### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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### FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00067874	2 PAGE # 2617
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Robert NICKNAME LAST Thomas	MI SUFFIX	OFFICE USE IN CITY CLERK
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C P.O. Box 29233 Austin, TX 78755	CITY: STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Richard NICKNAME LAST Mendoza	MI SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI Richard Mendoza CPA 2512 IH 35 South, Ste. 340 Austin, TX 78704	ITE #. CITY: STATE:	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 708-1690	EXTENSION	
8 REPORT TYPE	X     January 15     30th day before electronic       July 15     8th day before electronic		<ul> <li>15th day after campaign treasurer appointment (officeholder only)</li> <li>Final report (Attach C/OH - FR)</li> </ul>
9 PERIOD COVERED	Month Day Year THRC 10/26/2014	Month Day DUGH 12/31/20	Year 14
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year Primar 11/04/2014		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin City Council I	
	GO TO	PAGE 2	

P.O. Box 12070

Austin, Texas 78711-2070

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH Cover Sheet pg 2

13 C/OH NAME Thom	nas, Robert (Mr.)		14 ACCOUNT # (E 00067874	thics Commission filers)
15 NOTICE FROM	have been made with	ptice of political expenditures by political committees to support the control the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures.		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ED \$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	60,626.21
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	67,912.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 43,320.0			43,320.35
Sworn to and subscrit		VIC IXAS I/14/2019 /E Reacting D Theory	all information require	d to be reported by
Signature of officer adm	instering oath	AMRITA STARLITE Print name of officer administering oath	Notary Put	stering oath

#### TDD 1-800-735-2989

#### SCHEDULE A

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

The INSTRUCTION	on Guide explains how to complete this form.		1 PAGE # Schedule: 1/2	2 Report: 3/24
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4 Date	5 Full name of contributor D out-of-state PAC (ID# Coronado, Dawn	ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/06/2014	6 Contributor address; City; State; Zip Code 5602 Palisade Ct Austin, TX 78731		\$50.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Homemaker	pation / Job title (See Instructions)	10 Employer (See In Homemaker	structions)	
Date	Full name of contributor Dut-of-state PAC (ID# Cumberbatch, Ashton	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/2014	Contributor address; City; State; Zip Code 4300 Gnarl Drive Austin, TX 78703	•••••••	\$200.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup Admin	pation / Job title (See Instructions)	Employer (See In Seton Healthca		
Date	Full name of contributor Dout-of-state PAC (ID# Daugherty, Gerald	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/31/2014	Contributor address; City; State; Zip Code 1403 Club Ridge Cove Austin, TX 78735		\$100.00	   
			(If travel outside of	Texas, complete Schedule T) 📋
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# Gunter, Elizabeth	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/05/2014	Contributor address; City; State; Zip Code 4300 Gnarl Drive Austin, TX 78731		\$200.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup In-house Cou	oation / Job title (See Instructions) Insel	Employer (See In American Electi		
Date	Full name of contributor Dout-of-state PAC (ID# Herndon, Dealey	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/27/2014	Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	

#### SCHEDULE A

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2	2 Report: 4/24
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor □ out-of-state PAC (ID# Lehman, Jeanine	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/05/2014 •	6 Contributor address; City; State; Zip Code PO Box 202211 Austin, TX 78720		\$150.00	1 E I
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In: Self Employed	structions)	
	Date	Full name of contributor D out-of-state PAC (ID# Milstead, William (Mr.)	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/28/2014	Contributor address; City; State; Zip Code PO Box 2204 Austin, TX 78768		\$100.00	I I I second
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor D out-of-state PAC (ID# Williams, Lemuel	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/31/2014	Contributor address; City; State; Zip Code 11200 Old Quarry Road Austin, TX 78717		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Manager	bation / Job title (See Instructions)	Employer (See In: Gemalfo	structions)	
⊢					······································
1					

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SCHEDULE F

### **POLITICAL EXPENDITURES**

EXPENDITURE CATEGORIES Advertising Expense Gitts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expe Event Expense Fees	INSE Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (enter a category not listed above)	
1 PAGE # Schedule: 1/20 F	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874	
		00007874	
4 Date 11/01/2014	5 Payee name Opinion Analysts, Inc.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$27.82	906 Rio Grande St. Austin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
PURPOSE	Consulting Expense	Consulting Expense	
	· · · ·	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH			
Date	Payee name		
11/06/2014	Piryx, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$20.25	144 2nd Street 1st Floor		
	San Francisco, CA 94105		
i			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Accounting/Banking		
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:	
direct expenditure to benefit C/OH			
Date	Payee name Ranch Road		
11/19/2014			
Amount (\$)			
\$378.88	8906 Wall Steet Suite 507		
	Austin, TX 78754		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE	Advertising Expense	Web page updates	
		Check if Austin, TX, officeholder living expense	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH			
	Pavee name		
Date	Payee name Bloht Way Marketing		
Date 10/31/2014	Right Way Marketing		
Date 10/31/2014 Amount (\$)	Right Way Marketing Payee address City; State; Zip Code		
Date 10/31/2014	Right Way Marketing	······································	
Date 10/31/2014 Amount (\$)	Right Way Marketing Payee address City; State; Zip Code P. O. Box 3071		
Date 10/31/2014 Amount (\$) \$496.64	Right Way Marketing Payee address City; State; Zip Code P. O. Box 3071	Description (If travel outside of Texas, complete Schedule T)	
Date 10/31/2014 Amount (\$) \$496.64 <b>PURPOSE</b>	Right Way Marketing Payee address City; State; Zip Code P. O. Box 3071 Biountville, TN 37617	Description (If travel outside of Texas, complete Schedule T)	
Date 10/31/2014 Amount (\$) \$496.64	Right Way Marketing         Payee address       City; State; Zip Code         P. O. Box 3071         Biountville, TN 37617         Category (See Categories listed at the top of this schedule)		
Date 10/31/2014 Amount (\$) \$496.64 PURPOSE OF	Right Way Marketing         Payee address       City; State; Zip Code         P. O. Box 3071         Biountville, TN 37617         Category (See Categories listed at the top of this schedule)		
Date 10/31/2014 Amount (\$) \$496.64 PURPOSE OF	Right Way Marketing         Payee address       City; State; Zip Code         P. O. Box 3071         Biountville, TN 37617         Category (See Categories listed at the top of this schedule)	Polling Expense	

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Austin, Texas 78711-2070

POLITIC	AL EXPENDITURES			SCHEDULE F
	FYDE		ORIES	
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	nse Gifts/Awards/Memorial Expense ing Legal Services se Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Ca Solicitation/Fundra Travel In District Travel Out Of Distri Office Overhead/R	ontract Labor Loan F ising Expense Trans Contri rict Car	Repayment/Reimbursement portation Equipment & Related Expense butions/Donations Made By ndidate/Officeholder/Political Committee R (enter a category not listed above)
1 PAGE #	2 FILER NAME			3 ACCOUNT # (TEC filers)
Schedule: 2/20 F		Mr.)		00067874
4 Date 10/31/2014	5 Payee name Right Way Marketing			
6 Amount (\$)	7 Payee address City; State	e; Zip Code		
\$420.00	P. O. Box 3071 Blountville, TN 37617			· · · · · · · · · · · · · · · · · · ·
8 PURPOSE	<ul> <li>(a) Category (See Categories listed at the top Polling Expense</li> </ul>	p of this schedule)	(b) Description (If travel Polling Expense	I outside of Texas, complete Schedule T)
			<b>2</b>	
				iceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
10/31/2014 Amount (\$)	Rlght Way Marketing Pavee address City; State	e; Zip Code		
\$186.20	P. O. Box 3071			
\$100.20	Blountville, TN 37617			
PURPOSE	Category (See Categories listed at the top Polling Expense	o of this schedule)	Description (If travel Polling Expense	l outside of Texas, complete Schedule T)
Complete ONLY if	Candidate / Officeholder name	· · · · · ·	Check if Austin, TX, off Office sought:	iceholder living expense Office held:
direct expenditure to benefit C/OH		<u></u>		
Date 11/08/2014	Payee name RIght Way Marketing			
Amount (\$)		e; Zip Code		
\$180.64	P. O. Box 3071			
<b></b>	Blountville, TN 37617			
PURPOSE	Category (See Categories listed at the top Advertising Exponse	o of this schedule)	Description (If travel Advertising Expens	l outside of Texas, complete Schedule T)
OF	Advertising Expense		/	-
EXPENDITURE			Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
11/08/2014	Right Way Marketing Payee address City; State	e; Zip Code		<u></u>
Amount (\$)	Payee address City; State	, zip Gude		
\$204.68	Blountville, TN 37617			
DUPDOSE	Category (See Categories listed at the top	o of this schedule)		l outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense		Advertising Expens	<b>D</b>
EXPENDITURE			Check if Austin TX off	iceholder living expense
Complete ONLY if	Candidate / Officeholder name		Office sought:	Office held:
direct expenditure to benefit C/OH			•	

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SCHEDULE F

# POLITICAL EXPENDITURES

		GORIES
<ul> <li>Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees</li> </ul>	nse Gitts/Awards/Memorial Expense Salaries/Wages/C ing Legal Services Solicitation/Fundr	Contract Labor       Loan Repayment/Reimbursement         raising Expense       Transportation Equipment & Related Expense         strict       Contributions/Donations Made By         raising Expense       Candidate/Officeholder/Political Committee         Gandate/Officeholder/Political Committee       OTHER (enter a category not listed above)
1 PAGE # Schedule: 3/20 F	Priler NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
4 Date	5 Payee name	
11/10/2014	Right Way Marketing	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$800.00	P. O. Box 3071 Blountville, TN 37617	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Advertising Expense
PURPOSE OF	Advertising Expense	Adventising Expense
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
10/31/2014	Ryan Data and Research	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address City; State; Zip Code	
\$500.00	P. O. Box 202675 Austin, TX 78720-2675	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Consulting Expense
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$64.03	P.O. Box 29233 Austin, TX 78755	
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$259.80	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
		Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Austin, Texas 78711-2070

SC	HED	UL	ΕF

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fr se Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of Printing Expense Office Overhe The INSTRUCTION Guide explains	es/Contract Labor undraising Expense rict District aad/Rental Expense to to complete this form. Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Polltical Committee OTHER (enter a category not listed above)
1 PAGE # Schedule: 4/20 F	Peport: 8/24 2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
4 Date	5 Payee name	
11/10/2014	Thomas, Robert	
6 Amount (\$) \$32.50	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement
		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 11/10/2014	Payee name Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$1,182.09	P.O. Box 29233 Austin, TX 78755	
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$) \$36.80	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees         Gifts/Awards/Memorial Expense Legal Services         Salaries/Wages/Contract Labor Solicitation/Fundraising Expense         Loan Repayment/Reimbursement Transportation Equipment & Related Expense           Event Expense Fees         Food/Beverage Expense Polling Expense         Travel In District Travel Out Of District         Contributions/Donations Made By Consulting Expense         Contributions/Optimical Committee           Fees         Printing Expense         Office Overhead/Rental Expense         Office Noter the Instructions form.				
1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers)		
Schedule: 5/20 F	eport: 9/24 Thomas, Robert (Mr.)	00067874		
4 Date	5 Payee name			
11/10/2014	Thomas, Robert			
6 Amount (\$)	7 Payee address City; State; Zip (	Code		
\$259.80	P.O. Box 29233 Austin, TX 78755			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement		
EXPENDITURE				
		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:		
direct expenditure to benefit C/OH				
Data	Payee name			
Date 11/10/2014	Thomas, Robert			
Amount (\$)	Payee address City; State; Zip (	Code		
1,	P.O. Box 29233			
\$50.00	Austin, TX 78755			
	Category (See Categories listed at the top of this s	chedule) Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement		
EXPENDITURE				
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		
Date	Payee name			
11/10/2014	Thomas, Robert			
Amount (\$)	Payee address City; State; Zip (	Code		
\$431.92	P.O. Box 29233 Austin, TX 78755			
	Category (See Categories listed at the top of this s			
PURPOSE	Loan Repayment/Reimbursement	Reimbursement		
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		
Date	Payee name			
11/10/2014	Thomas, Robert			
Amount (\$)	Payee address City; State; Zip C	Code		
\$50.73	P.O. Box 29233 Austin, TX 78755			
	Category (See Categories listed at the top of this s			
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement		
EXPENDITURE				
		Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		

P.O.Box 12070

POLITICAL EXPENDITURES

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fund ise Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	/Contract Labor       Loan Repayment/Reimbursement         traising Expense       Transportation Equipment & Related Expense         t       Contributions/Donations Made By         istrict       Candidate/Officeholder/Political Committee         t/Rental Expense       OTHER (enter a category not listed above)         ow to complete this form.       Expense
1 PAGE # Schedule: 6/20 F	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
4 Date	5 Payee name	
11/10/2014	Thomas, Robert	· · · · · · · · · · · · · · · · · · ·
6 Amount (\$) \$286.60	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement
		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 11/10/2014	Payee name Thomas. Robert	
Amount (\$)	Payee address City, State, Zip Code	
\$25.44	P.O. Box 29233 Austin, TX 78755	
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$27.83	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officenoider name	Office sought. Office held.
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$25.09	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
	<u>.</u>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

P.O.Box 12070

Austin, Texas 78711-2070

POLITIC			SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fund nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Die Printing Expense Office Overhead The Instruction Guipe explains hor	Contract Labor Loan Repaymer raising Expense Transportation F Contributions/D strict Candidate/OI (Rental Expense OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By ficeholder/Political Committee I category not listed above)
1 PAGE # Schedule: 7/20 F	2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874
4 Date 11/10/2014	5 Payee name Thomas, Robert		
6 Amount (\$) \$327.46	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Reimbursement	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder Office sought:	Office held:
Date			
11/10/2014 Amount (\$)	Thomas, Robert Payee address City; State; Zip Code		
\$60.00	P.O. Box 29233 Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Reimbursement	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check If Austin, TX, officeholder Office sought:	Office held:
Date	Payee name		
11/10/2014 Amount (\$)	Thomas, Robert Payee address City; State; Zip Code		
\$2,197.14	P.O. Box 29233 Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Reimbursement	of Texas, complete Schedule T) 🔲
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder Office sought:	r living expense Office held:
Date	Payee name		
11/10/2014 Amount (\$)	Thomas, Robert Pavee address City; State; Zip Code		·
\$631.12			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside o Reimbursement	of Texas, complete Schedule T)
CAFCINUITUME	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

(512)463-5800 TDD 1-800-735-2989

SCHEDULE F

# POLITICAL EXPENDITURES

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	nse Food/Beverage Expense Travel in Dis Polling Expense Travel Out C Printing Expense Office Overh The Instruction Guibe explains	ges/Contract Labor undraising Expense strict District tad/Rental Expense tabox bistrict bistrict tabox bistrict bistrict tabox bistrict bistrict tabox bistrict bistr
1 PAGE # Schedule: 8/20 F	Prilier NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
4 Date 11/10/2014	5 Payee name Thomas, Robert	
6 Amount (\$) \$162.50	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<ul> <li>(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement</li> <li>Check if Austin, TX, officeholder living expense</li> </ul>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 11/10/2014	Payee name Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$5,933.63	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	·····
Amount (\$) \$6.01	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$) \$51.96	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Austin, Texas 78711-2070

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SC	HE	DU	LE	F

	EXPENDITURE CA	
Advertising Expe Accounting/Bank	nse Gifts/Awards/Memorial Expense Salaries/Wa- ing Legal Services Solicitation/F	ges/Contract Labor Loan Repayment/Reimbursement -undraising Expense Transportation Equipment & Related Expense
Consulting Expense Food/Beverage Expense Travel In District		strict Contributions/Donations Made By
Event Expense         Polling Expense         Travel Out Of District         Candidate/Officeholder/Political Committee           Fees         Printing Expense         Office Overhead/Rental Expense         OTHER (enter a category not listed above)		
	The Instruction Guide explains	
1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/20 F		00067874
4 Date	5 Payee name	
11/10/2014	Thomas, Robert	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$56.84	P.O. Box 29233	
	Austin, TX 78755	
L		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Loan Repayment/Reimbursement	
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		
to benefit C/OH		
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$13.00	P.O. Box 29233	
	Austin, TX 78755	
<b></b>		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Loan Repayment/Reimbursement	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		J
to benefit C/OH		
Date	Payee name Thomas Robert	
<u>11/10/2014</u>	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$1,587.61	P.O. Box 29233 Austin, TX 78755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	1	
Date	Pavee name	· · · · · · · · · · · · · · · · · · ·
Date 11/10/2014	Payee name Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
,	P.O. Box 29233	
\$591.05	Austin, TX 78755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

P.O.Box 12070

Austin, Texas 78711-2070

POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/ nse Food/Beverage Expense Travel In Di Polling Expense Travel Out	ages/Contract Labor Loan Repayme Fundraising Expense Transportation strict Contributions/E Of District Candidate/C head/Rental Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Jonations Made By Miceholder/Political Committee a category not listed above)
1 PAGE # Schedule: 10/20	2         FILER NAME           Report: 14/24         Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874
4 Date 11/10/2014	5 Payee name Thomas, Robert		
6 Amount (\$) \$30.51	7 Payee address City; State; Zip Code P.O. Box 29233 Austin; TX 78755		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside Reimbursement	of Texas, complete Schedule T)
		Check if Austin, TX, officeholde	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
11/10/2014	Thomas, Robert Payee address City; State; Zip Code		
Amount (\$) \$299.41	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (# travel outside Reimbursement	of Texas, complete Schedule T)
EXPENDITORE		Check if Austin, TX, officeholds	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name Thomas Bobort		
11/10/2014 Amount (\$)	Thomas, Robert Payee address City; State; Zip Code		
\$49.00	P.O. Box 29233 Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside Reimbursement	ot Texas, complete Schedule T)
Complete ONLY if direct expenditure	Candidate / Officeholder name	Check if Austin, TX, officeholds	er living expense Office held:
to benefit C/OH			
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$) \$59.54	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside Reimbursement	of Texas, complete Schedule T)
	Opendidate / Office to bit	Check if Austin, TX, officeholde	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Austin, Texas 78711-2070

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Advertising Expa			Loan Repayment/Reimbursement		
Advertising Expe Accounting/Bank	nse Gifts/Awards/Memorial Expense Sa ing Legal Services So	aries/Wages/Contract Labor icitation/Fundraising Expense	Transportation Equipment & Related Expense		
Consulting Experi Event Expense			Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Fees	Printing Expense Off	ice Overhead/Rental Expense	OTHER (enter a category not listed above)		
		explains how to complete this			
1 PAGE #	2 FILER NAME Thomas Robott (Mr.)		3 ACCOUNT # (TEC filers)		
Schedule: 11/20			00067874		
4 Date	5 Payee name Thomas, Robert				
11/10/2014 6 Amount (\$)	7 Payee address City; State; Zip	Code			
\$30.00	P.O. Box 29233				
φ <u></u> 30.00	Austin, TX 78755				
8	(a) Category (See Categories listed at the top of this s		(If travel outside of Texas, complete Schedule T)		
PURPOSE	Loan Repayment/Reimbursement	Reimburse	ment		
		Check if Aus	tin, TX, officeholder living expense		
9 Complete ONLY if	Candidate / Officeholder name	Office se	ought: Office held:		
direct expenditure to benefit C/OH					
Data					
Date 11/10/2014	Payee name Thomas, Robert				
Amount (\$)	Payee address City; State; Zip	ehoC			
1	P.O. Box 29233	2006			
\$20.45	Austin, TX 78755				
	, ,				
	Category (See Categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE	Loan Repayment/Reimbursement	Reimburse			
		Check If Aus	tin, TX, officeholder living expense		
Complete ONLY if	Candidate / Officeholder name	Office s	ought: Office held:		
direct expenditure to benefit C/OH					
Date	Payee name				
11/10/2014	Thomas, Robert				
Amount (\$)	Payee address City; State; Zip	Code			
\$27.49					
φ21.40	Austin, TX 78755				
	Category (See Categories listed at the top of this s		(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Loan Repayment/Reimbursement	Reimburse	ment		
EXPENDITURE					
			tin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office s	ought: Office held:		
to benefit C/OH			<u> </u>		
Date	Payee name		······································		
11/10/2014	Thomas, Robert				
Amount (\$)	Payee address City; State; Zip	Code			
\$29.52	P.O. Box 29233				
+ <b>··</b>	Austin, TX 78755				
BU 222	Category (See Categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Loan Repayment/Reimbursement	Reimburse			
EXPENDITURE					
			tin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure	Candidate / Officeholder name	Office s	ought: Office held:		
to benefit C/OH			· · · · · · · · · · · · · · · · · · ·		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

SCH	EDU	le F
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	EXPENDITURE CATE				
Advertising Expe Accounting/Bank		/Contract Labor Loan Repayment/Reimbursem draising Expense Transportation Equipment & Re	ent elated Expense		
Consulting Exper Event Expense		t Contributions/Donations Made			
Fees	Printing Expense Office Overhea	d/Rental Expense OTHER (enter a category not li			
	The INSTRUCTION GUIDE explains he				
1 PAGE #	2 FILER NAME Thomas, Robert (Mr.)		T # (TEC filers)		
Schedule: 12/20		000678	74		
4 Date 11/10/2014	5 Payee name Thomas, Robert				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$29.22	P.O. Box 29233				
\$20.22	Austin, TX 78755				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, compl Reimbursement	lete Schedule T)		
OF	Loan Repayment/Reimbursement	Heimbursement			
		Check if Austin, TX, officeholder living expens	•		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office I			
direct expenditure to benefit C/OH		<b>,</b>			
-					
Date 11/10/2014	Payee name Thomas, Robert				
Amount (\$)	Payee address City; State; Zip Code				
\$29.58	P.O. Box 29233				
\$29.50	Austin, TX 78755				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, compl	lete Schedule T)		
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement			
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office I			
direct expenditure to benefit C/OH					
		· · · · · · · · · · · · · · · · · · ·			
Date 11/10/2014	Payee name Thomas, Robert				
Amount (\$)	Payee address City; State; Zip Code	<u> </u>			
\$25.51	P.O. Box 29233				
φ20.01	Austin, TX 78755				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, compl Reimbursement	lete Schedule T)		
OF	Loan Repayment/Reimbursement				
EXPENDITURE		Check if Austin, TX, officeholder living expens	:e		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office			
direct expenditure to benefit C/OH	· · · ·				
Date	Payee name				
11/10/2014	Thomas, Robert				
Amount (\$)	Payee address City; State; Zip Code				
\$27.32	P.O. Box 29233				
+ <b></b>	Austin, TX 78755				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, compl Reimbursement	lete Schedule T)		
OF	Loan Repayment/Reimbursement				
EXPENDITURE		Check if Austin, TX, officeholder living expens	<u>م</u>		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office			
direct expenditure to benefit C/OH		-			
to obtain o/Off					

exas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711	2070 (512)46	3-5800 TDD 1-800-735-2989
POLITIC	AL EXPENDITURES		SCHEDULE F
			- · ·
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages/C ing Legal Services Solicitation/Funda	Contract Labor Loan Repayments of Contract Labor Contributions/ Labor Contributions/ Lifet Candidate/C Rental Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 13/20	Report: 17/24 Thomas, Robert (Mr.)		00067874
4 Date	5 Payee name		•
11/10/2014	Thomas, Robert		
3 Amount (\$)	7 Payee address City; State; Zip Code		
\$41.30	P.O. Box 29233 Austin, TX 78755		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement	
		Check if Austin, TX, officehold	er living expense
G Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$)	Payee address City; State; Zip Code		
\$29.80	P.O. Box 29233		
φ20.00	Austin, TX 78755		
	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement	
EXPENDITURE			
		Check if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$)	Payee address City; State; Zip Code	<u> </u>	
\$28.73	P.O. Box 29233		
	Austin, TX 78755		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside Reimbursement	of Texas, complete Schedule T)
OF	Loan Repayment/Reimbursement		
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officehold Office sought:	Office held:
direct expenditure	Candidate / Cincendidor Harrio	Chiec Sought.	Shield Hold.
to benefit C/OH			
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$)	Payee address City; State; Zip Code		
\$30.00	P.O. Box 29233		
,	Austin, TX 78755		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement	
EXPENDITURE			
		Check if Austin, TX, officehold	
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

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SCHEDULE F

# POLITICAL EXPENDITURES

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services Solicitation/Func nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The INSTRUCTION Guibe explains ho	Contract Labor       Loan Repayment/Reimbursement         traising Expense       Transportation Equipment & Related Expense         strict       Contributions/Donations Made By         strict       Candidate/Officeholder/Political Committee         /Rental Expense       OTHER (enter a category not listed above)         w to complete this form.       Candidate/Africeholder/Political Committee
1 PAGE # Schedule: 14/20	Report: 18/24 2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
4 Date 11/10/2014	5 Payee name Thomas, Robert	
6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 11/10/2014	Payee name Thomas, Robert	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address City; State; Zip Code	— — — — — — — — — — — — — — — — — — —
\$30.00		
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$30.00	P.O. Box 29233 Austin, TX 78755	
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
EXPENDITURE		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date 11/10/2014	Payee name Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$12.98		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
		Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

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Adventising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fun see Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guipe explains he	s/Contract Labor       Loan Repayment/Reimbursement         draising Expense       Transportation Equipment & Related Expense         st       Contributions/Donations Made By         listrict       Candidate/Officeholder/Political Committee         d/Rental Expense       OTHER (enter a category not listed above)         ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 15/20	Report: 19/24 Thomas, Robert (Mr.)	00067874
4 Date	5 Payee name	
11/10/2014	Thomas, Robert	
· · · · · · · · · · · · · · · · · · ·		
6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Canalogie / Childenologi namo	
to benefit C/OH		· · · · · · · · · · · · · · · · · · ·
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
	P.O. Box 29233	
\$49.00	Austin, TX 78755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
	, , , , , , , , , , , , , , , , , , ,	
		Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$30.02	P.O. Box 29233 Austin, TX 78755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
	,,,,,,, _	
EAFENDITURE	N	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		-
to benefit C/OH		
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
¢6.00	P.O. Box 29233	
\$6.00	Austin, TX 78755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
EAFENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

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EXPENDITURE CATEGORIES				
Advertising Expe Accounting/Bank	nse Gifts/Awards/Memorial Expense Salaries/W ing Legal Services Solicitation	ages/Contract Labor Loan Repayment/Reimbursement /Fundraising Expense Transportation Equipment & Related Expense		
Consulting Exper	nse Food/Beverage Expense Travel In D	istrict Contributions/Donations Made By		
Event Expense Fees		rhead/Rental Expense OTHER (enter a category not listed above)		
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)		
Schedule: 16/20		00067874		
4 Date	5 Payee name			
11/10/2014	Thomas, Robert			
6 Amount (\$)	7 Payee address City; State; Zip Code P.O. Box 29233			
\$26.41	Austin, TX 78755			
8	(a) Category (See Categories listed at the top of this schedule	) (b) Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement		
EXPENDITURE				
Complete Chil X #	Condidate / Officeholder name	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:		
to benefit C/OH				
Date	Payee name			
11/10/2014	Thomas, Robert			
Amount (\$)	Payee address City; State; Zip Code			
\$120.00	P.O. Box 29233 Austin, TX 78755			
	Category (See Categories listed at the top of this schedule	) Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Loan Repayment/Reimbursement	Reimbursement		
OF EXPENDITURE				
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:		
to benefit C/OH				
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		
11/10/2014	Thomas, Robert			
Amount (\$)	Payee address City; State; Zip Code			
\$239.02	P.O. Box 29233 Austin, TX 78755			
	Auguit, 1770700			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Loan Repayment/Reimbursement	Reimbursement		
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:		
to benefit C/OH				
Date	Payee name			
11/10/2014	Thomas, Robert			
Amount (\$)	Payee address City; State; Zip Code			
\$292.28	P.O. Box 29233 Austin, TX 78755			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Loan Repayment/Reimbursement	Reimbursement		
OF EXPENDITURE				
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:		
to benefit C/OH				

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

SCHEDULE	F
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Advertising Even	EXPENDITURE CATE	
Advertising Expe Accounting/Bank		draising Expense Transportation Equipment & Related Expense
Consulting Exper Event Expense		t Contributions/Donations Made By
Fees	Printing Expense Office Overhead	d/Rental Expense OTHER (enter a category not listed above)
	The INSTRUCTION GUIDE explains he	
1 PAGE#	2 FILER NAME Thompson Bohort (Mr.)	3 ACCOUNT # (TEC filers)
Schedule: 17/20		00067874
4 Date	5 Payee name	
11/10/2014	Thomas, Robert	
6 Amount (\$)	7 Payee address City; State; Zip Code P.O. Box 29233	
\$3,182.88	Austin, TX 78755	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	· · · ·
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · ·
\$1,338.54	P.O. Box 29233	
	Austin, TX 78755	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Loan Repayment/Reimbursement	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	· · · · ·	č
Date	Payee name Thomas, Robert	
11/10/2014 Amount (\$)	Payee address City; State; Zip Code	
	P.O. Box 29233	
\$28.04	Austin, TX 78755	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		Onice sought. Onice neid.
to benefit C/OH		
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$6.00	P.O. Box 29233 Austin, TX 78755	
<u>_</u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Loan Repayment/Reimbursement	Reimbursement
		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

P.O.Box 12070 Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

POLITICAL	<b>EXPENDITURES</b>
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Adventising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fund	Contract Labor         Loan Repayment/Reimbursement           raising Expense         Transportation Equipment & Related Expense           Contributions/Donations Made By         Candidate/Officeholder/Political Committee           strict         Candidate/Officeholder/Political Committee           Rental Expense         OTHER (enter a category not listed above)
1 PAGE # Schedule: 18/20	Report: 22/24 2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
4 Date 11/10/2014	5 Payee name Thomas, Robert	
6 Amount (\$) \$2,824.76	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<ul> <li>(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement</li> <li>Check if Austin, TX, officeholder living expense</li> </ul>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 11/10/2014	Payee name Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$6.00	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Date	Payee name	
11/10/2014	Thomas, Robert	
Amount (\$) \$30,684.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
Complete Other	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH		
Date 11/10/2014	Payee name Thomas, Robert	
Amount (\$)	Payee address City; State; Zip Code	
\$454.00	P.O. Box 29233 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

P.O.Box 12070

POLITICAL EXPENDITURES

Austin, Texas 78<u>711-2070</u>

(512)463-5800 TDD 1-800-735-2989

Advedising Com			
Advertising Expe Accounting/Bank		ges/Contract Labor Loan Repayment/Reimbursement undraising Expense Transportation Equipment & Related Expense	
Consulting Exper Event Expense	pense Polling Expense Travel Out Of District Candidate/Officeholder/Pollitical Committee		
Fees	Printing Expense Office Overh The INSTRUCTION GUIDE explains	ead/Rental Expense OTHER (enter a category not listed above) how to complete this form.	
1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers)	
Schedule: 19/20	Themps Dehert (Mr.)	00067874	
4 Date	5 Payee name	00007074	
11/10/2014	Thomas, Robert		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$49.00	P.O. Box 29233		
	Austin, ⊤X 78755		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement	
OF	20an nepayment/reimbursement		
EXPENDITURE		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH		· · · · · · · · · · · · · · · · · · ·	
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$)	Payee address City; State; Zip Code		
\$60.00	P.O. Box 29233		
	Austin, ⊤X 78755		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Loan Repayment/Reimbursement		
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH			
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$)	Payee address City, State, Zip Code		
\$575.00	P.O. Box 29233		
	Austin, TX 78755		
	Catagony (Soo Catagoriae listed at the tap of this schedula)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Reimbursement	
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH			
Date	Payee name		
11/10/2014	Thomas, Robert		
Amount (\$)	Payee address City; State; Zip Code		
\$120.79	P.O. Box 29233		
	Austin, TX 78755		
	Catagory (See Catagories listed at the tap of this satisfier)		
PURPOSE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) Reimbursement	
CAPCINDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure to benefit C/OH			

POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Purd nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di	/Contract Labor Loan Repayme fraising Expense Transportation Contributions// strict Candidate// //Rental Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Jonations Made By Ifficeholder/Political Committee a category not listed above)
1 PAGE # Schedule: 20/20			3 ACCOUNT # (TEC filers) 00067874
4 Date 11/10/2014	5 Payee name Thomas, Robert		
6 Amount (\$) \$286.60	7 Payee address City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Reimbursement	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholde	Office held:
Date	Payee name	· · ·	
<u>11/10/2014</u> Amount (\$)	Thomas, Rpbert Payee address City; State; Zip Code		
\$750.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside Reimbursement Check if Austin, TX, officeholde	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
10/31/2014 Amount (\$)	Thomas Graphics Payee address City; State; Zip Code		
\$644.90			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Advertising Expense	of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholds	office held:
Date 12/17/2014	Payee name Thomas Graphics		····
Amount (\$) \$116.55	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 Advertising Expense	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

#### SCHEDULE ATX. 4 - attach to form C/OH (C&E) Reference § 2-2-25, Austin City Code

#### **BANK RECONCILIATION**

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Kobert D. Thomas Campaign

For each checking, savings or other financial institution account maintained during  $20 \frac{14}{14}$ , enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost Bank
Type of account: Business Checking
The beginning balance:
The ending balance: 67,912.46

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
11/1/2014	Opinion Applysts	27.82
12/17/2014	Thomas Spannics	116.55
,,		•

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
	· · · · · · · · · · · · · · · · · · ·	

Office of the City Clerk, 20.36

Revised by the Ethics Review Commission 03/26/2014 Page 1 of 2 SCHEDULE ATX. 4 - attach to form C/OH (C&E) Reference § 2-2-25, Austin City Code

Amount of interest or dividends earned: \_\_\_\_\_

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount

Office of the City Clerk, 20.36

Revised by the Ethics Review Commission 03/26/2014 Page 2 of 2