

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: 4																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:30%;">Mr.</td> <td style="width:30%; font-size: small;">FIRST</td> <td style="width:25%;">Robert</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">D</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Bob</td> <td style="font-size: small;">LAST</td> <td>Troyer</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Robert	MI	D	NICKNAME	Bob	LAST	Troyer	SUFFIX		OFFICE USE ONLY							
MS / MRS / MR	Mr.	FIRST	Robert	MI	D																
NICKNAME	Bob	LAST	Troyer	SUFFIX																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: small;">APT / SUITE #;</td> <td style="width:25%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">1738 Sterling Ln, Lewisville, TX, 75067</td> </tr> </table> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1738 Sterling Ln, Lewisville, TX, 75067					Date Received <i>Rec'd 5/26/2023</i> <i>W.S.A.M.</i> <i>JW</i>									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
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5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:50%; font-size: small;">PHONE NUMBER</td> <td style="width:25%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>222-4141</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214)	222-4141		Date Hand-delivered or Date Postmarked													
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">1738 Sterling Ln, Lewisville, TX, 75067</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1738 Sterling Ln, Lewisville, TX, 75067					Date Processed									
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12 OFFICE	OFFICE HELD (if any) Lewisville City Council Place 1	13 OFFICE SOUGHT (if known)																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Mr. Robert (Bob) D Troyer

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 259.20

CONTRIBUTION
BALANCE

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

\$ 57.20

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Troyer, this the 26th day of May, 20 23, 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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mr. Robert (Bob) D Troyer		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 259.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1	2 FILER NAME Mr. Robert (Bob) D Troyer	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2023	5 Payee name RDTronics	
6 Amount (\$) \$59.20	7 Payee address; City; State; Zip Code 1738 Sterling Ln; Lewisville; TX; 75067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement for Computer Fees	(b) Description <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 Mr. Robert (Bob) D Troyer	Office sought City Council Place 1
		Office held City Council Place 1
Date 4/7/2023	Payee name RDTronics	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1738 Sterling Ln; Lewisville; TX; 75067	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Web Site Maintenance	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 Mr. Robert (Bob) D Troyer	Office sought City Council Place 1
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED