

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>  81-5413576	<b>2 Total pages filed:</b>  14								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mr                      Robert                      C <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX Dye                                      III	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="text-align: center; margin: 5px 0 0 0;">Date Received</p> <p style="text-align: center; font-size: 2em; color: blue; margin: 10px 0 0 0;"><b>RECEIVED</b></p> <p style="text-align: center; font-size: 1.5em; color: red; margin: 5px 0 0 0;"><b>APR 27 2017</b></p> <p style="text-align: center; color: blue; font-weight: bold; margin: 10px 0 0 0;">CITY SECRETARY'S OFFICE</p> </div>									
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;      CITY;      STATE;      ZIP CODE 12440 Wood Manor Circle                      Farmers Branch      TX      75234										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 469 )                      877-4165										
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Mr.                      Giovanni                      S <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX Zavala	Date Hand delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged									
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;      CITY;      STATE;      ZIP CODE 13530 Heartside Pl.                                      Farmers Branch      TX      75234										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 312 )                      933-2830										
<b>9 REPORT TYPE</b>	<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"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<b>10 PERIOD COVERED</b>	<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;">1    1    17</td> <td></td> <td style="text-align: center;">4    27    17</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	1    1    17		4    27    17		
Month    Day    Year	THROUGH	Month    Day    Year									
1    1    17		4    27    17									
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 5    6    2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  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)**

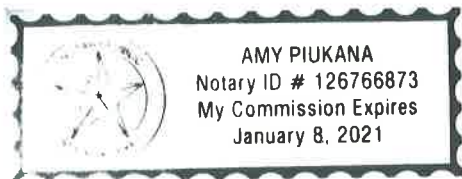
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 65.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,935.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 239.92
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 17,611.54
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,563.46
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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 Dye*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Dye, this the 27 day of April, 2017, to certify which, witness my hand and seal of office.

*Amy Piukana*  
Signature of officer administering oath

Amy Piukana  
Printed name of officer administering oath

*City Secretary*  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME  Robert Dye		20 Filer ID (Ethics Commission Filers)  81-5413576
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$13,870
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	\$ 11,131.62
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	\$ 6,240.00
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:  
5

**2** FILER NAME

Robert Dye

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

81-5413576

**4** Date

2.23.17

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lloyd & Ruth Yost

**6** Contributor address;

City; State; Zip Code

2872 Maydelle Lane

Farners Branch, TX 75234

**7** Amount of contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

2/23/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

William & Dorotha Phelps

Contributor address;

City; State; Zip Code

3135 Rolling Knoll Ct.

Farmers Branch, TX 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kurt & Clare Connally

Contributor address;

City; State; Zip Code

3612 Courtdale Dr.

Farmers Branch, TX 75234

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joe & Carol Dingman

Contributor address;

City; State; Zip Code

13223 Glad Acres Drive

Farmers Branch, TX 75234

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Robert Dye

3 Filer ID (Ethics Commission Filers)

81-5413576

4 Date

2/23/17

5 Full name of contributor

Susan Shor

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

2517 Danny Lane

City; State; Zip Code

Farmers Branch, TX 75234

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/17

Full name of contributor

Charles McLean

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

3603 Cedar Lane

City; State; Zip Code

Farmers Branch, TX 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

Floyd & Jane Fuller

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

2529 Danny Lane

City; State; Zip Code

Farmers Branch, TX 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/17

Full name of contributor

Bradley Marshall

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

3454 Pine Tree Circle

City; State; Zip Code

Farmers Branch, TX 75234

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

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

Robert Dye

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

81-5413576

**4** Date

2/23/17

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kenneth Mam

**6** Contributor address;

City; State; Zip Code

13301 Galleria Place

Farmers Branch, TX 75234

**7** Amount of contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

2/27/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Justin Koch

Contributor address;

City; State; Zip Code

5839 Morningside Avenue

Dallas, TX 75206

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/2017

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Renee Dye

Contributor address;

City; State; Zip Code

109 Concha de Golf

Rancho Sante Fe, CA 92091

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2017

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Giovanni Zavala

Contributor address;

City; State; Zip Code

15530 Heartside Ln.

Farmers Branch, TX 75234

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

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

Robert Dye

3 Filer ID (Ethics Commission Filers)

81-5413576

4 Date

3/15/17

5 Full name of contributor

Bo Alexander

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

12227 Veronica Ln,

City; State; Zip Code

Farmers Branch, TX 75234

7 Amount of contribution (\$)

\$220.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/17

Full name of contributor

Grant Alexander

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

3028 Lavita

City; State; Zip Code

Farmers Branch, TX 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/2017

Full name of contributor

Benny de la Vega

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

3322 Pine Tree Circle

City; State; Zip Code

Farmers Branch, TX 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/17

Full name of contributor

Robert Dye

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

12440 Wood Manor Circle

City; State; Zip Code

Farmers Branch, TX 75234

Amount of contribution (\$)

\$10,000.00

Principal occupation / Job title (See Instructions)

Real Estate Developer / Managing Member

Employer (See Instructions)

Self Employed

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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

Robert Dye

3 Filer ID (Ethics Commission Filers)

81-5413576

4 Date

4/6/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hooman Sedighi

6 Contributor address; City; State; Zip Code

13213 Glad Acres

Farmers Branch, TX 75234

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Doctor

9 Employer (See Instructions)

Self Employed

Date

4/23/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amy Rogers

Contributor address; City; State; Zip Code

3607 Pine Valley

Farmers Branch, TX 75234

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vicki Goode

Contributor address; City; State; Zip Code

3437 Longmeade

Farmers Branch, TX 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <p style="text-align:center">Robert Dye</p>	<b>3</b> Filer ID (Ethics Commission Filers) <p style="text-align:center">81-5413576</p>			
<b>4</b> Date <p style="text-align:center">2/13/17</p>	<b>5</b> Payee name <p style="text-align:center">MoWax Visual</p>				
<b>6</b> Amount (\$) <p style="text-align:center">\$2023.50</p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center">14415 Meandering Way, Dallas, TX 75254</p>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:20%; border:none; text-align:center;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <p style="text-align:center">3/6/17</p>	Payee name <p style="text-align:center">Dallas Print</p>				
Amount (\$) <p style="text-align:center">\$433.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">2201 Main Street # 810 Dallas, TX 75201</p>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense &amp; Printing Expense</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <p style="text-align:center">2/20/17</p>	Payee name <p style="text-align:center">Moo.com</p>				
Amount (\$) <p style="text-align:center">\$333.27</p>	Payee address; City; State; Zip Code <p style="text-align:center">14 Blackstone Valley Place, Lincoln, RI 02865</p>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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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)

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <p style="text-align:center">Robert Dye</p>	<b>3</b> Filer ID (Ethics Commission Filers) <p style="text-align:center">81-5413576</p>			
<b>4</b> Date <p style="text-align:center">3/7/17</p>	<b>5</b> Payee name <p style="text-align:center">McWax Visual</p>				
<b>6</b> Amount (\$) <p style="text-align:center">\$2695.00</p>	<b>7</b> Payee address:      City; State; Zip Code <p style="text-align:center">14415 Meandering Way, Dallas, TX 75254</p>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <p style="text-align:center">Advertising Expense</p>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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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				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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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				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center">Candidate / Officeholder name</td> <td style="width:20%; border:none; text-align:center">Office sought</td> <td style="width:5%; border:none; text-align:center">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Dye	<b>3</b> Filer ID (Ethics Commission Filers) 81-5413576			
<b>4</b> Date 2/13/17 & 3/7/17	<b>5</b> Payee name MoWax Visual				
<b>6</b> Amount (\$) \$4,718.50	<b>7</b> Payee address: City; State; Zip Code 14415 Meandering Way, Dallas, TX 75254				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/6/17	Payee name Dallas Print				
Amount (\$) \$433.00	Payee address: City; State; Zip Code 2201 Main Street # 810 Dallas, TX 75201				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense & Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 2/20/17	Payee name Moo.com				
Amount (\$) \$333.27	Payee address: City; State; Zip Code 14 Blackstone Valley Place, Lincoln, RI 02865				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Dye	<b>3</b> Filer ID (Ethics Commission Filers) 81-5413576
<b>4</b> Date 2/22/17	<b>5</b> Payee name Image Imprinting	
<b>6</b> Amount (\$) 638.50	<b>7</b> Payee address: City; State; Zip Code 2675 Freewood Dr, Dallas, TX 75220	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	
Date 2/23/17	Payee name Victoria Restaurant	
Amount (\$) \$600.00	Payee address: City; State; Zip Code 13435 Bee St, Farmers Branch, TX 75234	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: Office sought: Office held:	
Date 2/16/17	Payee name Farmers Branch Women's Club	
Amount (\$) \$250.00	Payee address: City; State; Zip Code 12214 Treeview Lane Farmers Branch, TX 75234	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: Office sought: Office held:	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Dye	<b>3</b> Filer ID (Ethics Commission Filers) 81-5413576		
<b>4</b> Date 4/11/17, 4/13/17 & 4/20/17	<b>5</b> Payee name Dallas Print			
<b>6</b> Amount (\$) \$1,774.22	<b>7</b> Payee address: City; State; Zip Code 2201 Main Street #810 Dallas, TX 75201			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 4/18/17 & 4/24/17	Payee name The Order Desk			
Amount (\$) \$2,388.13	Payee address: City; State; Zip Code 2910 Canton Street Dallas, TX 75226			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense & Mailing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date	Payee name			
Amount (\$)	Payee address: City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Robert Dye	<b>3</b> Filer ID (Ethics Commission Filers) 81-5413576
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 4/17/17	<b>6</b> Payee name Democracy Toolbox	
<b>7</b> Amount (\$) 2,600.00	<b>8</b> Payee address; City; State; Zip Code 405 Rice Street McKinney, TX 75069	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/17/17	Payee name The Tyson Organization	
Amount (\$) 3,640.00	Payee address; City; State; Zip Code 1351 Mistletoe Drive Fort Worth, TX 76110	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description <input type="checkbox"/> Check 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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