

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <b>ROSEMARY</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>ROBBINS</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3105 CORONADO IRVING TX 75062</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(214) 498-2458</b>		Date Received
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <b>ANNE</b>	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX <b>PPAFF</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>234 STEEPLCHASE IRVING TX 75062</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(972) 467-4030</b>		
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year <b>2 / 9 / 20</b> THROUGH <b>9 / 24 / 20</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>11 / 3 / 2020</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>SCHOOL BOARD</b>	
	<b>12 OFFICE</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>IISD TRUSTEE PLACE 1</b>	
<b>GO TO PAGE 2</b>			

# 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)

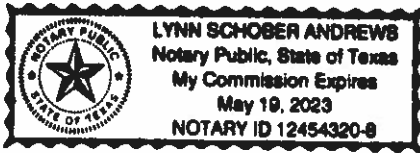
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3350 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1678 <sup>22</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3350 <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Rosemary Robbins  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rosemary Robbins, this the 29<sup>th</sup> day of October, 20 20, to certify which, witness my hand and seal of office.

Lynn Schober Andrews Lynn Schober Andrews Special Assistant  
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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3350 <sup>00</sup>
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	\$ 1678 <sup>22</sup>
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: <b>123</b>
2 FILER NAME <b>ROSEMARY ROBBINS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/12/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRED W. KEMPER</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>40 COUNTY Rd LOMETA TX 76853</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/15/20</b> <b>5/30/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEN J. KRIVACIC</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>3658 NORTHMAVEN DALLAS TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/16/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRADLEY Woods</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code <b>715 S. BRITAIN IRVING TX 75060</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANN G. PFAFF</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>234 STEEPLAND SE IRV TX 75062</b>		
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: <b>203</b>
2 FILER NAME <b>ROSEMARY ROBBINS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patti Caperton</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1633 Boundbrook Irving, TX 75060</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/18/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE HILL</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2442 RIDGECREST IRVING, TX 75062</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/19/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BOB WHITNER</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>IRVING, TX 75062</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/9/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LIZETTE TORRES</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>715 S. BRITAIN IRVING, TX 75061</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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: <b>3 of 3</b>
2 FILER NAME <b>ROSEMARY ROBBINS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/12/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRAG BOLEMAN</b> 6 Contributor address; City; State; Zip Code <b>1912 CROCKETT IRVING, TX 75038</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/18/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELBA GARZA</b> Contributor address; City; State; Zip Code <b>DALLAS, TX</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/23/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM ALTOFF</b> Contributor address; City; State; Zip Code <b>3545 CALLEDGE SOL IRVING 75062</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/1/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JERRAN FROGG</b> Contributor address; City; State; Zip Code <b>Flame Mound TX</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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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: <i>103</i>	2 FILER NAME <i>Rosemary Robbin</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <i>Twenty-Nine, Inc</i>
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6 Amount (\$)	7 Payee address; <i>P.O. Box 166176 Irving, TX 75016</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description
	(c) <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
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Date <i>6/4 6/5</i>	Payee name <i>U.S. Post Office</i>
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Amount (\$) <i>175- 288- 35</i>	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Postage</i>	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	Office held
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Date <i>7/1/20</i>	Payee name <i>Irving Heritage Society</i>
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Amount (\$) <i>50.00</i>	Payee address; <i>P.O. Box Irving, Texas 75016</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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	Office held
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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: 2033		2 FILER NAME ROSEMARY BOWAINS		3 Filer ID (Ethics Commission Filers)	
4 Date 5/31/20		5 Payee name BEYOND THE S LOGOO			
6 Amount (\$) 300 <sup>00</sup>		7 Payee address; City; State; Zip Code 4201 BUNKER HILL ROAD GARLAND, TX 75045			
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 Office held	
Date 9/2/20		Payee name Minuteman Press			
Amount (\$) 24 <sup>69</sup>		Payee address; City; State; Zip Code 940 N. Belt Line Rd Irving, Texas 75061			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		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 Office held	
Date 9/15/20		Payee name Brown Bag Solutions			
Amount (\$) 249 <sup>68</sup>		Payee address; City; State; Zip Code 318 E. Amberway Lane Garland, TX 75016			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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 Office held	

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>323</b>	2 FILER NAME <b>Rosemary Robbins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/20</b> <b>9/2/20</b>	5 Payee name <b>Rosemary Robbins</b>	
6 Amount (\$) <b>76.24</b> <b>47.61</b>	7 Payee address; City; State; Zip Code <b>3105 Coronado Irving, TX 75062</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Campaign Supplies</b>	(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
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Date <b>9/25/20</b>	Payee name <b>Rosemary Robbins</b>
Amount (\$) <b>300<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3105 Coronado Irving, TX 75062</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel-in-District</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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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
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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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