

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Robert Charles Dunn Sr.

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

Campaign to Elect Robert Dunn

☐ SPECIFIC

COMMITTEE ADDRESS

P.O. Box 5181 Beaumont, TX. 77726

COMMITTEE CAMPAIGN TREASURER NAME

Michael Ryals

COMMITTEE CAMPAIGN TREASURER ADDRESS

3250 Timberwood Beaumont, TX. 77703

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.⁰⁰

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

\$ 800

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 92.⁷⁶

4. TOTAL POLITICAL EXPENDITURES

\$ 574.⁶²

CONTRIBUTION
BALANCE

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

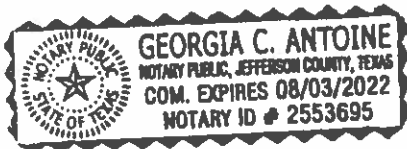
\$ 645.²³

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. Dunn
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Charles Dunn Sr. this the 26th day of April, 20 19, to certify which, witness my hand and seal of office.

Georgia C. Antoine
Signature of officer administering oath

Georgia C. Antoine
Printed name of officer administering oath

Board Secy.
Title of officer administering oath

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 <u>MR</u> FIRST <u>Robert</u> MI <u>C.</u> NICKNAME LAST SUFFIX <u>Senior Chief Dunn</u> <u>Sr.</u>		OFFICE USE ONLY Date Received RECEIVED APR 26 2019 ga Date Hand-delivered or Date Postmarked <u>4/26/19</u> Receipt # Amount \$ Date Processed <u>4/26/19</u> Date Imaged <u>4/26/19</u>
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ☐ Change of Address <u>6340 Durango Dr. Bmt. TX. 77708</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Michael</u> MI <u>Ryals</u> NICKNAME LAST SUFFIX		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3250 Timberwood Beaumont, TX. 77703</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(409)</u> <u>658-8500</u>		
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>04/05/2019</u> THROUGH <u>04/26/2019</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05/04/2019</u>		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>BISD Trustee At-Large</u>
GO TO PAGE 2			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Robert Charles Dunn Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/2019

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Houston Pouncey

7 Amount of contribution (\$)

\$25.⁰⁰

6 Contributor address;

City; State; Zip Code

2970 Ave D. Beaumont, TX 77701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/2019

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kent Johns

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City; State; Zip Code

330 Liberty St. Beaumont, TX 77701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/2019

Full name of contributor

☐ out-of-state PAC (ID# _____)

Hilary Guest

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City; State; Zip Code

2560 E Euclid St. Beaumont, TX 77705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/2019

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joseph & Kathy Wingate

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City; State; Zip Code

9130 Gross St. Beaumont, TX 77707

Principal occupation / Job title (See Instructions)

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

Robert Charles Dunn Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/2019

5 Full name of contributor

Joan Stewart

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City; State; Zip Code

4480 CPAL ST Beaumont TX 77705

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/2019

Full name of contributor

Eddie Williams

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

4010 OAKGROVE PL. Beaumont, TX 77708

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2019

Full name of contributor

Camille Briggs

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

335 Greeves St. Beaumont, TX 77707

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2019

Full name of contributor

George Scott

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

5125 Linda Ln. Beaumont, TX 77708

Principal occupation / Job title (See Instructions)

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 Robert Charles Dunn Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2019	5 Full name of contributor ☐ out-of-state PAC (ID# _____) R Jones 6 Contributor address; City; State; Zip Code 3305 Hobert Rd Beaumont, TX. 77705	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/01/2019	Full name of contributor ☐ out-of-state PAC (ID# _____) Dividend Contributor address; City; State; Zip Code	Amount of contribution (\$) \$0.01
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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

Date: 04/26/2019

Robert C Dunn6340 Durango Dr
Beaumont TX 77708

Period: 04/05/2019 to 04/26/2019

Account 0007028755**Savings 0007028755 S 0009 Business Chking Acct**

Category	Checking	Open Date		02/09/2017
Type	Business Checking - No Div/Fee			
		Beginning Balance		\$419.85
		Ending Balance		\$645.23
Posting Date	Effective Date	Description	Amount	Balance
04/05/2019		ATM Withdrawal DUGOOD EASTEX MA 6011 XXXXXXXXXXXX3392 003978 7505 EASTEX FRWY BEAUMONT TX	\$-300.00	\$119.85
04/09/2019		Cash and check Deposit	\$400.00	\$519.85
04/16/2019		ACH Deposit PAYPAL, PAYPALSD11, TRANSFER, 190415, TRANSFER, 09100001, PPD, 22, ROBERT DUNN 04/16/2019	\$100.00	\$619.85
04/20/2019		POS Card purchase OFFICE DE 3875 STAG 5943 XXXXXXXXXXXX3392 221846 BEAUMONT TX	\$-92.76	\$527.09
04/23/2019		ACH Deposit PAYPAL, PAYPALSD11, TRANSFER, 190423, TRANSFER, 09100001, PPD, 22, ROBERT DUNN 04/24/2019	\$200.00	\$727.09
04/23/2019		Cash Deposit	\$100.00	\$827.09
04/23/2019		Card Card purchase PRINT JUNKIES INK 7299 XXXXXXXXXXXX3392 202417 BEAUMONT TX	\$-181.86	\$645.23

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 LAST SUFFIX DENISE WALLACE SPOONER		OFFICE USE ONLY 
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 127 BEAUMONT, TX 77704 ☐ Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 273 - 0638		
6 CAMPAIGN TREASURER NAME	MS / MRS / ☒ MR FIRST LAST SUFFIX AL BERNARD		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 4520 Cartwright BEAUMONT, TX 77707		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 782-1716		
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year THROUGH		
11 ELECTION	ELECTION DATE: Month Day Year 5 / 4 / 19 ☐ Primary ☒ General ☐ Runoff ☐ Special City & School		
12 OFFICE	OFFICE HELD (if any): BISD Trustee At Large		
13 OFFICE SOUGHT (if known)	BISD Trustee At Large		

GO TO PAGE 2

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.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>0</u>
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u>0</u>
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u>0</u>
4.	☐	SCHEDULE E: LOANS	\$ <u>0</u>
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u>0</u>
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u>0</u>
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>0</u>
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>0</u>
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u>0</u>

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED