

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)
00067874

2 PAGE #
1 of 27

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

Mr.

FIRST

Robert

MI

NICKNAME

LAST

Thomas

SUFFIX

OFFICE USE ONLY

Date Received

2014 OCT 27 PM 2:29
 AUSTIN CITY CLERK
 RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 P.O. Box 29233
 Austin, TX 78755

☐ Change of Address

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

Mr.

FIRST

Richard

MI

NICKNAME

LAST

Mendoza

SUFFIX

**6 CAMPAIGN
TREASURER
ADDRESS**

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 Richard Mendoza CPA
 2512 IH 35 South, Ste. 340
 Austin, TX 78704

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 708-1690

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

Month

Day

Year

THROUGH

09/26/2014

10/25/2014

10 ELECTION

ELECTION DATE

Month

Day

Year

11/04/2014

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Austin City Council Dist. 10

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Thomas, Robert (Mr.)

14 ACCOUNT # (Ethics Commission filers)
0006787415 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

Austin Board of Realtors PAC

COMMITTEE ADDRESS

10900 Stonelake Blvd.
Ste A-100
Austin, TX 78759-5836

COMMITTEE CAMPAIGN TREASURER NAME

Chenevert, Emily (Ms.)

COMMITTEE CAMPAIGN TREASURER ADDRESS

10900 Stonelake Blvd.
Ste- A- 100
Austin, TX 78759-5836☐ additional pages16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 15,255.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 38,070.93

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

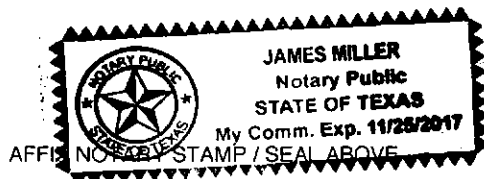
\$ 21,527.07

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 100,000.00

17 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 Thomas
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Thomas, this the 27 day
of Oct, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/15 Report: 3/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armstrong, Geoff D 6 Contributor address; City; State; Zip Code 505 Lake Cliff Trail Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Self Employed	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Police Association PAC Contributor address; City; State; Zip Code 5817 Wilcab Rd. Ste # 4 Austin, TX 78721	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Political Committee		Employer (See Instructions) Political Committee	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bears, Jene' Contributor address; City; State; Zip Code 9210 Spicebrush Drive Austin, TX 78759	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bell, Deby Contributor address; City; State; Zip Code 6400 Deer Hollow Lane Austin, TX 78750	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Retired	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Best, Tom Contributor address; City; State; Zip Code 2903 Oak Park Drive Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/15 Report: 4/27

2 FILER NAME Thomas, Robert (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00067874

4 Date

10/24/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bradley, Brittney (Ms.)

6 Contributor address; City; State; Zip Code
9512 Ketona Cove
Austin, TX 78759

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Account Manager

10 Employer (See Instructions)
Thomas Graphics Inc

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Butler, Lynn (Mr.)

Contributor address; City; State; Zip Code
4115 Mek Drive
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Husch Blackwell

Date

10/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cartwright, Janis

Contributor address; City; State; Zip Code
3921 Edgerock
Austin
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
USA Training Co Inc

Date

10/15/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cassady, Leila (Ms.)

Contributor address; City; State; Zip Code
4007 Sierra Dr
Austin, TX 78755-6270

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Casselberry, Craig

Contributor address; City; State; Zip Code
5200 Backtrail Drive
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Quorum Public Affairs

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/15 Report: 5/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Classen, Nicholas (Mr.) 6 Contributor address; City; State; Zip Code 6407 Cerro Lane Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collier, Tom Contributor address; City; State; Zip Code 4705 Ramsey Austin, TX 78756	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) CDCC	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Mark Contributor address; City; State; Zip Code 4000 Tablerock Drive Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Wells Fargo Banker	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doyle, Susan Contributor address; City; State; Zip Code 4002 Edgefield Court Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Kuper Sotheby's International Realty	
Date 10/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enoch, Craig Contributor address; City; State; Zip Code 2614 Maria Anna Rd. Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enoch Kever	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/15 Report: 6/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fonken, Carolyn (Ms.) 6 Contributor address; City; State; Zip Code 6612 Lost Horizon Dr. Austin, TX 78759	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fonken, Gerhard (Mr.) Contributor address; City; State; Zip Code 6612 Lost Horizon Dr. Austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frachtman, Robert Contributor address; City; State; Zip Code 5400 Greystone Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Austin Gastroenterology	
Date 10/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Jeff Contributor address; City; State; Zip Code 4849 Twin Valley Austin, TX 78731	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grimm, David Contributor address; City; State; Zip Code 4703 Colorado Crossing Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Forestar Group Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/15 Report: 7/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, David 6 Contributor address; City; State; Zip Code 300 Bowie #1008 Austin, TX 78703	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney Lobbyist		10 Employer (See Instructions) Self Employed	
Date 10/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidebrecht, Brent Contributor address; City; State; Zip Code 8412 Etienne Cove Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Financo, Inc.	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Home Builders Association of Greater Austin PAC Contributor address; City; State; Zip Code 8140 Exchange Drive Austin, TX 78754	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Political Committee		Employer (See Instructions) Political Committee	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huggins, Hugh Contributor address; City; State; Zip Code 8115 East Ct. Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ingram, Karen Contributor address; City; State; Zip Code 2705 Scenic Dr. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/15 Report: 8/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ingram, Philip 6 Contributor address; City; State; Zip Code 2705 Scenic Dr. Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Private Investor		10 Employer (See Instructions) Retired	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Charlie Contributor address; City; State; Zip Code 4620 Lake View Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) C3	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Melanie (Ms.) Contributor address; City; State; Zip Code 4620 Lake View Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Thomas Contributor address; City; State; Zip Code 4605 Greystone Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Tom Jones Consulting	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justice, Sharon (Mrs.) Contributor address; City; State; Zip Code 8429 Adironback Austin, TX 78759	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/15 Report: 9/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Mike 6 Contributor address; City; State; Zip Code 801 West 5th St Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Managing Director		10 Employer (See Instructions) Avison Young	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klenzendorf, Brandon Contributor address; City; State; Zip Code 2907 Glenview Ave Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Geosyntec	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kraft, Billy Contributor address; City; State; Zip Code 7200 Easy Wind Drive Austin, TX 78752	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Web Development		Employer (See Instructions) Self Employed- CVBE LLC	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kraft, John Contributor address; City; State; Zip Code 7609 Afton Villa Court Plano, TX 75025	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kruger, David (Mr.) Contributor address; City; State; Zip Code 7806 Lindenwood Circle Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kruger's Jewelers	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/15 Report: 10/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kruger, Lea (Ms.) 6 Contributor address; City; State; Zip Code 7806 Lindenwood Circle Austin, TX 78731	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) Homemaker	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Derek Contributor address; City; State; Zip Code 2300 McCullough Street Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Stream Realty Partners	
Date 10/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loewy, Adam Contributor address; City; State; Zip Code 111 Congress Avenue Austin, TX 78701	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Loewy Law Firm	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Logue, Laurie Contributor address; City; State; Zip Code 5811 Mesa Dr. #1612 Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Broadway Bank	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Justin Contributor address; City; State; Zip Code 3714 Stevenson Ave. Austin, TX 78703	Amount of contribution (\$) \$325.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bracewell & Giuliani LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/15 Report: 11/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martens, Steve 6 Contributor address; City; State; Zip Code 4708 Highland Terrace Austin, TX 78731	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Jackson Walker LLP	
Date 10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McIver, Diana Contributor address; City; State; Zip Code 1433 Circle Ridge Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Diana McIver & Associates. Inc.	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKay, Kathleen (Ms.) Contributor address; City; State; Zip Code 11339 Taylor Draper Lane Austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
Date 09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKay, Thomas Contributor address; City; State; Zip Code 11339 Taylor Draper Lane austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Film Equipment Design		Employer (See Instructions) Tom's Way Inc	
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mellem, Kit Contributor address; City; State; Zip Code 201 Lavaca St #415 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) BuildASign.com	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/15 Report: 12/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 09/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Messner, Ken 6 Contributor address; City; State; Zip Code 6702 Fireoak Dr Austin, TX 78759	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Software Developer		10 Employer (See Instructions) Documented Systems Inc.	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Kirk Contributor address; City; State; Zip Code 2305 Manana St. Austin, TX 78730	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) ATS	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nasta, Sanjay Contributor address; City; State; Zip Code 7886 Lakewood Drive Austin, TX 78750	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MicroAssist	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newberg, Stuart Contributor address; City; State; Zip Code 7928 W Rim Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self Employed	
Date 10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Novy, Brian Contributor address; City; State; Zip Code 3913 Edgerock Drive Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Brian Novy Company	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/15 Report: 13/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Karen (Ms.) 6 Contributor address; City; State; Zip Code 7511 Fireoak Drive Austin, TX 78759	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Homebuilder		10 Employer (See Instructions) Wes Peoples Homes	
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Wes (Mr.) Contributor address; City; State; Zip Code 7511 Fireoak Drive Austin, TX 78759	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Wes Peoples Homes	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pham, Tim Contributor address; City; State; Zip Code 3907 Rockledge Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Daniel Contributor address; City; State; Zip Code 1939 E Laird Ave Salt Lake City, UT 84108	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Reagan Outdoor Advertising	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reagan, Kari-Jo (Ms.) Contributor address; City; State; Zip Code 1939 E. Laird Ave. Salt Lake City, UT 84108	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Housewife	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/15 Report: 14/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RECA- Good Government PAC 6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd. Austin, TX 78701	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions) PAC	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth, Andrew Contributor address; City; State; Zip Code 4622 Lake View Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Karyn Contributor address; City; State; Zip Code 3000 Teak Hawk Cove Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) Kids in a New Groove	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siegel, Becca Contributor address; City; State; Zip Code 7604 Rustling Cove Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Wells Fargo Advisors	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Cynthia Contributor address; City; State; Zip Code 1204 W. 9th St. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 15/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spross, Anne 6 Contributor address; City; State; Zip Code 1605 Lakecliff Hills Ln. Austin, TX 78732	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) Homemaker	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Switchers, Kim Contributor address; City; State; Zip Code 1703 W. 33rd Austin, TX 78703	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Associate Director of Accounting		Employer (See Instructions) University of Texas at Austin	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Ben (Mr.) Contributor address; City; State; Zip Code 11609 Loweswater Lane Austin, TX 78754	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Sales/ Management		Employer (See Instructions) ThomasGraphics	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Robert E. (Mr.) Contributor address; City; State; Zip Code P. O. Box 14226 Austin, TX 78714	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ThomasGraphics	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Mark Contributor address; City; State; Zip Code 2904 Bridle Path Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bona Dea	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 16/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VanderMeulen, Kurt 6 Contributor address; City; State; Zip Code 3510 Wendel Cove #10 Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Commercial Real Estate Broker		10 Employer (See Instructions) Self Employed	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallace, Tina Contributor address; City; State; Zip Code 6405 Sumac Drive Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. Austin Catholic School	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webb, Ann Contributor address; City; State; Zip Code 9000 Clithea Cove Austin, TX 78759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Ann Webb Skin Clinic	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wicheta, Tom Contributor address; City; State; Zip Code 1703 W. 33rd Austin, TX 78703	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self Employed	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yatsu, John (Dr.) Contributor address; City; State; Zip Code 6417 Williams Ridge Way Austin, TX 78757	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/15 Report: 17/27

2 FILER NAME Thomas, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00067874

4 Date

09/28/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Zamen, Jill & Bobby

6 Contributor address; City; State; Zip Code4216 Greystone Drive
Austin, TX 78731**7** Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Interior Designer**10** Employer (See Instructions)
RWM Design

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 18/27		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 10/20/2014	5 Payee name Build a Sign				
6 Amount (\$) \$389.70	7 Payee address City; State; Zip Code 11525-A Stonehollow Dr. Austin, TX 78758				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense		
	<input type="checkbox"/> 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 10/22/2014	Payee name Conviction Digital				
Amount (\$) \$562.50	Payee address City; State; Zip Code 401 Little Texas Lane # 1731 Austin, TX 78745				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/23/2014	Payee name Opinion Analysts, Inc.				
Amount (\$) \$59.36	Payee address City; State; Zip Code 906 Rio Grande St. Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/16/2014	Payee name Ranch Road				
Amount (\$) \$471.30	Payee address City; State; Zip Code 8906 Wall Steet Suite 507 Austin, TX 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/4 Report: 19/27		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 10/23/2014		5 Payee name Ranch Road			
6 Amount (\$) \$2,543.88		7 Payee address City; State; Zip Code 8906 Wall Steet Suite 507 Austin, TX 78754			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> 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 10/23/2014		Payee name Right Way Marketing			
Amount (\$) \$5,565.08		Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 09/26/2014		Payee name Ryan Data and Research			
Amount (\$) \$2,000.00		Payee address City; State; Zip Code P. O. Box 202675 Austin, TX 78720-2675			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			
Date 09/27/2014		Payee name Stampede Consulting			
Amount (\$) \$1,363.95		Payee address City; State; Zip Code P. O. Box 91235 Austin, TX 78709			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought: Office held:			

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/4 Report: 20/27		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 09/27/2014	5 Payee name Thomas Graphics				
6 Amount (\$) \$2,512.08	7 Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Postage		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> 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 10/02/2014	Payee name Thomas Graphics				
Amount (\$) \$3,649.80	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/13/2014	Payee name Thomas Graphics				
Amount (\$) \$5,582.95	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/17/2014	Payee name Thomas Graphics				
Amount (\$) \$5,149.95	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/4 Report: 21/27		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 10/22/2014		5 Payee name Thomas Graphics			
6 Amount (\$) \$710.75		7 Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Expense <input type="checkbox"/> 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 10/23/2014		Payee name Thomas Graphics			
Amount (\$) \$5,735.88		Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/20/2014		Payee name Vera, Bobby (Mr.)			
Amount (\$) \$200.00		Payee address City; State; Zip Code 818 Craters of the Moon Blvd. Pflugerville, TX 78660			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/02/2014		Payee name Voice Broadcasting			
Amount (\$) \$1,053.58		Payee address City; State; Zip Code 1527 S. Cooper St. Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Solicitation Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 22/27	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 10/15/2014	5 Payee name Abel's on the Lake
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6 Amount (\$) \$28.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 09/30/2014	Payee name Facebook
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Amount (\$) \$20.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 10/01/2014	Payee name Facebook
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Amount (\$) \$28.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 10/01/2014	Payee name Facebook
--------------------	------------------------

Amount (\$) \$29.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 23/27		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 10/02/2014		5 Payee name Facebook			
6 Amount (\$) \$29.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/03/2014		Payee name Facebook			
Amount (\$) \$29.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/04/2014		Payee name Facebook			
Amount (\$) \$25.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/05/2014		Payee name Facebook			
Amount (\$) \$27.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 24/27	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 10/16/2014	5 Payee name Facebook
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6 Amount (\$) \$29.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 10/16/2014	Payee name Facebook
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Amount (\$) \$30.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 10/18/2014	Payee name Facebook
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Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 10/19/2014	Payee name Facebook
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Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 25/27

2 FILER NAME
Thomas, Robert (Mr.)

3 ACCOUNT # (TEC filers)
00067874

4 Date
10/20/2014

5 Payee name
Facebook

6 Amount (\$)
\$30.00

7 Payee address City; State; Zip Code
Dept 415
P. O. Box 10005
Palo Alto, CA 94303

☒ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description (If travel outside of Texas, complete Schedule T) ☐
Advertising Expense

☐ Check if Austin, TX, officeholder living expense

Date
10/21/2014

Payee name
Facebook

Amount (\$)
\$30.00

Payee address City; State; Zip Code
Dept 415
P. O. Box 10005
Palo Alto, CA 94303

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T) ☐
Advertising Expense

☐ Check if Austin, TX, officeholder living expense

Date
10/22/2014

Payee name
Facebook

Amount (\$)
\$30.00

Payee address City; State; Zip Code
Dept 415
P. O. Box 10005
Palo Alto, CA 94303

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T) ☐
Advertising Expense

☐ Check if Austin, TX, officeholder living expense

Date
10/24/2014

Payee name
Facebook

Amount (\$)
\$12.98

Payee address City; State; Zip Code
Dept 415
P. O. Box 10005
Palo Alto, CA 94303

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T) ☐
Advertising Expense

☐ Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 26/27		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874
4 Date 10/24/2014	5 Payee name Facebook			
6 Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Date 09/26/2014	Payee name U.S. Postal Service			
Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3575 Far West Blvd Austin, TX 78731			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			

SCHEDULE K

7 Purpose for which amount is received
Refund of Over Charge