

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Robert C ----- NICKNAME LAST SUFFIX Dye III	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; color: red; font-weight: bold;">OCT 26 2020</div> <div style="text-align: center; color: blue; font-weight: bold;">CITY SECRETARY'S OFFICE</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13218 Bee Street FB TX 75234		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 877.4165		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Giovanni S ----- NICKNAME LAST SUFFIX Zavala		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2869 Millwood Cir. FB TX 75234		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 795.5664		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 06 / 20 THROUGH 10 / 26 / 20		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 20	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Mayor	13 OFFICE SOUGHT (if known) Mayor	
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

GENERAL

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)

\$ 3,000.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,353.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

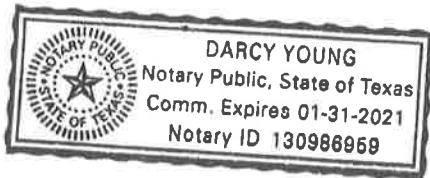
\$ 4,245.27

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Robert Dye, this the 26th day of October, 2020, to certify which, witness my hand and seal of office

Darcy Young
Signature of officer administering oath

Darcy Young
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,000.00
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	\$ 4,353.53
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 Robert C. Dye		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/20	5 Full name of contributor Kendall Scudder	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 2175 Tucker Street #1317 Dallas TX 75214	\$100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 10/15/20	5 Full name of contributor Carol & Joe Dingman	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 13223 Glad Acres Farmers Branch TX 75234	\$2,300.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 10/20/20	5 Full name of contributor Susan Shor	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 2517 Danny Lane Farmers Branch Tx 75234	\$500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 10/21/20	5 Full name of contributor Renee Dye	7 Amount of Contribution (\$)
	6 Contributor Address City State; Zip Code 109 Cancha de Golf Rancho Sante Fe CA 92091	\$100.00
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.		

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 Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memials Expense | Polling Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Printing Expense | Other (enter a category not listed above) |
| | | Salaries/Wages/Contract Labor | |

The instruction Guide Explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Robert Dye	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/20	5 Payee name The Order Desk	
6 Amount (\$) 3,167.67	5 Payee address: 9840 Monroe Suite 104	City State Zip Code Dallas TX 75220
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	
	(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 10/12/20	5 Payee name Vista Print	
6 Amount (\$) 616.16	5 Payee address: 275 Wyman St.	City State Zip Code Waltham MA 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	
	(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 10/10/20	5 Payee name Vista Print	
6 Amount (\$) 569.70	5 Payee address: 275 Wyman St.	City State Zip Code Waltham MA 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	
	(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