

# 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.<sup>00</sup>

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.<sup>76</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 574.<sup>62</sup>

CONTRIBUTION  
BALANCE

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

\$ 645.<sup>23</sup>

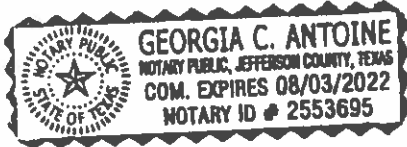
OUTSTANDING  
LOAN TOTALS

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. Dunn  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Charles Dunn Sr. this the 26<sup>th</sup> day of April, 2019, 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 City  
Title of officer administering oath



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Robert Charles Duon Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/2019

5 Full name of contributor

Houston Pouncey

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

7 Amount of contribution (\$)

\$25.<sup>00</sup>

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

Kent Johns

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

Amount of contribution (\$)

\$100.<sup>00</sup>

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

Hilary Guest

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

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address;

City; State; Zip Code

2560 Eculid St. Beaumont, TX. 77705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/2019

Full name of contributor

Joseph; Kathy Wingate

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

Amount of contribution (\$)

\$100.<sup>00</sup>

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 OPAL 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)

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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 Charles Dunn Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/2019

5 Full name of contributor

R Jones

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3305 Herbert Rd Beaumont, TX 77705

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/01/2019

Full name of contributor

Dividend

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

Amount of contribution (\$)

\$0.01

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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Date: 04/26/2019

**Robert C Dunn**

6340 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



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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;      City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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