)

Henry & Anne Paup

Contributor address;

City; State; Zip Code

3716 Autumn Dr., Fort Worth, TX 76109

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/17

Full name of contributor

☐ out-of-state PAC (ID#)

Mr & Mrs J.T. Ward, Jr.

Contributor address;

City; State; Zip Code

3601 Monticello Dr., Fort Worth, TX 76107

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/17

Full name of contributor

☐ out-of-state PAC (ID#)

Dan E. Lowrance

Contributor address;

City; State; Zip Code

2008 Four Oaks Ln, Fort Worth, TX 76107

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Retired

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

4/28/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

R. Craig & Cynthia B. Level

6 Contributor address;

City; State; Zip Code

6021 River Bend Rd., Fort Worth, TX 76132

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/17

Full name of contributor

☐ out-of-state PAC (ID#)

Jane & Gary Cumbie

Contributor address;

City; State; Zip Code

400 Willow Ridge Rd., Fort Worth, TX 76103

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/17

Full name of contributor

☐ out-of-state PAC (ID#)

Gordon Kelly, Jr.

Contributor address;

City; State; Zip Code

4724 Winthrop Ave., Fort Worth, TX 76116

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/17

Full name of contributor

☐ out-of-state PAC (ID#)

Whitney Neal

Contributor address;

City; State; Zip Code

4009 Byers Ave., Fort Worth, TX 76107

Amount of contribution (\$)

\$250.00

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: 9

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/17

5 Full name of contributor

Tom Lake

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

2920 Arlanwood Dr., Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/17

Full name of contributor

Bruce McGee

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

1715 Western Ave., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

Rickey Brantley

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

6617 Cahoba Dr., Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Rickey J. Brantley Law Firm

Date

4/26/17

Full name of contributor

Jim & Debbie Whithon

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 300.00

Contributor address;

City; State; Zip Code

4215 Warnock Ct., 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.

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		2 FILER NAME Norman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/17		5 Payee name Murphy Nasica			
6 Amount (\$) \$1,273.02		7 Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/3/17		Payee name Murphy Nasica			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		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 4/5/17		Payee name Murphy Nasica			
Amount (\$) \$1,850.00		Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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 Norman B. Robbins, Jr.		Office sought Fort Worth ISD Trustee Office held Fort Worth ISD Trustee	

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	2 FILER NAME Norman B. Robbins, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/17	5 Payee name Murphy Nasica	
6 Amount (\$) \$4,995.46	7 Payee address; City; State; Zip Code 815-A Brazos St., Ste. 304 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (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 <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		
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
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Norman B. Robbins, Jr., Fort Worth ISD Trustee Fort Worth ISD Trustee		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED