

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME <i>BUILDING A BETTER DENTON</i>		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2913 DESTIN DR. DENTON, TX 76205</i>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MR. RANDALL L.</i> ----- NICKNAME LAST SUFFIX <i>ROBINSON</i>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2913 DESTIN DR. DENTON, TX 76205</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2913 DESTIN DR. DENTON, TX 76205</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 996-5076</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year <i>07 / 24 / 2014 THROUGH 09 / 25 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 04 / 2014</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME BUILDING A BETTER DENTON ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)	<input type="checkbox"/> OFFICEHOLDER
<input type="checkbox"/> OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / #
<input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month Day Year <u>11 / 04 / 2014</u>
		DESCRIPTION <u>CAPITAL IMPROVEMENT BOND PROPOSALS</u>

14 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)	\$ <u>2,000</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>Ø</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,000</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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.

[Signature]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randy Robinson, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

Jennifer K. Walters
Signature of officer administering oath

Jennifer K. Walters
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME RANDALL L. ROBINSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/09/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET W SHELTON	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4 TIMBERGREEN, DENTON, TX 76205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ACCOUNTANT		10 Employer (See Instructions)	
Date 09/09/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUSTAV L. SELIGMANN	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6 OAK FOREST DENTON, TX 76200		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) UNIVERSITY PROFESSOR		Employer (See Instructions)	
Date 09/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEVE T. BREEDLOVE	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7617 RODEO DR., DENTON, TX 76208		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 2	
2 FILER NAME RANDALL L. ROBINSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/09/14	5 Corporation / Labor Organization name JAGOE PUBLIC COMPANY	7 Amount of contribution (\$) 1,500	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 250, DENTON, TX 76202		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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