Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME ROBERT G. DUNLOP

2 ACCOUNT # (Ethics Commission filers)

2001 JUL

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: ROBERT | MI: G

NICKNAME: BOB | LAST: DUNLOP | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1110 OAKPATH SAN ANTONIO, TX 78258

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: BETH | MI: H

NICKNAME | LAST: DUNLOP | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1110 OAK PATH SAN ANTONIO, TX 78258

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 497-4373 | EXTENSION

8 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)

9 PERIOD COVERED

Month Day Year: 4/27/2001 THROUGH Month Day Year: 7/5/2001

10 ELECTION

ELECTION DATE Month Day Year: 5/15/2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): COUNCIL DIST 9

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME ROBERT G. DUNLOP

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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: N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

2001 JUL -6 P 1:14

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ N/A
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 2,139.80
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 360.20

19 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.

MELISSA AREVALO
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 06-28-2004

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert G. Dunlop, this the 6th day of July, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Melissa Arevalo	Melissa Arevalo	Notary

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/5/2001	ROBERT G. DUNLOP 1110 OAK PATH SAN ANTONIO, TX 78258	2,139.80

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
LOAN REPAYMENT	CANDIDATE	CITY COUNCIL	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount ($)
	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

2001 JUL -6 PM 1:15 CITY SECRETARY RICHMOND

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

2001 JUL -6 P 1:16 CITY OF SAN ANTONIO CITY CLERK

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 9:07

See backside for instructions

1 ACCOUNT #	2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	TITLE / FIRST: ROBERT / MI: G. / NICKNAME: BOB / LAST: DUNLOP / SUFFIX	OFFICE USE ONLY: Date Received
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Other (specify) ☐ July 15 ☐ Exceeded $500 limit ☒ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☐ Final report	Date Hand-delivered or Date Postmarked; Receipt # / Amount
5 ORIGINAL PERIOD COVERED	Month Day Year: 3/5/01 THROUGH Month Day Year: 4/1/01	Legal / Totals; Date Processed; Date Imaged

6 EXPLANATION OF CORRECTION

THERE WAS AN EXPENDITURE OF 276.93 THAT WAS INCLUDED IN THE TOTAL EXPENDITURES. A SCHEDULE F WAS NOT INCLUDED WITH THE REPORT.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by BOB DUNLOP this the 27 day of April, 20 01.

to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 9:07

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/31/01	ALLIED ADVERTISING 3700 BLANCO RD SAN ANTONIO, TX 78212	276.93

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
500 LABEL STICKERS 500 BUMPER STICKERS	ELECT BOB DUNLOP		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 9:01

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: ROBERT | MI: G

NICKNAME: BOB | LAST: DUNLOP | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1110 OAK PATH | APT / SUITE #: | CITY: SAN ANTONIO | STATE: TX | ZIP CODE: 78258

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: BETH | MI: H

NICKNAME | LAST: DUNLOP | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1110 OAK PATH | APT / SUITE #: | CITY: SAN ANTONIO | STATE: TX | ZIP CODE: 78258

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 497.4373 | EXTENSION

8 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)

9 PERIOD COVERED

Month Day Year: 4 / 02 / 2001 THROUGH Month Day Year: 4 / 26 / 2001

10 ELECTION

ELECTION DATE Month Day Year: 5 / 5 / 2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): COUNCIL DIST 9

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: NA

Address / PO Box: | Apt. / Suite #: | City: | State: | Zip Code

☐ additional pages

GO TO PAGE 2

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Revised 05/11/2000

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: ROBERT G. DUNLOP

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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: N A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ N/A
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 384.86
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,500.00

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BOB DUNLOP, this the 27 day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Melinda S. Lopez	Melinda S. Lopez	Notary

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

(FOR Forms e/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, A-SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME KOBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/11/2001	CONAN G. MEYER P.O. BOX 6262 SAN ANTONIO, TX 78209-0262	100.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/2001	AVIVA OR MEL TRIEDMAN 2130 TURKEYLEDGE SAN ANTONIO, TX 78232	50.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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LOANS

SCHEDULE E

RECEIVED
CITY OF SAN AN
CITY CLERK
2001 APR 21 A 9:08

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral
☐ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☐ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral
☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/2/01	OFFICE DEPOT 13484 SAN PEDRO AVE SAN ANTONIO, TX 78216	43.15

8 Purpose of payment (See instructions regarding type of information required.) PHOTO COPY TEMPORARY 1000 HANDOUT CARDS

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/6/01	ALAMO PHOTO LABS 3814 BROADWAY SAN ANTONIO, TX 78209	26.97

Purpose of payment (See instructions regarding type of information required.) BLACK & WHITE PHOTO PRINTS FOR TR

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/2/01	DOCU MART COPIES & PRINTING 8800 BROADWAY. SAN ANTONIO, TX 78217	77.47

Purpose of payment (See instructions regarding type of information required.) 1,000 PRINTING PHOTO/TEXT HANDOUTS

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/01	ALLIED ADVERTISING 3700 BLANCO RD - SAN ANTONIO, TX 78212	203.89

Purpose of payment (See instructions regarding type of information required.) 100 "ELECT BOB DUNLOP FOR" "CITY COUNCIL" YARD SIGNS

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2001 APR 27 A 9:08

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/01	EASY DRIVE 906 RUIZ ST. SAN ANTONIO, TX	21.58

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
1 BUNDLE OF 50 WOOD SIGN STAKES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/19/01	CLEAR LAKE NATIONAL BANK 150 N. LOOP 1604 E SAN ANTONIO, TX 78232	11.80

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
CHECK PRINTING CHARGE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

N/A

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CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 9:08

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME Robert G. Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	☐ Reimbursement from political contributions intended
	N/A			
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
	N/A			
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
	N/A			
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
	N/A			
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
	N/A			

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code N/A	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name Business address; City; State; Zip Code N/A	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name Business address; City; State; Zip Code N/A	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name Business address; City; State; Zip Code N/A	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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CITY CLERK
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SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total page Schedule I: A

2 FILER NAME ROBERT G. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
	5 Payee name: N/A	
Date	Payee name: N/A; Payee address; City; State; Zip Code; Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name: N/A; Payee address; City; State; Zip Code; Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name: N/A; Payee address; City; State; Zip Code; Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name: N/A; Payee address; City; State; Zip Code; Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME ROBERT B. DUNLOP

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	N/A	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
	N/A	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
	N/A	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
	N/A	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
	N/A	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Robert | MI: G

NICKNAME: Bob | LAST: Dunlop | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1110 Oak Path | APT / SUITE #: | CITY: San Antonio | STATE: TX | ZIP CODE: 78258

5 CAMPAIGN TREASURER NAME

TITLE: Treasurer | FIRST: Beth | MI: H

NICKNAME: Beth | LAST: Dunlop | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1110 Oak Path | APT / SUITE #: | CITY: San Antonio | STATE: Tx | ZIP CODE: 78258

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 497-4373 | EXTENSION

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 18th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 3 / 5 / 2001 THROUGH Month Day Year: 4 / 01 / 2001

10 ELECTION

ELECTION DATE Month Day Year: 5 / 5 / 2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Council Dist 9

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: NA

Address / PO Box: | Apt. / Suite #: | City: | State: | Zip Code

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Robert G Dunlop

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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: N A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

01 APR -2 PM 12:34

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ N/A
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 52534
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 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.

Signature of Candidate or Officeholder

AVA LEE HELMS NOTARY PUBLIC STATE OF TEXAS 11/4/01

AFFIX NOTARY STAMP OR SEAL ABOVE

Sworn to and subscribed before me, by the said Robert G. Dunlop, this the 2nd day of April, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: Ava Lee Helms | Title of officer administering oath: Notary

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Revised 06/1/2000

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/21/2001	Charles + A.J Castro 405 E Rosewood San Antonio TX 78258	250.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/21/2001	Perry M Kalliston P.O Box 830373 San Antonio TX 78283	150.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/20/2001	STATUS THREADS Donna Krauitz 3453 N IH 35 San Antonio TX 78219	100.00	4 shirts Bob Dunlop City Council Candidate Dist 9

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

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

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)	Employer (optional)		

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

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME
Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan
3/20/2001

6 Is lender a financial institution?
Y (N)

7 Name of lender ☐ out-of-state PAC (ID#: _____)
Robert G Dunlop

8 Lender address; City; State; Zip Code
1110 Oak Path
San Antonio, TX 78258

9 Loan Amount ($)
2500.00

10 Interest rate
Ø

11 Maturity date
Ø

12 Description of Collateral
☐ none

13 GUARANTOR INFORMATION
☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)
—

17 Principal Occupation

18 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
3/5/2001	City of San Antonio	Candidate Packet Dist 9 Map	14.32	☑
3/9/2001	City of San Antonio	Filing Fee	100.00	☑
3/19/2001	OFFICE MAX	Card stock for printing cards	28.03	☑
3/22/2001 3/29/2001	Ampco System Parking	Parking for Ballot drawing - 3/22 Pick-up Pictures - 3/29	8.00	☑
3/29/2001	Rivercity Silver 906 Basse Rd San Antonio, Tx 78212		71.09	☑

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
3/30/2001	Blazeng Lazer + Engraving 12108 Radium San Antonio, TX 78216	26.97 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

CITY OF SAN ANTONIO
01 APR -2 PM 3:34
CITY CLERK

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
	N/A	
Date	Payee name N/A Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name N/A Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name N/A Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name N/A Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME Robert G Dunlop

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name N/A 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name N/A Payor address; City; State; Zip Code Reason for credit	Amount ($)

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01 FEB -2 PM 12:34 CITY CLERK