

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST ROSEMARY	MI	OFFICE USE ONLY Date Received Office of Legal Services Irving ISD APR 04 2019 RECEIVED <i>ca: 2:30 pm</i> Date Hand-delivered or Date Postmarked
	NICKNAME	LAST ROBBINS	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3105 CORONADO IRVING, TX 75062			
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	498-2458		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST ANNE	MI H	Receipt #
	NICKNAME	LAST PERFF	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 234 STEEPLECHASE IRVING, TEXAS 75062			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(972)	467-4030		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 1 / 28 / 2019		THROUGH	Month Day Year 4 / 4 / 2019
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 5 / 4 / 2019	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) IISD TRUSTEE PLACE 1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ROSEMARY ROBBINS 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	\$ 139 ⁻
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5008 ⁰²
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2061 ⁸³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2946 ¹⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY 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.

Rosemary Robbins
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rosemary Robbins, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

Andrea I. Hernandez Andrea I. Hernandez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>ROSEMARY ROBBINS</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	\$ 5008 ⁰²
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	\$ 2061 ⁸³
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: <i>128</i>
2 FILER NAME <i>ROSEMARY ROBBINS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/31/2019</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRED W. KEMPER</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>410 COUNTY ROAD LOMETA, TX 76853</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/10/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRUCE BURNS</i>	Amount of contribution (\$) <i>\$100⁻</i>
Contributor address; City; State; Zip Code <i>501 MCCOY DR IRVING, TX 75062</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/8/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KERISSA ELAINE DUNN</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4529 VISTA MEADOWS KELLER, TX 75249</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/15/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANDREW L. ELLENTHAL</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4505 ELLEWAEFR CV AUSTIN, TX 78794</i>		
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: 2 of 8
2 FILER NAME ROSEMARY ROBBINS		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD ALAN LARSON	7 Amount of contribution (\$) \$175⁻
6 Contributor address; City; State; Zip Code 3538 MARGUE RD DALLAS, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOB WHITNEY	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 513 Hanover Ln IRVING, TX 75062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL M. GREGORY	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2809 LINDEN LN IRVING, TX 75000		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEIL DUGGER	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 7326 MARI GOLD DR IRVING, TX 75000		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
--	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 5
2 FILER NAME ROSEMARY ROBBINS		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA R. SYKES 6 Contributor address; City; State; Zip Code 3617 CRAGMOUR Dallas, TX 75205	7 Amount of contribution (\$) \$150 -
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Mills Contributor address; City; State; Zip Code	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLYN SPAIN Contributor address; City; State; Zip Code	Amount of contribution (\$) 250 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDDIE VERNON Contributor address; City; State; Zip Code	Amount of contribution (\$) 200 -
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: 4 of 8
2 FILER NAME ROSEMARY ROBBINS		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK DEWUEHP	7 Amount of contribution (\$) \$100 -
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLEW DOUGET	Amount of contribution (\$) \$150 -
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY B. CLEMENTS	Amount of contribution (\$) \$1,500 -
Contributor address; City; State; Zip Code 5850 E. LOVERS LANG DALLAS, TX 75204		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONG LAOWIG	Amount of contribution (\$) \$50 -
Contributor address; City; State; Zip Code 1901 MURGT IRVING, TX 75062		
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: 598
2 FILER NAME ROSEMARY ROBBINS		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONSTANCE M. RILEY	7 Amount of contribution (\$) \$50⁻
6 Contributor address; City; State; Zip Code 1901 MURGET IRVING, TX 75062		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK CUMMINGS	Amount of contribution (\$) \$100⁻
Contributor address; City; State; Zip Code P.O. Box 827 DENTON, TX 76202		
Principal occupation / Job title (See Instructions) DATED		Employer (See Instructions)
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIE H. DEBERT	Amount of contribution (\$) \$50⁻
Contributor address; City; State; Zip Code 3904 BOISE COUNTRY IRVING, TX 75062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES JOHNSON Prothro	Amount of contribution (\$) \$500⁻
Contributor address; City; State; Zip Code 940 W. COLORADO BLVD DALLAS TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>6 of 8</i>
2 FILER NAME <i>ROSGMARLY ROBBINS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21/2019</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES W. DEATH GRACE</i> 6 Contributor address; City; State; Zip Code <i>1204 N. IRVING HEIGHTS IRVING, TX 75041</i>	7 Amount of contribution (\$) <i>\$100⁻</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/13/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wm and Linda Althoff</i> Contributor address; City; State; Zip Code <i>3545 Calle De Sol Irving TX 75062</i>	Amount of contribution (\$) <i>\$150⁻</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LILLY WHITE</i> Contributor address; City; State; Zip Code <i>1241 MARLYNN IRVING TX 75062</i>	Amount of contribution (\$) <i>\$100⁻</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CILEEN PARKS 2702 BRITAIN</i> Contributor address; City; State; Zip Code <i>IRVING TX 75062</i>	Amount of contribution (\$) <i>\$100⁻</i>
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: <i>798</i>
2 FILER NAME <i>ROSEMARY ROBBINS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/2019</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALICE OWEN</i>	7 Amount of contribution (\$) <i>50</i>
6 Contributor address; City; State; Zip Code <i>309 E ROCHOLLE IRVING, TX 75062</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/29/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUDY AND PATEL SMITH</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>1802 PURITAN IRVING, TX 75061</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VIRGINIA YATES</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>600 BRITAIN CT IRVING, TX 75062</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JERLENE MILLEC</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>2801 N. BRITAIN IRVING, TX 75062</i>		
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: 8 of 8
2 FILER NAME ROSEMARY ROBBINS		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. WHITE	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1845 E. NORTH GATE IRVING, TX 75062		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE N. PFAFF	Amount of contribution (\$) \$383⁰²
Contributor address; City; State; Zip Code 234 STEEPLECHASE IRVING, TX 75062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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: 103	2 FILER NAME ROSEMARY ROBBINS	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2019	5 Payee name OTR GROUD	
6 Amount (\$) 125 ⁸⁴	7 Payee address; City; State; Zip Code P.O. Box 382286 Duncanville, TX 75138	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 2/28/2019	Payee name Bank of America	
Amount (\$) 78 ⁶⁷	Payee address; City; State; Zip Code 117 E JOHN CARPENTER FWY IRVING, TX 75062	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	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 Family Promise	
Amount (\$) 60	Payee address; City; State; Zip Code P.O. Box 177516 IRVING, TX 75017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS / DONATIONS	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	

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: 1073		2 FILER NAME Rosemary Robbins		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name R AMBLER			
6 Amount (\$) 937-		7 Payee address; City; State; Zip Code 627 S. Rogers Road IRVING 75060			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(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	
Date		Payee name MINUTEMAN PRESS			
Amount (\$) 28 29 28		Payee address; City; State; Zip Code 940 N. BELTLINE IRVING, TX 75060			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event 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		Office sought	
Date 3/29/2019		Payee name GLORY HOUSE			
Amount (\$) \$384¹⁰		Payee address; City; State; Zip Code 109 S. Main St IRVING, TX 75060			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event 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		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

