

# 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

GENERAL

SPECIFIC

COMMITTEE NAME

Campaign to Elect Robert Dunn

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>

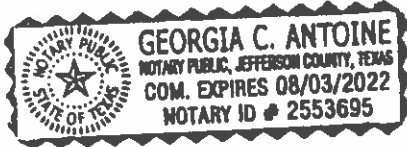
OUTSTANDING  
LOAN TOTALS

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

# 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 MR **FIRST** Robert **MI** C.  
**NICKNAME** Senior Chief Dunn **LAST** Dunn **SUFFIX** Sr.

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 Change of Address 6340 Durango Dr. Bmt. TX. 77708

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 ( )

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR MR **FIRST** Michael **MI** Ryals  
**NICKNAME**  **LAST** Ryals **SUFFIX**

**7 CAMPAIGN TREASURER ADDRESS**  
 (Residence or Business)  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3250 Timberwood Beaumont, TX. 77703

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (409) 658-8500

**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    THROUGH    Month Day Year  
04/05/2019    04/26/2019

**11 ELECTION**

**ELECTION DATE**  
 Month Day Year 05/04/2019

**ELECTION TYPE**  
 Primary     Runoff     Other Description  
 General     Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**

BISD Trustee At-Large

**OFFICE USE ONLY**

Date Received

**RECEIVED**

APR 26 2019

*ga*

Date Hand-delivered or Date Postmarked  
4/26/19

Receipt #    Amount \$

Date Processed  
4/26/19

Date Imaged  
4/26/19

**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 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 E. Culid 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)

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 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**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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