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: 5

3 CANDIDATE / OFFICEHOLDER NAME

FIRST: rm

MI

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 6144 Plum ce

STATE; ZIP CODE: Fort Worth, TX 76116

☐ Change of Address

AREA CODE: (817) EXTENSION: 480-9555

FIRST: Robert

MI: D

NICKNAME: Dan

LAST NAME: Sale, JR.

STREET ADDRESS (NO PO): 201 Main

CITY, STATE, ZIP CODE: Fort Worth, Tx 76102

PHONE NUMBER

OFFICEHOLDER PHONE: (17) 332-2500

6 CAMPAIGN TREASURER NAME

MS / MRS /

MI

SUFFIX

Receipt #

Amount $

Date Processed

Date Imaged

[redacted]

TREASURER ADDRESS

(Residence or Business)

8 CAMPAIGN PHONE

AREA CODE

EXTENSION

9 REPORT TYPE

☐ January 15

☐ July 15

30th day before election

☐ 8th day before election

Runoff

☐ Exceeded Modified

15th day after campaign treasurer appointment (Officeholder Only)

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

[redacted]

CA D E / OFF CE OLDER
CA G F A CE REPO

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME [redacted]

16 Filer ID (Ethics Commission Filers) [redacted]

17 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) $ [redacted]

4. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $ [redacted]

EXPENDITURE [redacted]

$ 6,029.98

$ 0

0

0

4. **TOTAL POLITICAL EXPENDITURES**

CONTRIBUTION BALANCE

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

OUTSTANDING LOAN TOTALS

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

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

B. R , Jr. by

which,

Se

Please complete either option below:

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME [redacted]

20 Filer ID (Ethics Commission Filers) [redacted]

21 SCHEDULE SUBTOTALS

	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐ [redacted]	$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[redacted]	$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$6,029.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11	☐ [redacted]	$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

2 FILER NAME

1 Norman R. Robbins. JR

name

9.98 Worth 76164

Contribution Campaign support

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense

CAND DATE / OFF CE OLDER REPORT: DESIG ION OF F NAL REPORT

FORM C/O - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

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

2 Filer ID (Ethics Commission Filers)

3 **SIGNATURE**

I do not expect any further political [redacted] campaign contributions or make any campaign expenditures without a campaign

[redacted]

4 **FILER WHO IS NOT AN OFFICEHOLDER**

•• **Complete A & B below *only* if you are not an officeholder.** ••

[redacted]