CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR)	FIRST	МІ	OFFICE USE ONLY
NAME	NICKNAME 8	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	OBET APT / SUITE #;	CITY; STATE; ZIP CODE	RECEIVED
MAILING ADDRESS				JUL 0 3 2024
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	CITY OF RICHARDSON City Secretary's Office Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(972) 7	41-9892		Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR AM 4	FIRST	В.	Date Processed
NAME	NICKNAME	Ke K	SUFFIX	Date Imaged
		(NO PO BOX PLEASE); APT / S	UITE #: CITY:	2024-07-16 Posted to web
7 CAMPAIGN TREASURER ADDRESS	416	PROVINCE	TOWN	STATE, ZIP CODE
(Residence or Business)	KICHA	RDSON, 7	x 75080	
8 CAMPAIGN TREASURER PHONE	(214) 2	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 15/2024	THROUGH 7	Day Year /15 / 2024
11 ELECTION	ELECTION DA	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	il Place I	13 OFFICE SOUGHT (if known	
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
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 - 14 - 15 ×	4. TOTAL POLITICAL EXPENDITURES	\$ 824.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 2.369.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct and includes all information
	RaDul	ey
	Signature of Candida	ate or Micenoider
	Please complete either option below:	
	A STATE OF THE PARTY OF THE PAR	
(1) Affidavit	AIMEE NEMER NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 08/26/27 NOTARY ID 11712088	* * 9
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by bob Dubey this the 3	day of Tuly,
20 <u>24</u> , to certify	which, witness my hand and seal of office.	, ,
Cimen	emer Almee Vener Ci	tysecretary
Signature of officer administer		Title of officer administering oath
(2) Unawara Daglaratio	OR OR	
(2) Unsworn Declaration) I	
My name is	, and my date of birth is	
My address is	·	
		(zip code) (country)
Executed in	County, State of, on the day of(month)	, 2U
	Signature of Candidate/	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Bob Dubey	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 824.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,-	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

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/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Piniting 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)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME BOB DUBEY		3 Filer ID (Ethics Commission Filers)
^{4 Date} 2/14/24	5 Payee name Life STORAGE		
\$ Amount (S) #89.00	7 Payee address.	RD RicH. Ti	State, Zip Code 7.5081
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the too of the Fee's RENTAL CAMPAIGN		
	(c) Check firavel outside of Texas, Complete		n, "X, officenalder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
3/14/24	Payee name Free Life STORA	ige	
Amount (S)	Payee address: 500 BUCKING P Rich. T	HAM RD City: Y. 75081	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	s screaule) Description SPACE	als
	Check travel outside of Texas, Complete		in, TX, officencider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/14/24	Life STORAGE	2_	
Amount (S) #89.00	Payee address: 500 Bucking Rich. Tx	HAM RD City: 750 81	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the constitution of the Fee S Rew. 7	s screquile) Description	
	Check f travel outside of Texas Complete		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EX	(PENDITURE CAT	EGORIES FOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	/ Gift/Awa I Committee Legal Se	everage Expense ards/Memorials Expense	Office Overhead Polling Expense Ponting Expens Salaries/Wages	e /Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1	2 FILER NAME	DUBEY			3 Filer ID (Eth	ics Commission Filers)
4 Date 5/8/24	5 Payee name					
\$ Amount (S) \$1290.11	hogo 7 Payee address 17 50 lica	Alma Ri	0. #12 75081	a City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca	tegories listed at the top of the	nis schedule) (b) Description		
		avel outside of Texas, Complete	e Schedule ⁺	Office sought	ın ¯X, af ceralaer kv	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		īceholder name		Office sought		Office field
5/14/24	Payee name	STORAGE				
Amount (\$)	Payee address	icking HA	m Ro		Tx. 75	Zip Code
PURPOSE OF EXPENDITURE	Category (See Cat	egories listed as de too of the	s scredule)	9,	1517	0
		avel outside of Texas, Complets	e Screaule T		r, TX officenolaer liv	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		iceholder name		Office sought		Office held
6/14/24	Payee name	STORAGE	2			
Amount (S) 489.00	Payee address;	cking HA		RicH.	7x. 75	Zip Code
PURPOSE OF EXPENDITURE	Fee S CAMPA	ReNTAL igN MA aveloutside of Texas Complete	SPAC TERIA I	8	::o. □X. o#icenolaer liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Of	fficeholder name		Office sought		Office held
	ATTACH A	ADDITIONAL COPIE	S OF THIS SCI	HEDULE AS NE	EDED	

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	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pn	an Repayment/Reimbursement fice Overhead/Rental Expense liling Expense nting Expense lanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho		, one	
1 Total pages Schedule F1:	BOB DUBE	1	3 Fifer ID (Ethics Commission File	ers)
7/14/24	5 Payee name Life STORAGE	1047	PAYMENT)	
6 Amount (S)	7 Payee address,	City;	State, Zip Code	
89.00	500 BUCKINGHAM RE	Rich 7	x. 75081	
8	(a) Category (See Categories I at the too of this sched	dule) (b) Description	•	
PURPOSE OF	Fees RENTAL SF	ACE		
EXPENDITURE	CAM PAIGN			
	Check fixavel outside of Texas Complete Schedu		Stin, "X, officenciaer living expense Office held	
9 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	
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE				
-	Check if travel outside of Texas, Complete Screen	ile T Check FAus	Scription Check f Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City	State, Zip Code	
	Category (See Categories listed at the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE				
23. 2.12.1. 37.2	Check If travel outside of Texas Complete Schedu	Je Check f Aus	stin TX, officenalder kving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED	