

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: **17**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS ☒ MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Norman Robbins, Jr.
Norm

OFFICE USE ONLY

Date Received

RECEIVED

APR 06 2017

Board of Education

Received by
Shirley Johnson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6144 Plum Valley Place
Fort Worth, TX 76116

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 480-9555

Date Hand-delivered or Date Postmarked

4-6-17

6 CAMPAIGN
TREASURER
NAME

MS / MRS ☒ MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Robert D.
Dan Settle, Jr.

Receipt #

Amount \$

Date Processed

4-6-17

Date Imaged

4-6-17

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 \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month / Day / Year
1 / 1 / 17

THROUGH

Month / Day / Year
3 / 27 / 17

11 ELECTION

ELECTION DATE

Month / Day / Year
5 / 6 / 17

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ 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)

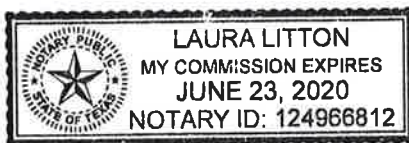
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 1,510.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,610.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 77.68
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,760.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,833.15
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.

Norman B. Robbins, Jr.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Norman B. Robbins, Jr., this the 6th 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 <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	\$ <i>8,100</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>13,682.58</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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/5/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

John & Linda Maddux

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

6363 Newport Ct., Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

Real estate

9 Employer (See Instructions)

John Maddux Real Estate

Date

1/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

Ted & Judy Mayo

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

3862 Tamworth, Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/17

Full name of contributor

☐ out-of-state PAC (ID#)

Steve & Alice Waters

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

4029 Glenwood Dr., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 3/7/17
5 Full name of contributor Ann & Bill Greenhill
☐ out-of-state PAC (ID#:
6 Contributor address; City; State; Zip Code
1608 Ashland, Fort Worth, TX 76107

7 Amount of contribution (\$) \$250.00

8 Principal occupation / Job title (See Instructions)
Att'y

9 Employer (See Instructions)
Haynes & Boone

Date 3/16/17
Full name of contributor Gavin Garrett
☐ out-of-state PAC (ID#:
Contributor address; City; State; Zip Code
3462 Sagecrest Ter., Fort Worth, TX 76109

Amount of contribution (\$) \$200.00

Principal occupation / Job title (See Instructions)
Petroleum

Employer (See Instructions)
Wheeler Operating Corp.

Date 3/16/17
Full name of contributor Tommy Reilly
☐ out-of-state PAC (ID#:
Contributor address; City; State; Zip Code
107 S. FAS, Aledo, TX 76008

Amount of contribution (\$) \$250.00

Principal occupation / Job title (See Instructions)
Real estate

Employer (See Instructions)
Reilly Brothers

Date 3/16/17
Full name of contributor Karen Price
☐ out-of-state PAC (ID#:
Contributor address; City; State; Zip Code
3805 Overton Park Dr. E., Fort Worth, TX 76109

Amount of contribution (\$) \$100.00

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
Self

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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/17

5 Full name of contributor

Jim Rosenthal

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

5757 E. Rosedale, Fort Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

Pres.

9 Employer (See Instructions)

Texas Air Filters

Date

3/16/17

Full name of contributor

Mark M. Jones

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

6500 W. Fwy, Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Accounting

Employer (See Instructions)

Mark M. Jones Assoc., P.C.

Date

3/16/17

Full name of contributor

Arnold & Harriet Gachman

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

1259 Shady Oaks Ln., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/17

Full name of contributor

GFWAR PAC

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 1,500.00

Contributor address;

City; State; Zip Code

2650 Parkview Dr. 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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mike & Susi Bickley

6 Contributor address;

City; State; Zip Code

1824 Hillcrest St., Fort Worth, TX 76107

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

Chad Dulaney

Contributor address;

City; State; Zip Code

3227 Otter Creek Ct., Lakeland, FL 33810

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Date

3/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

Danny Deen

Contributor address;

City; State; Zip Code

2612 Highview Ter, Fort Worth, TX 76109

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Pres.

Employer (See Instructions)

Deen Meat Co.

Date

3/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

Greg McLoey

Contributor address;

City; State; Zip Code

3817 Wooten Dr., Fort Worth, TX 76133

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

Luther King Capital Mgt.

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: 11
2 FILER NAME Norman B. Robbins, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susanna Bartolomei 6 Contributor address; City; State; Zip Code 1401 Clover Ln, Fort Worth, TX 76107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Williams Trew Real Estate
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Labbe Contributor address; City; State; Zip Code 9536 County Rd 603, Burleson, TX 76008	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) JPS Hospital
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Jackson Contributor address; City; State; Zip Code 3505 Hamilton, Fort Worth, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dax Symonds Contributor address; City; State; Zip Code 9541 Marbella Dr, Fortworth, TX 76126	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) St. Fin. Rep.		Employer (See Instructions) Principal Fin. Group

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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

John Kent

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3901 Ann Arbor Ct., Fort Worth, TX 7609

8 Principal occupation / Job title (See Instructions)

Mgr.

9 Employer (See Instructions)

Lockheed Martin Aeronautics

Date

3/10/17

Full name of contributor

Jim Rhodes

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

306 W. 7th St., Ste 1000, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Rhodes Securities

Date

3/10/17

Full name of contributor

Lonnie Robin

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

6120 Plum Valley Pl., Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of Lonnie Hank Robin

Date

3/10/17

Full name of contributor

Chris Lokey

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

4703 Barbridge Ter., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Lokey Metals

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: 11

2 FILER NAME

Norman B. Robbins Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Nissa Harrington

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

3117 Overton Park Dr. E., Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

Rosa Navejar

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2701 Calder Ct., Fort Worth, TX 76072

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

William V. Grisham

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

6387 Camp Bowie Blvd B-204, Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

David Lord

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

6100 Plum Valley Pl., Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

Tim McKinney

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1509 Northeast Ct., Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

United Way

Date

3/10/17

Full name of contributor

Joseph LaMarca, Jr.

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2308 Ranch House Dr., Southlake, TX 76092

Principal occupation / Job title (See Instructions)

V.P.

Employer (See Instructions)

Lockheed Martin Aeronautics

Date

3/10/17

Full name of contributor

Archie Davenport

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

4008 Clarke Ave., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Greenwood Cemetery

Date

3/10/17

Full name of contributor

Kathy Kelly

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

608 Westwood Ave., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Exec. Dir.

Employer (See Instructions)

Fort Worth CPA's

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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/17

5 Full name of contributor

Mac Churchill

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

611 Rivercrest Dr., Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Mac Churchill Acura

Date

3/12/17

Full name of contributor

Ben Loughrey

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

4455 Camp Bowie, Ste. 114, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/12/17

Full name of contributor

Jerry & James Taylor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1725 Carleton Ave, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Williams Trew Real Estate

Date

3/13/17

Full name of contributor

Richard Horvath

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

355 Highland Oaks Cir., Southlake, TX 76092

Principal occupation / Job title (See Instructions)

V.P.

Employer (See Instructions)

Lockheed Martin Aeronautics

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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/17

5 Full name of contributor

Nick Kypreos

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

6616 Cherry Hills Dr, Fort Worth, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/15/17

Full name of contributor

David Mockler

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2044 Glenco Ter, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Pgm. Mgr.

Employer (See Instructions)

Lockheed Martin Aeronautics

Date

3/20/17

Full name of contributor

Eric Fox

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

3513 Overton Pk, Dr E, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Sr. Dir.

Employer (See Instructions)

Lockheed Martin Aeronautics

Date

3/20/17

Full name of contributor

James Brittain

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4408 Bombay Ct, Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Brittain & Bradford, LLC

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: 11

2 FILER NAME

Norman B. Robbins, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/17

5 Full name of contributor

Steve Berry

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 101384, Fort Worth, TX 76185

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/17

Full name of contributor

Morris Matson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2727 Azalea Ln., Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/25/17

Full name of contributor

Deborah Robbins

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

5 Birchwood, Lincoln, MA 01773

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/27/17

Full name of contributor

Sally Moorings

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

3710 Aviemore Dr., Fort Worth, TX 76109

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.

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: 3	2 FILER NAME Norman B. Robbins, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 1/19/17	5 Payee name Benbrook Area Chamber of Commerce	
6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code P.O. Box 26745, Benbrook, TX 76126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (membership)	
	(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 Norman B. Robbins, Jr.	Office sought FWSD Trustee
		Office held FWSD Trustee
Date 2/28/17	Payee name Murphy Nasica	
Amount (\$) \$5,000.00	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 ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Norman B. Robbins, Jr.	Office sought FWSD Trustee
		Office held FWSD Trustee
Date 3/2/17	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 ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Norman B. Robbins, Jr.	Office sought FWSD Trustee
		Office held FWSD 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	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: 3 2 FILER NAME Norman B. Robbins, Jr. 3 Filer ID (Ethics Commission Filers)

4 Date 3/14/17 5 Payee name Murphy Nasica

6 Amount (\$) \$193.86 7 Payee address; City; State; Zip Code 615-A Brazos St., Ste. 304 Austin, TX 78701

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Norman B. Robbins, Jr. Office sought FWSD Trustee Office held FWSD Trustee

Date 3/16/17 Payee name Murphy Nasica

Amount (\$) \$3,947.91 Payee address; City; State; Zip Code 615-A Brazos St., Ste. 304 Austin, TX 78701

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing expense Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Norman B. Robbins, Jr. Office sought FWSD Trustee Office held FWSD Trustee

Date 3/22/17 Payee name Murphy Nasica

Amount (\$) \$2,328.50 Payee address; City; State; Zip Code 615-A Brazos St., Ste. 304 Austin, TX 78701

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing & consulting expenses Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Norman B. Robbins, Jr. Office sought FWSD Trustee Office held FWSD Trustee

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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: 3	2 FILER NAME Norman B. Robbins, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 3/23/17	5 Payee name Murphy Nascia
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6 Amount (\$) \$345.85	7 Payee address; City; State; Zip Code 415-A Brazos St, Ste 304 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Norman B. Robbins, Jr.	Office sought FWSD Trustee	Office held FWSD Trustee
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Date 3/10-27/17	Payee name Anedot
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Amount (\$) \$256.46	Payee address; City; State; Zip Code P.O. Box 84314, Baton Rouge, LA 70884
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fund Raising Expense	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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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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