CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	iuide explains how to complete this form.	81-5413576	9
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	мі С	OFFICE USE ONLY
NAME	Mr Robert	SUFFIX	Date Received
	Dye	III.	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	40.440 Mary Albanas Charles	CITY; STATE; ZIP CODE	JUL 1 7 2017
Change of Address		C	ITY SECRETARY'S OFF C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 877-4185	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME	Mr. Giovanni	S SUFFIX	Date Processed
	NICKNAME LAST Zavala	35/11X	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 13530 Heartside Pl.	SUITE #; CITY; STATE; Farmers Branch TX	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (312) 933-2830	EXTENSION	
9 REPORT TYPE	January 15 30th day before	Formed and @FOO limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 6 / 1 / 17	Month THROUGH 7	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	=
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	/n)
	Mayor		
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Robert Dye		15 Filer ID (Ethics Commission Filers) 81-5413576
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
_		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	#AN \$ 210.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,060.43
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 92.12
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,951.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		T DAY \$ 109.14
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	**************************************
18 AFFIDAVIT	1.		
			perjury, that the accompanying report is formation required to be reported by me
		Pluface	
		Signature of Ca	ndidate or Officeholder
AFFIX NOTARY STAR	MP/SEALABOVE		
		by the said	
day of	, 20,	to certify which, witness my hand and seal of office	e.
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 F	19 FILER NAME 20 Filer ID (Ethics		20 Filer ID (Ethics Cor	Commission Filers)	
	Robert Dye 81-5413576				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
46.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,500.00	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	350,43
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.0	4. SCHEDULE E: LOANS		\$		
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	5,859.17	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.0	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ RETURNED TO FILER				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
	Robert Dye		81-5413576
4 Date	5 Full name of contributor ut-of-state PAC (ID#;)	7 Amount of contribution (\$)
7.3.17	6 Contributor address; City; State; P.O. Box 1055 Lewisville, TX	Zip Code (75067	\$100.00
8 Principal of	occupation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		[ID#:)	Amount of contribution (\$)
7.3.17	Judy Byrd Contributor address; City; State;		
	2980 Eric Lane Farmers B	Branch, TX 75234	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
7.3.17 Contributor address; City; State; Zip Code \$200.		\$200.00	
		Branch, TX 75234	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-oI-state PAC	(ID#:)	Amount of contribution (\$)
7.3.17	Joel Presser Contributor address; City; State; Zip Code \$100.00		\$100.00
	3407 Courtyard Cir. Farmers	Branch, TX 75234	
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)
	Retired		

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	FILER NAME			3 Filer ID (Ethics Commission Filers)
	R	obert Dye		81-5413576
4	Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
		Caroline Castelli		
	7.3.17	6 Contributor address; City; State	Zip Code	
		3127 Rolling Knoll Dr. Farmers Bra	anch, TX 75234	\$500.00
_	Delevie of control		9 Employer (See Instruct	ions)
8	Principal occu	pation / Job title (See Instructions)	5 Employer (Coo medicor	,
_				
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Chris Taylor		
	40.47	Contributor address; City; State	; Zip Code	\$2,000.00
р	.12.17		Propob TY 75234	
		10220 0441 2411	Branch, TX 75234 Employer (See Instruct	ions)
	Principal occup	pation / Job title (See Instructions)	Employer (Geo mando)	
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		L.A. Creative		
	6.12.17	Contributor address; City; State	; Zip Code	
		Formers.	Branch TX 75234	\$200.00
2660 Farmers Branch Lane Farmers Branch, TX 75234				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Faye Chapman		\$100.00
	6.5.17	Contributor address; City; State	e; Zip Code	*.=
		3155 Brincrest Farmers Branch, T.	X 75234	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		etired		
-		eurou		

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 f	form.	1 Total pages Schedule A1;
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
R	obert Dye		81-5413576
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Hooman Sedighi		
6.5.17	6 Contributor address; City; State;	Zip Code	
	13213 Glad Acres Farmers Brar	nch, TX 75234	\$1,000.00
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
o i illiopai occo	341011,7 332 4112 (222 11124 222 222)		
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
Duto	Army Porors		(,,
	Amy Rogers	Zio Codo	
6.5.17	Contributor address; City; State;	Zip Code	\$1,000.00
	3607 Pine Tree Drive Farmers B	Branch, TX 75234	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Date	- Contraction -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of domination (4)
0.5.47	Kimberly Upfield	<pre> <pre> <pre> <pre> <pre> <pre> </pre> </pre> <pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> </pre> <pre> <pre> </pre> <pre> </pre> <pre> <pre> <pre> </pre> <pre> </pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> <pre> </pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> </pre> <pre> <pr< td=""><td></td></pr<></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>	
6.5.17	5.17 Contributor address; City; State; Zip Code \$200.00		
	3423 Pine Tree Circle Farmers Branch, TX 75234		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor out-of-state_PAC	(10#-	Amount of contribution (\$)
- 4110	Uni-state 1 Ad	(10#)	,,,
	Contributor address; City; State;	Zip Code	
	Contributor address; City; State;	210 0000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Ré	etired		
	14.		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2:	
2 FILER NAME Robert Dye			3 Filer ID (Ethics Commission Filers) 81-5413576	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$\frac{9}{4}\$ In-kind contribution description 350.43 Advertising	
	3000 Randy Lane Farmers Branch, TX 75234		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor) See a see see de	Amount of In-kind contribution Contribution \$ description	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emplo			Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	III F AS NEEDED	
Ι.	ATTACH ADDITIONAL COPIES OF			

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

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Robert Dye	81-5413576
4 Date	5 Payee name	
6.3.17	MoWax Visual	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$145.17	14415 Meandering Way, Dallas, TX 75254	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if Iravel outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	r tartotaentg =:-q	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6.4.17	The Order Desk	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,442.00	2910 Canton Street Dallas, TX 75226	
		D
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense & Printing Expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
	1 dyou haine	
6.30.17	Citi	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,612.04	1P.O. Box 9001037 Louisville, KY	40290
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Credit Card Payment	Check if Austin, TX, officeholder living expense
EXPENDITURE		
	Onedidate / Officebolder come	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Robert Dye	81-5413576
4 Date	5 Payee name	
6.5.17	The Tyson Organization	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$-340.04	1351 Mistletoe Drive Fort Worth, TX 751	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense Reimbursement	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	A Lastin France & Briefin France	Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense & Printing Expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
Date	Payee name	
Date	. Lyce	
Amount (\$)	Payee address; City; State; Zip Code	
	10	
	Category (See Categories listed at the top of this schedule)	Description
DUDDOGE	Category (dae Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Credit Card Payment	Check if Austin, TX, officeholder living expense
EXPENDITURE	Credit Card Fayment	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	Н	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED