

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: <div style="text-align: center; font-size: 24px;">4</div>									
3 COMMITTEE NAME <div style="font-size: 24px; text-align: center;">BUILDING A BETTER DENTON</div>		OFFICE USE ONLY										
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; text-align: center;">2913 DESTIN DR. DENTON, TX 76205</div>		Date Received <hr/> Date Hand-delivered or Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	Receipt #	Amount							
Receipt #	Amount											
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <div style="font-size: 24px; text-align: center;">RANDALL</div>	MI <div style="font-size: 24px; text-align: center;">L</div>									
	NICKNAME <div style="font-size: 24px; text-align: center;">ROBINSON</div>	LAST 	SUFFIX 									
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; text-align: center;">2913 DESTIN DR. DENTON, TX 76205</div>											
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; text-align: center;">2913 DESTIN DR. DENTON, TX 76205</div>											
8 CAMPAIGN TREASURER PHONE	AREA CODE <div style="font-size: 24px; text-align: center;">(817)</div>	PHONE NUMBER <div style="font-size: 24px; text-align: center;">996-5076</div>	EXTENSION 									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input checked="" 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
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">09 / 26 / 2014</td> <td></td> <td style="text-align: center; font-size: 24px;">10 / 25 / 2014</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	09 / 26 / 2014		10 / 25 / 2014			
Month Day Year	THROUGH	Month Day Year										
09 / 26 / 2014		10 / 25 / 2014										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24px; text-align: center;">11 / 04 / 2014</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

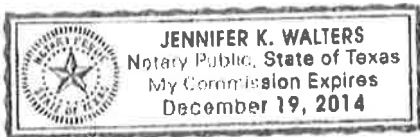
**FORM SPAC
COVER SHEET PG 2**

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 checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <i>Propositions 1-4</i>	ELECTION DATE Month Day Year <i>11 / 04 / 2014</i>
		DESCRIPTION <i>CAPITAL IMPROVEMENT BOND PROPOSALS</i>

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)	\$ 3,000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,132.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 867.39
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 16, 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 27th day of October, 20 14, 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

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 FILER NAME RANDALL L. ROBINSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/2014	5 Corporation / Labor Organization name HALFF ASSOCIATES, INC	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 1201 NORTH BROWER ROAD RICHARDSON, TX 75081-2275	(If travel outside of Texas, complete Schedule T)	
Date 10/17/2014	Corporation / Labor Organization name DUNAWAY ASSOCIATES, LP	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 550 BAILEY AVE., SUITE 400 FORT WORTH, TX 76107	(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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	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
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	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME RANDALL L. ROBINSON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/22/2014	5 Payee name THE CROUCH GROUP, INC	
6 Amount (\$)	7 Payee address; City; State; Zip Code 300 NORTH CARROLL BLVD. DENTON, TX 76201	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING AND PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) 2RC ADS; STREET + YARD SIGNS <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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
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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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