

# 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 <b>Mr.</b> NICKNAME	FIRST <b>Robert</b> LAST <b>Dye</b>	MI <b>C</b> SUFFIX <b>III</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; <b>13218 Bee Street</b>		CITY; STATE; ZIP CODE <b>FB TX 75234</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(469)</b>	PHONE NUMBER <b>877.4165</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Giovanni</b> LAST <b>Zavala</b>	MI <b>S</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>2869 Millwood Cir.</b>		CITY; STATE; ZIP CODE <b>FB TX 75234</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(972)</b>	PHONE NUMBER <b>795.5664</b>	EXTENSION
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>10 / 27 / 20</b> THROUGH <b>1 / 15 / 21</b>		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>Mayor</b>		13 OFFICE SOUGHT (if known)

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)

\$ 200.81

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,018.37

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,464.45

CONTRIBUTION  
BALANCE

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

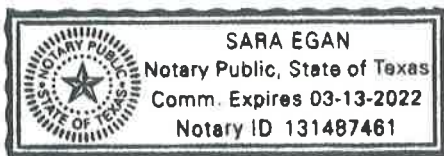
\$ 0.00

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.

*[Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert C. Dye, this the 15 day of January, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

*[Signature]*

Printed name of officer administering oath

City Secretary  
Assistant to CS

Title of officer administering oath

Sara Egan

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,018.37
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	\$ 6,464.45
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 11/03/20	5 Full name of contributor Robert C. Dye			7 Amount of Contribution (\$)	
	6 Contributor Address	City	State;	Zip Code	\$2,018.37
	13218 Bee Street	Dallas	TX	75234	
8 Principal occupation / Job title (See instructions)			9 Employer (See Instructions)		
4 Date	5 Full name of contributor 0			7 Amount of Contribution (\$)	
	6 Contributor Address	City	State;	Zip Code	\$0.00
	0	0	0	0	
8 Principal occupation / Job title (See instructions)			9 Employer (See Instructions)		
4 Date	5 Full name of contributor 0			7 Amount of Contribution (\$)	
	6 Contributor Address	City	State;	Zip Code	\$0.00
	0	0	0	0	
8 Principal occupation / Job title (See instructions)			9 Employer (See Instructions)		
4 Date	5 Full name of contributor 0			7 Amount of Contribution (\$)	
	6 Contributor Address	City	State;	Zip Code	\$0.00
	0	0	0	0	
8 Principal occupation / Job title (See instructions)			9 Employer (See Instructions)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

<b>POLITICAL EXPENDITURES MADE</b>		<b>SCHEDULE F1</b>	
<b>EXPENDITURE CATEGORIES FOR BOX 8(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 Expenses 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>10/21/20</b>	5 Payee name <b>The Order Desk</b>		
6 Amount (\$) <b>207.09</b>	5 Payee address: <b>9840 Monroe Suite 104</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>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>10/21/20</b>	5 Payee name <b>The Order Desk</b>		
6 Amount (\$) <b>1,805.32</b>	5 Payee address: <b>9840 Monroe Suite 104</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>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>10/27/20</b>	5 Payee name <b>The Order Desk</b>		
6 Amount (\$) <b>575.30</b>	5 Payee address: <b>9840 Monroe Suite 104</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>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
<b>ATTACH ADDITIONAL COPIES OF THIS SECTION AS NEEDED</b>			

POLITICAL EXPENDITURES MADE		SCHEDULE F1	
<b>EXPENDITURE CATEGORIES FOR BOX 8(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)
4 Date <b>10/29/20</b>	5 Payee name <b>The Order Desk</b>		
6 Amount (\$) <b>3,222.75</b>	5 Payee address: <b>9840 Monroe Suite 104</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>Printing</b>		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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>11/02/20</b>	5 Payee name <b>Native Coffee</b>		
6 Amount (\$) <b>83.95</b>	5 Payee address: <b>4319 Alph Road</b>	City <b>Dallas</b>	State <b>TX</b>  Zip Code <b>75244</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food &amp; Beverage</b>		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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>11/02/20</b>	5 Payee name <b>Facebook</b>		
6 Amount (\$) <b>570.04</b>	5 Payee address: <b>1 Hacker Way</b>	City <b>Menlo Park</b>	State <b>CA</b>  Zip Code <b>94025</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought  Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SECTION AS NEEDED</b>			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

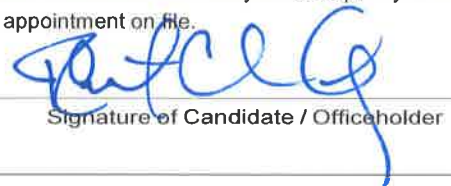
**1 C/OH NAME**

Robert C. Dye

**2 Filer ID** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section *only* if you are an officeholder \*\*

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder