

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: **5**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR **ROBERT** FIRST **A** MI
 NICKNAME **BOB** LAST **DUBEY** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(972) 741-9892

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
AMY B
 NICKNAME LAST SUFFIX
BAKER

7 CAMPAIGN TREASURER ADDRESS
 (Residence or Business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
416 PROVINCE TOWN RICHARDSON, TX 75080

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(214) 205-2708

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 Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year Month Day Year
7 / 15 / 2023 THROUGH 1 / 15 / 2024

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
5 / 6 / 2023 General Special

12 OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)
Council Place One MAYOR

14 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.
 Additional Pages
 GENERAL
 SPECIFIC
 COMMITTEE TYPE COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
RECEIVED
JAN 12 2024
 CITY OF RICHARDSON
 City Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged 2024-01-16 - Posted to web

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

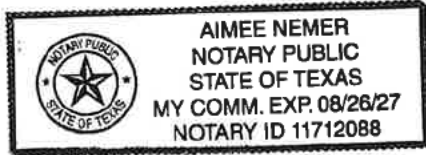
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 460,00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,193.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 SIGNATURE 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.

Ra Dubey
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bob Dubey this the 12th day of January, 2024, to certify which, witness my hand and seal of office.

Aimee Nemer Signature of officer administering oath
Aimee Nemer Printed name of officer administering oath
City Secretary / Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME BOB DUBEY		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 460. ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>BOB DUBEY</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Aug 14, 2023</i>	5 Payee name <i>Life Storage</i>	
6 Amount (\$) <i>\$52.00</i>	7 Payee address; City; State; Zip Code <i>500 Buckingham Rd. Rich. TX 75081</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees Rental Space</i>	(b) Description <i>Campaign materials in Storage Unit</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>Sept 14, 2023</i>	Payee name <i>Life Storage</i>	
Amount (\$) <i>\$52.00</i>	Payee address; City; State; Zip Code <i>500 Buckingham Rd Rich, TX 75081</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees Rental Space</i>	Description <i>Campaign materials in Storage Unit</i>
	<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 <i>Oct. 14, 23</i>	Payee name <i>Life Storage</i>	
Amount (\$) <i>\$89.00</i>	Payee address; City; State; Zip Code <i>500 Buckingham Rd. Rich. Tx. 75081</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees Rental Space</i>	Description <i>Campaign materials in Storage Unit</i>
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 F1: 2 of 2 2 FILER NAME: BOB DUBEY 3 Filer ID (Ethics Commission Filers):

4 Date: Nov. 14, 2023 5 Payee name: Life Storage

6 Amount (\$): \$89.00 7 Payee address: 500 Buckingham Rd. Rich. TX 75081 City; State; Zip Code

8 PURPOSE OF EXPENDITURE: Fees Rental Space (a) Category (See Categories listed at the top of this schedule) (b) Description: Campaign materials in Storage Unit

(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

Date: Dec. 14, 2023 Payee name: Life Storage

Amount (\$): \$89.00 Payee address: 500 Buckingham Rd Rich. TX 75081 City; State; Zip Code

PURPOSE OF EXPENDITURE: Fees Rental Space Category (See Categories listed at the top of this schedule) Description: Campaign materials in Storage Unit

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: Jan. 14, 2024 Payee name: Life Storage Auto Payment.

Amount (\$): \$89.00 Payee address: 500 Buckingham Rd Rich. TX. 75081 City; State; Zip Code

PURPOSE OF EXPENDITURE: Fees Rental Space Category (See Categories listed at the top of this schedule) Description: Campaign materials in Storage Unit

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held