

# 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>11</b>																		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">MS / MRS / MR</td> <td style="width:40%; padding: 2px;">FIRST</td> <td style="width:10%; padding: 2px;">MI</td> </tr> <tr> <td style="padding: 2px;"><b>Mr.</b></td> <td style="padding: 2px;"><b>Robert</b></td> <td style="padding: 2px;"><b>C</b></td> </tr> <tr> <td style="padding: 2px;">NICKNAME</td> <td style="padding: 2px;">LAST</td> <td style="padding: 2px;">SUFFIX</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><b>Dye</b></td> <td style="padding: 2px;"><b>III</b></td> </tr> </table>	MS / MRS / MR	FIRST	MI	<b>Mr.</b>	<b>Robert</b>	<b>C</b>	NICKNAME	LAST	SUFFIX		<b>Dye</b>	<b>III</b>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <span style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</span>  <span style="color: red; font-weight: bold;">OCT - 5 2020</span>  <span style="color: blue; font-weight: bold;">CITY SECRETARY'S OFFICE</span> </div>							
MS / MRS / MR	FIRST	MI																			
<b>Mr.</b>	<b>Robert</b>	<b>C</b>																			
NICKNAME	LAST	SUFFIX																			
	<b>Dye</b>	<b>III</b>																			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">ADDRESS / PO BOX; APT / SUITE #;</td> <td style="width:10%; padding: 2px;">CITY;</td> <td style="width:10%; padding: 2px;">STATE;</td> <td style="width:50%; padding: 2px;">ZIP CODE</td> </tr> <tr> <td style="padding: 2px;"><b>13218 Bee Street</b></td> <td style="padding: 2px;"><b>FB</b></td> <td style="padding: 2px;"><b>TX</b></td> <td style="padding: 2px;"><b>75234</b></td> </tr> </table>			ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>13218 Bee Street</b>	<b>FB</b>	<b>TX</b>	<b>75234</b>										
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<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">AREA CODE</td> <td style="width:40%; padding: 2px;">PHONE NUMBER</td> <td style="width:40%; padding: 2px;">EXTENSION</td> </tr> <tr> <td style="padding: 2px;"><b>(469)</b></td> <td style="padding: 2px;"><b>877.4165</b></td> <td style="padding: 2px;"></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	<b>(469)</b>	<b>877.4165</b>													
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<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</td> <td style="width:10%; padding: 2px;">CITY;</td> <td style="width:10%; padding: 2px;">STATE;</td> <td style="width:30%; padding: 2px;">ZIP CODE</td> </tr> <tr> <td style="padding: 2px;"><b>2869 Millwood Cir.</b></td> <td style="padding: 2px;"><b>FB</b></td> <td style="padding: 2px;"><b>TX</b></td> <td style="padding: 2px;"><b>75234</b></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>2869 Millwood Cir.</b>	<b>FB</b>	<b>TX</b>	<b>75234</b>										
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<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;"><input type="checkbox"/> January 15</td> <td style="width:25%; padding: 2px;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%; padding: 2px;"><input type="checkbox"/> Runoff</td> <td style="width:25%; padding: 2px;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> July 15</td> <td style="padding: 2px;"><input type="checkbox"/> 8th day before election</td> <td style="padding: 2px;"><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td style="padding: 2px;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)										
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">Month</td> <td style="width:10%; padding: 2px;">Day</td> <td style="width:15%; padding: 2px;">Year</td> <td style="width:10%; padding: 2px;">THROUGH</td> <td style="width:10%; padding: 2px;">Month</td> <td style="width:10%; padding: 2px;">Day</td> <td style="width:15%; padding: 2px;">Year</td> </tr> <tr> <td style="padding: 2px;"><b>07</b></td> <td style="padding: 2px;"><b>16</b></td> <td style="padding: 2px;"><b>20</b></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><b>10</b></td> <td style="padding: 2px;"><b>05</b></td> <td style="padding: 2px;"><b>20</b></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	<b>07</b>	<b>16</b>	<b>20</b>		<b>10</b>	<b>05</b>	<b>20</b>				
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<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">ELECTION DATE</td> </tr> <tr> <td style="width:10%; padding: 2px;">Month</td> <td style="width:10%; padding: 2px;">Day</td> <td style="width:10%; padding: 2px;">Year</td> </tr> <tr> <td style="padding: 2px;"><b>11</b></td> <td style="padding: 2px;"><b>03</b></td> <td style="padding: 2px;"><b>20</b></td> </tr> </table>	ELECTION DATE			Month	Day	Year	<b>11</b>	<b>03</b>	<b>20</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">ELECTION TYPE</td> </tr> <tr> <td style="width:33%; padding: 2px;"><input type="checkbox"/> Primary</td> <td style="width:33%; padding: 2px;"><input type="checkbox"/> Runoff</td> <td style="width:33%; padding: 2px;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> General</td> <td style="padding: 2px;"><input type="checkbox"/> Special</td> <td style="padding: 2px;"></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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<b>12</b> OFFICE	OFFICE HELD (if any)  <b>Mayor</b>	<b>13</b> OFFICE SOUGHT (if known)  <b>Mayor</b>																			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Robert C. Dye** 15 Filer ID (Ethics Commission Filers)

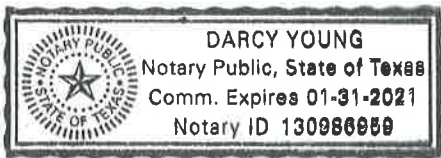
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,164.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,649.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,598.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*Robert C. Dye*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert C. Dye, this the 5<sup>th</sup> day of October, 2020, to certify which, witness my hand and seal of office.

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</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,164.00
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		\$ 7,649.49
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:
2 FILER NAME <b>Robert C. Dye</b>		3 Filer ID (Ethics Commission Filers)	
4 Date 09/27/20	5 Full name of contributor Chris Berry	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 13208 Woodhaven Dr. Farmers Branch TX 75234	\$250.00	
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
4 Date 10/01/20	5 Full name of contributor Donna Wald	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 3416 Belladonna Dr. Plano TX 75093	\$25.00	
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
4 Date 09/29/20	5 Full name of contributor William Groves	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 2505 Kings Gate Carrollton TX 75006	\$1,000.00	
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
4 Date 09/28/20	5 Full name of contributor Lisa Massey	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 13444 Janwood Ln. Farmers Branch TX 75234	\$50.00	
8 Principal occupation / Job title (See instructions)		9 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 FILER NAME <b>Robert C. Dye</b>		3	Filer ID (Ethics Commission Filers)
4 Date 09/27/20	5 Full name of contributor Natalie Ayala	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 13518 Castleton Dr. Farmers Branch TX 75234	\$25.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 09/24/20	5 Full name of contributor Nancy Holland	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 13131 Kerr Trail Dallas TX 75244	\$50.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 09/19/20	5 Full name of contributor Hollie Butterfield	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 3900 Vitruvian Way #538 Addlson TX 75001	\$25.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 09/18/20	5 Full name of contributor Rachelle Hale	7 Amount of Contribution (\$)	
	6 Contributor Address City State; Zip Code 13304 Goodland Pl. Unit A Farmers Branch TX 75234	\$25.00	
8 Principal occupation / Job title (See Instructions)		9 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>			

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:
2 FILER NAME <b>Robert C. Dye</b>		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/20	5 Full name of contributor WC Yates	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 13775 Pyramid Dr. Farmers Branch TX 75234	\$50.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 09/16/20	5 Full name of contributor Christopher Taylor	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 13229 Cedar Lane Dallas TX 75234	\$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 09/15/20	5 Full name of contributor Sarah Berel-Harrop	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 3047 Eric Lane Farmers Branch TX 75234	\$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 09/08/20	5 Full name of contributor Dan Dornback	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 3425 Chaparral Dr. Farmers Branch TX 75234	\$100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:
2 FILER NAME <b>Robert C. Dye</b>		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/20	5 Full name of contributor Steven Beverly	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 2916 Golfing Green Drive Farmers Branch TX 75234	\$50.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
4 Date 09/03/20	5 Full name of contributor Christopher Cardenas	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 3444 Bevann Drive Farmers Branch TX 75234	\$4.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
4 Date 08/31/20	5 Full name of contributor Marc Andres	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 2800 N. Henderson Avenue, Suite : Dallas TX 75206	\$100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
4 Date 09/18/20	5 Full name of contributor Faye Chapman	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 3155 Brlncrest Circle Farmers Branch TX 75234	\$100.00
8 Principal occupation / Job title (See instructions)		9 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>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:
2 FILER NAME <b>Robert C. Dye</b>		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/20	5 Full name of contributor Giovanni Zavala	7 Amount of Contribution (\$)
	6 Contributor Address                      City                      State; Zip Code  2869 Millwood Cir.                      Farmers Branch TX                      75234	\$500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 09/15/20	5 Full name of contributor Martha Palmer	7 Amount of Contribution (\$)
	6 Contributor Address                      City                      State; Zip Code  2618 Danny Lane                      Farmers Branch TX                      75234	\$10.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 09/12/20	5 Full name of contributor Michael Jones	7 Amount of Contribution (\$)
	6 Contributor Address                      City                      State; Zip Code  3512 Pinehurst Circle                      Farmers Branch TX                      75234	\$250.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 09/03/20	5 Full name of contributor Hooman Sedighi	7 Amount of Contribution (\$)
	6 Contributor Address                      City                      State; Zip Code  13213 Glad Acres Dr.                      Farmers Branch TX                      75234	\$1,500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		



POLITICAL EXPENDITURES MADE		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: <b>3</b>	2 FILER NAME <b>Robert Dye</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>09/18/20</b>	5 Payee name <b>Vista Print</b>		
6 Amount (\$) <b>785.41</b>	5 Payee address: <b>275 Wyman St.</b>	City <b>Waltham</b>	State <b>MA</b> Zip Code <b>02451</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date <b>09/10/20</b>	5 Payee name <b>Image Sports</b>		
6 Amount (\$) <b>858.37</b>	5 Payee address: <b>2675 Freewood Drive</b>	City <b>Dallas</b>	State <b>TX</b> Zip Code <b>75220</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date <b>09/11/20</b>	5 Payee name <b>Vista Print</b>		
6 Amount (\$) <b>627.05</b>	5 Payee address: <b>275 Wyman St.</b>	City <b>Waltham</b>	State <b>MA</b> Zip Code <b>02451</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SECTION AS NEEDED

**POLITICAL EXPENDITURES MADE**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan	Solicitation/Fundraising Expense
Accounting / Banking	Fees	Repayment/Reimbursement	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Office Overhead/Rental	Travel In District
Contributions/Donations Made By	Gift/Awards/Memials Expense	Expesne	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Polling Expense	Other (enter a category not listed above)
Credit Card Payment		Printing Expense	
		Salaries/Wages/Contract	
		Labor	

The Instruction Guide Explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Robert Dye</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>09/18/20</b>	5 Payee name <b>The Order Desk</b>	
6 Amount (\$) <b>3,952.61</b>	5 Payee address: <b>9840 Monroe Suite 104</b>	City State Zip Code <b>Dallas TX 75220</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date <b>09/20/20</b>	5 Payee name <b>Edwards &amp; Patterson Signs</b>	
6 Amount (\$) <b>547.75</b>	5 Payee address: <b>203 S. Beltline Road</b>	City State Zip Code <b>Irving TX 75060</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date <b>09/26/20</b>	5 Payee name <b>Torte's Las Tortugas</b>	
6 Amount (\$) <b>443.82</b>	5 Payee address: <b>14510 Jossey Lane</b>	City State Zip Code <b>Farmers Branch TX 75234</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SECTION AS NEEDED

<b>POLITICAL EXPENDITURES MADE</b>	<b>SCHEDULE F1</b>
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<b>EXPENDITURE CATEGORIES FOR BOX 6(a)</b>			
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: <b>3</b>	2 FILER NAME <b>Robert Dye</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/19/20</b>	5 Payee name <b>Kona</b>
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6 Amount (\$) <b>267.44</b>	5 Payee address: <b>5945 Centennial Cir</b>	City <b>Florence</b>	State <b>KY</b>	Zip Code <b>41402</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date <b>09/05/20</b>	5 Payee name <b>Alpha Graphics</b>
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6 Amount (\$) <b>369.04</b>	5 Payee address: <b>3001 Knox St.</b>	City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75205</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date	5 Payee name
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6 Amount (\$)	5 Payee address:	City	State	Zip Code
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	

9 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 SECTION AS NEEDED