# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

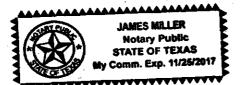
## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	\	Commission filers)	2 PAGE#		
		0006	7874	1 01 49	26	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Robert		мі	OFFICE U	AUSTIN RE RE	
	NICKNAME LAST Thomas		SUFFIX		9 B	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 29233	CITY;	STATE; ZIP CODE	Code Hood delices	ER!	
Change of Address	Austin, TX 78755		÷	Date Hand-delivered	or trace Postmarked	
				Receipt #	Amount	
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Richard		MI	Date Processed		
NAME	NICKNAME LAST		SUFFIX	Date Imaged		
	Mendoza			•		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);  Richard Mendoza CPA  2512 IH 35 South, Ste. 340  Austin, TX 78704	APT / SUITE #;	CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 708-1690		EXTENSION			
8 REPORT TYPE	January 15 X 30th day bet	fore election	Aunoff	15th day after ca appointment (of	ampaign treasurer ficeholder only)	
	July 15 8th day befo	ore election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)	
9 PERIOD COVERED	Month Day Year		Month Day	Year		
	07/01/2014	THROUGH	09/25/20	14		
10 ELECTION	ELECTION DATE ELECTION DATE  Month Day Year  11/04/2014	CTION TYPE	Runoff X	General	Special	
11 OFFICE	OFFICE HELD (if any)	12	2 OFFICE SOUGHT (if known Austin City Council			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Thom	as, Robert (Mr.)		14 ACCOUNT # 00067874	(Ethics Commission filers)	
15 NOTICE FROM This box is for notice of political expenditures by political committees to support the candidate / office have been made without the candidate's or officeholder's knowledge or consent. Candidates and office information only if they receive notice of such expenditures					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Austin Police Association PAC			
	GENERAL	COMMITTEE ADDRESS 5817 Wilcab Road Austin, TX 78721			
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Escobar, Valencia (Ms.)	_		
]		COMMITTEE CAMPAIGN TREASURER ADDRESS 5817 Wilcab Road Austin, TX 78721			
16 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,140.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00	
	4. TÖTAL I	POLITICAL EXPENDITURES	\$	74,525.37	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	42,415.55	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Robert Thomas

\_, this the

<u>'\_\_\_\_</u> day

f 0 cf., 20 1 cf., 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

Texas Ethics Commission

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 1/3	34 Report: 3/49	
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Acosta, Leticia	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	07/22/2014	6 Contributor address; City; State; Zip Code 10901 Buckthorn Drive Austin, TX 78759	•••••	\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Director	ation / Job title (See Instructions)	10 Employer (See In UT Austin	structions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/25/2014	Contributor address; City; State; Zip Code 5003 North Rim Drive Austin, TX 78731		\$350.00	 	
	Discipal account	Allow ( lab kills (One laster) (Const.)	5	L.	Texas, complete Schedule T)	
	COO	ation / Job title (See Instructions)	Employer (See In HPEC Manager			
	Date	Full name of contributor  ut-of-state PAC (iD# Arnold, Keith		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City; State; Zip Code 4701 Balcones Dr. Austin, TX 78731		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Exec Mgmt	ation / Job title (See Instructions)	Employer (See In OptimalPlus	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756		\$350.00	 	
		Austin, 17,76730		(M Assurab auxiliate and	t	
	Principal occup PAC N	ation / Job title (See Instructions)	Employer (See In PAC N	<u> </u>	Texas, complete Schedule T)	
-				<u> </u>		
	Date	Full name of contributor  ut-of-state PAC (ID# Austin Firefighters Association PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zip Code 7537 Cameron Road Austin, TX 78752		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup PAC	ation / Job title (See Instructions)	Employer (See In PAC	structions)		

Texas Ethics Commission

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/3	34 Report: 4/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Austin Travis County EMS Employee Association Treasurer		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 3 Austin, TX 78721		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup PAC	ation / Job title (See Instructions)	10 Employer (See In Austin Travis Co		yee Association PAC		
	Date	Full name of contributor  ut-of-state PAC (ID# Baselice, Michael	<u>'</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/27/2014	Contributor address; City; State; Zip Code 2708 Mountain Laurel Drive Austin, TX 78703	•••••	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Survey Resea	ation / Job title (See Instructions) archer	Employer (See In Baselice & Asso				
	Date	Full name of contributor  ut-of-state PAC (ID# Bayless, Elizabeth	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/23/2014	Contributor address; City; State; Zip Code 2405 Rockmoor Avenue Austin, TX 78703		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Nonprofit Exe	ation / Job title (See Instructions)	Employer (See In Texas State Aff		,		
	Date	Full name of contributor  uut-of-state PAC (ID# Bayless, James	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/23/2014	Contributor address; City; State; Zip Code 2405 Rockmoor Avenue Austin, TX 78703		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In James L. Bayle				
	Date	Full name of contributor  ut-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 11938 Dorsett Road Austin, TX 78727		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
-	Principal occup Office Manag	ation / Job title (See Instructions) er	Employer (See In The Aegis Grou	structions)	, ,, <b>-</b>		

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	The INSTRUCTION	Guide explains how to complete this form.		1 PAGE # Schedule: 3/3	34 Report: 5/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bell, Gayle	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/01/2014	6 Contributor address; City; State; Zip Code 6504 Winterberry Drive Austin, TX 78750		\$200.00	   		
		-		(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In: Retired	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/01/2014	Contributor address; City; State; Zip Code 6504 Winterberry Drive Austin, TX 78750		\$200.00	·   		
				•	Texas, complete Schedule T)		
	Principal occup Retired	eation / Job title (See Instructions)	Employer (See In: Retired	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/17/2014	Contributor address; City; State; Zip Code 7140 Chimney Cors Austin, TX 78731		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In: PSW Real Esta				
	Date	Full name of contributor  ut-of-state PAC (ID# Berry, Jordan	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 7509 Spivey Drive Austin, TX 78749		\$100.00	l 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	eation / Job title (See Instructions)	Employer (See In: Berry Communi				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/01/2014	Contributor address; City; State; Zip Code 1189 Crossman Ct Lexington, KY 40513		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Express Employ	•			

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/3	34 Report: 6/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Blomquist, Martha	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/23/2014	6 Contributor address; City; State; Zip Code 8609 Alverstone way Austin, TX 78759		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/29/2014	Contributor address; City; State; Zip Code 7305 Foxtree Cove Austin, TX 78750		\$100.00	 		
	Deigning and	etian ( lab title (O an Instantional)		,	Texas, complete Schedule T)		
	Requested	ation / Job title (See Instructions)	Employer (See In Requested	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Bouvier, Dan	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/07/2014	Contributor address; City; State; Zip Code 8112 Asherton Cove Austin, TX 78750		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Requested	ation / Job title (See Instructions)	Employer (See In Requested	structions)			
	Date	Full name of contributor	<del>!</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/21/2014	Contributor address; City; State; Zip Code 7503 Stonecliff Circle Austin, TX 78731		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Physician	ation / Job title (See Instructions)	Employer (See In Austin Sports M		_		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/18/2014	Contributor address; City; State; Zip Code 8407 High Oak Drive Austin, TX 78759		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Chief Financi	ation / Job title (See Instructions) al Officer	Employer (See In AM Technical S	structions)	Total, complete schedule 1)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/3	34 Report: 7/49		
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Brooks, Erin (Ms.)	)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/21/2014	6 Contributor address; City; State; Zip Code 4211 Greystone Drive Austin, TX 78731		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup CPA	oation / Job title (See Instructions)	10 Employer (See In AffiniPay	structions)			
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/23/2014	Contributor address; City; State; Zip Code 8201 Asmara Dr Austin, TX 78750	••••	\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In				
Attorney		Buchanan, Dim				
Date	Full name of contributor  uut-of-state PAC (ID# Burgdorf, Barry	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/21/2014	Contributor address; City; State; Zip Code 5902 Sedgefield Drive Austin, TX 78746	•••••	\$100.00	 		
		`	(If travel outside of	Texas, complete Schedule T)		
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In Beatty, Bangle,				
Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/24/2014	Contributor address; City; State; Zip Code 6105 Mountain Villa Drive Austin, TX 78731		\$350.00	   		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Crockett Camp	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Chase, Allison (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/21/2014	Contributor address; City; State; Zip Code 3924 Knollwood Drive Austin, TX 78731		\$50.00	 		
			(If travel auteida of	Texas, complete Schedule T)		
Principal occup Psychologist	pation / Job title (See Instructions)	Employer (See In AK Chase and	structions)	Total, complete somedule 1)		

P.O.Box 12070

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/3	34 Report: 8/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cihock, Michael (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/25/2014	6 Contributor address; City; State; Zip Code 5310 Musket Ridge Austin, TX 78759-6222		\$150.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See in: McLean and Ho				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 4000 Dominion Cove Austin, TX 78759		\$25.00	 		
				`	Texas, complete Schedule T)		
	Principal occup Legal Assista	ation / Job title (See Instructions) nt	Employer (See In: Winstead PC	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Collins, Gregory (Kent)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/03/2014	Contributor address; City; State; Zip Code 2510 El Greco Cove Austin, TX 78703		\$350.00	] 		
					Texas, complete Schedule T)		
	Community B	ation / Job title (See Instructions) uilder	Employer (See In Centro Develop				
	Date	Full name of contributor  ut-of-state PAC (ID# Copinga, Jake (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/18/2014	Contributor address; City; State; Zip Code 349 Charity Cove Salt Lake City, UT 84103		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Commercial F	ation / Job title (See Instructions) Realtor	Employer (See In Internet Propert				
	Date	Full name of contributor  ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/03/2014	Contributor address; City; State; Zip Code 2805 Pecos Street Austin, TX 78703		\$250.00	! ! !		
				/84 homes of a contact of	Town complete College to T		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	<u> </u>	Texas, complete Schedule T)		

## POLITICAL CONTRIBUTIONS

**OTHER THAN PLEDGES OR LOANS** 

		<u> </u>			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/3	34 Report: 9/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cox, Sandy	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 105 Vitex Drive Austin, TX 78734		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Crawford, Keith	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 4902 Tenison Court Austin, TX 78731		\$350.00	[ [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Concrete Pun	nation / Job title (See Instructions)	Employer (See In Capital Pumpin	structions)	
	Concrete Fun	nping	Capital Fumpling	y, Lr	
	Date	Full name of contributor  ut-of-state PAC (ID# Crawford, Melinda	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 4902 Tenison Court Austin, TX 78731		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Construction	ation / Job title (See Instructions) Services	Employer (See In MC Services, L		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/19/2014	Contributor address; City; State; Zip Code 10304 Sausalito Drive Austin, TX 78759		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Sprinkle IP Law		
	Date	Full name of contributor  uut-of-state PAC (ID# Cunningham, William Dr.	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/02/2014	Contributor address; City; State; Zip Code PO BOX E Austin, TX 78713		\$100.00	   
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup Professor	ation / Job title (See Instructions)	Employer (See In University of Te		
	1 10103301		Oniversity of Te	AGO	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/3	34 Report: 10/49	
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Davis, Jim	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/23/2014	6 Contributor address; City; State; Zip Code 4005 Rockledge Austin, TX 78731	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	] 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Health Care (	ation / Job title (See Instructions) Consultant	10 Employer (See In Seton	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/03/2014	Contributor address; City; State; Zip Code 3925 Balcones Dr. Austin, TX 78731		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In	<u> </u>		
	Legislative Co	onsultant	Xerox	•		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/20/2014	Contributor address; City; State; Zip Code 1603 Enfield Rd Unit 204 Austin, TX 78703		\$100.00	 	
				,	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
-	09/25/2014	Contributor address; City; State; Zip Code 7504 Crossdraw Drive Austin, TX 78731		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup CFO	eation / Job title (See Instructions)	Employer (See In Tanknology	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Divine, Veronica	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/22/2014	Contributor address; City; State; Zip Code 6904 Glen Ridge Drive Austin, TX 78731		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Sole Propriete	ation / Job title (See Instructions) or	Employer (See In Divine Designs	structions)		

**POLITICAL CONTRIBUTIONS** 

## SCHEDULE A

TDD 1-800-735-2989

	OTHER	THAN PLEDGES OR LOAD	NS 		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/3	34 Report: 11/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Dougal, Leonard	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/30/2014	6 Contributor address; City; State; Zip Code 4215 Tallowood Dr. Austin, TX 78731		\$350.00	   
		<u> </u>		'	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In: Jackson Walker		
	Date	Full name of contributor  ut-of-state PAC (ID# Doyle, Susan (Ehrlich)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/01/2014	Contributor address; City; State; Zip Code 4002 Edgefield Court Austin, TX 78731		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Realtor	ation / Job title (See Instructions)	Employer (See In Capital City Sot	structions) heby's Internation	nal Realty
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 805 Castle Ridge Rd Austin, TX 78746		\$200.00	 
	<u></u>			1	Texas, complete Schedule T)
	Principal occup Lifestyle Coor	ation / Job title (See Instructions) dinator	Employer (See In Querencia	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Edwards, Rosemary	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/28/2014	Contributor address; City; State; Zip Code 6528 Heron Drive Austin, TX 78759		\$40.00	   
				<u> </u>	Texas, complete Schedule T)
	Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Ehrlich, Patsy	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/27/2014	Contributor address; City; State; Zip Code 3100 Pleasant Run Place Austin, TX 78703		\$350.00	 
				l	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	

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-	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	/34 Report: 12/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Elenz, Douglas	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; City; State; Zip Code 1900 Elton Lane Austin, TX 78703		\$125.00	   
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Physician	ation / Job title (See Instructions)	10 Employer (See In Austin Sports M		<u> </u>
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/16/2014	Contributor address; City; State; Zip Code 7313 Foxtree Cove		\$100.00	 
		Austin, TX 78750			 
	Principal coour	pation / Joh title (Pag Instructions)	Employer (Coole	,	Texas, complete Schedule T)
	VP	pation / Job title (See Instructions)	Employer (See In Solar Power Te		
	Date	Full name of contributor  ut-of-state PAC (ID# Ely, Sandra	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2014	Contributor address; City; State; Zip Code 7608 Valley Dale Dr Austin, TX 78731		\$300.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions) ditor & Educational Instructor	Employer (See In Self Employed	structions)	
	Date	Full name of contributor	<u>'</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; City; State; Zip Code 2803 Macken Street Austin, TX 78703		\$100.00	1   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Hotel Sales M	ation / Job title (See Instructions)  // Anager	Employer (See In Valencia Hotel/	structions) San Jacinto Partn	ers
	Date	Full name of contributor  ut-of-state PAC (ID# Farmer, Gary	+)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746		\$350.00	 
		,		/M traval autaids at	Toyon complete Schodule Ti
<del> </del>	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	President		Heritage Title C		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/34 Report: 13/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	<b>5</b> Full name of contributor ☐ out-of-state PAC (ID: Farmer, Susan (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/18/2014	6 Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746-4678	• • • • • • • • • • • • • • • • • • • •	\$350.00	   		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Homemaker	eation / Job title (See Instructions)	10 Employer (See In Homemaker	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/05/2014	Contributor address; City; State; Zip Code 221 W. Anderson Lane Austin, TX 78757		\$300.00	 		
				<u></u>	Texas, complete Schedule T)		
	Principal occup Owner	eation / Job title (See Instructions)	Employer (See In Freytag Flowers				
	Date	Full name of contributor  ut-of-state PAC (ID: Frieden, Joanie	<u> </u>	Amount of contribution (S)	In-kind contribution description (if applicable)		
	09/14/2014	Contributor address; City; State; Zip Code 7202 Running Rope Circle Austin, TX 78731		\$100.00	 		
				ļ '	Texas, complete Schedule T)		
	Principal occup Co- Founder/	oation / Job title (See Instructions) Owner	Employer (See In Skinny Limits	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID-Galton, Eric	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/04/2014	Contributor address; City; State; Zip Code 8132 Jester Blvd Austin, TX 78731		\$75.00	   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Mediator/Atto	ation / Job title (See Instructions) rney	Employer (See In Lakeside Media				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 2600 Lake Austin Blvd. Austin, TX 78703		\$125.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	Leation / Job title (See Instructions)	Employer (See In Jackson Walke	structions)	Totals, complete octionals 1)		
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The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	/34 Report: 14/49		
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
	5 Full name of contributor ☐ out-of-state PAC (ID# Garvie, Carolyn	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	<b>6</b> Contributor address; City; State; Zip Code 8018 High Hollow Dr. austin, TX 78750		\$250.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occupa Retired	ation / Job title (See Instructions)	10 Employer (See Ins Retired	structions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code 4702 Valley Oak Dr Austin, TX 78731		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	L`			
Onwer of Pakn		Self Employed	· =1			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
l I	Contributor address; City; State; Zip Code 1501 Enfield Rd Austin, TX 78703		\$350.00	 		
			l . <u>'</u>	Texas, complete Schedule T)		
Principal occupa Financial Advis	ation / Job title (See Instructions) sor	Employer (See In: Wells Fargo	structions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/17/2014	Contributor address; City; State; Zip Code PO Box 160835 Austin, TX 78716		\$50.00	   		
			(If travel outside of	Texas, complete Schedule T)		
Principal occupa Home Builder	ation / Job title (See Instructions)	Employer (See In: Retired	structions)			
Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/23/2014	Contributor address; City; State; Zip Code 4012 N. Hills Dr. Austin, TX 78731		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occupa Retail	ation / Job title (See Instructions)	Employer (See In: Hat Creek	· ·	,proce demoders 1/		

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

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

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	The Instruction	N Guide explains how to complete this form.	-	1 PAGE # Schedule: 13	/34 Report: 15/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gressett, Shelby	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/23/2014	6 Contributor address; City; State; Zip Code 4012 N. Hills Dr. Austin, TX 78731		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retail	ation / Job title (See Instructions)	10 Employer (See In: Hat Creek	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 3006 Glenview Avenue Austin, TX 78703		\$50.00	    -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u></u>	
	Real Estate D		PSW Real Esta		
	Date	Full name of contributor  ut-of-state PAC (ID# Hamilton, Chase	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 3006 Glenview Avenue Austin, TX 78703		\$50.00	[    -
		The same of the sa		(If travel outside of	Texas, complete Schedule T)
	Principal occup Requested	ation / Job title (See Instructions)	Employer (See In Requested	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hatfield, Richard	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 5403 Musket Ridge Austin, TX 78759		\$200.00	 
				(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  ut-of-state PAC (ID#	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/30/2014	Contributor address; City; State; Zip Code 3504 Lakeland Drive		\$50.00	 
		Austin, TX 78731			T
$\vdash$	Dringing cos	(ation / Joh titlo (Coo Instructions)	Employer (0 !-	<u></u>	Texas, complete Schedule T)
	Attorney	ation / Job title (See Instructions)	Employer (See In Korling, Hemph		-

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	/34 Report: 16/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Herndon, Dealey	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/20/2014	6 Contributor address; City; State; Zip Code 2903 Tarry Trail Austin, TX 78703		\$250.00	] 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Heyer, Connie	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/02/2014	Contributor address; City; State; Zip Code 3205 Greenlee Drive Austin, TX 78703		\$350.00	1   
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	eation / Job title (See Instructions)	Employer (See In		
	Attorney		Niemann & Hey	er	
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/02/2014	Contributor address; City; State; Zip Code 3205 Greenlee Drive Austin, TX 78703		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Niemann & Hey		
	Date	Full name of contributor  ut-of-state PAC (iD# Higgins, Hugh	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 8115 East Court Austin, TX 78759		\$100.00	 
				(If trave) outside of	Texas, complete Schedule T)
	Principal occup CPA	ation / Job title (See Instructions)	Employer (See In Self Employed	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 4203 North Hills Drive Austin, TX 78731		\$125.00	 
				// Amazoni mod 1.1 m	Taura aamataa Oataa ii m
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Real Estate Investments			Joseph Hoover	•	

	· ·	<u>.                                    </u>			
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 15	/34 Report: 17/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hoover, Joseph	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 4203 North Hills Drive Austin, TX 78731		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Real Estate	ation / Job title (See Instructions)	10 Employer (See Ins Joseph Hoover		
	Date	Full name of contributor  ut-of-state PAC (ID# Hoover, Lee	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 4203 North Hills Drive Austin, TX 78731		\$125.00	} 
					Texas, complete Schedule T)
	Principal occup Requested	eation / Job title (See Instructions)	Employer (See In: Requested	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Houser, Donna	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/21/2014	Contributor address; City; State; Zip Code 10805 Ariock Lane Austin, TX 78739		\$350.00	 
				<u>L.`</u>	Texas, complete Schedule T)
	Principal occup Principal	ation / Job title (See Instructions)	Employer (See In: AISD	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Hudson, Patrick (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 7105 Beauford Dr Austin, TX 78731-3911	, ,	\$150.00	   
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See In McLean and Ho			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/10/2014	Contributor address; City; State; Zip Code 40 North IH-35, Townhouse 8 Austin, TX 78701		\$100.00	 
					·
	Orinainal assura	otion / Joh title (Oce Instructions)	Emple 1101	<u></u>	Texas, complete Schedule T)
		pation / Job title (See Instructions) Texas System	Employer (See In Executive Direct		

#### SCHEDULE A

TDD 1-800-735-2989

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	/34 Report: 18/49	
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kamm, Robert	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	08/29/2014	6 Contributor address; City; State; Zip Code 4703 Gold Flower Hollow Austin, TX 78731		\$250.00	 	
L				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Lobbyist	ation / Job title (See Instructions)	10 Employer (See In Robert Kam Go			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/14/2014	Contributor address; City; State; Zip Code 5103 Ridgemoor Drive Austin, TX 78731		\$350.00	   	
				(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Deputy General Counsel		Employer (See In Gerson Lehrma				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/13/2014	Contributor address; City; State; Zip Code 7914 Bee Caves Rd Austin, TX 78746		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occur	eation / Job title (See Instructions)	Employer (See In		Texas, complete conedate ty	
	CEO	anony too mile (ode mendenor)	Encotech Engin			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/29/2014	Contributor address; City; State; Zip Code PO BOX 5818 Austin, TX 78763		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Sedgwick	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID# Klein, Susan	<del> </del>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/29/2014	Contributor address; City; State; Zip Code PO BOX 5818 Austin, TX 78763		\$250.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Homernaker	pation / Job title (See Instructions)	Employer (See In Homemaker	structions)		

#### SCHEDULE A

TDD 1-800-735-2989

				<del></del>	
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 17	/34 Report: 19/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Kovach, Kimberlee	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/04/2014	6 Contributor address; City; State; Zip Code 8132 Jester Blvd Austin, TX 78731		\$75.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Professor	ation / Job title (See Instructions)	10 Employer (See In: South Texas So		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/20/2014	Contributor address; City; State; Zip Code 1400 Hardouin Ave. Austin, TX 78703		\$100.00	<b>!</b> !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	`	
	Attorney	,	Akin Gump	·	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 5014 West Frances Austin, TX 78731		\$25.00	 
					Texas, complete Schedule T)
	Principal occup Financial Ana	ation / Job title (See Instructions)	Employer (See In State of Texas	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; City; State; Zip Code PO Box 202211 Austin, TX 78720		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self Employed	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Lindner, Aaron	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 5821 Kempson Dr. Austin, TX 78735		\$125.00	 
		7.000, 17.707.00			 
$\vdash$	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Engineer		Samsung		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	/34 Report: 20/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lindner, Ann	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/15/2014	6 Contributor address; City; State; Zip Code 5821 Kempson Dr. Austin, TX 78735		\$125.00	 		
				(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  ut-of-state PAC (ID# Madere, Charlie	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/24/2014	Contributor address; City; State; Zip Code 4207 Bennedict Ln Austin, TX 78746		\$25.00	   		
				(If travel outside of	Texas, complete Schedule T)		
		pation / Job title (See Instructions)	Employer (See In	structions)			
	Sales		Self Employed				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/24/2014	Contributor address; City; State; Zip Code 4207 Bennedict Ln Austin, TX 78746		\$25.00	 		
					Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Coats Rose	structions)			
٠	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/25/2014	Contributor address; City; State; Zip Code 8807 Spicebrush Drive Austin, TX 78759		\$250.00	!   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/22/2014	Contributor address; City; State; Zip Code		\$50.00	 		
		8504 Adirondack Cove					
		8504 Adirondack Cove Austin, TX 78759			i		
	Principal occur		Employer (See In	L	Texas, complete Schedule T)		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/34 Report: 21/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Mathias, Matt	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/27/2014	6 Contributor address; City; State; Zip Code 2915 Regents Park Austin, TX 78746		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Real Estate	ation / Job title (See Instructions)	10 Employer (See In: Mathias Partner		·
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/14/2014	Contributor address; City; State; Zip Code 4209 Prickly Pear Dr. Austin, TX 78731		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In		
	Research Exe	ecutive	Pecan Street In		
	Date	Full name of contributor  ut-of-state PAC (ID: Mendiola, Lino	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/08/2014	Contributor address; City; State; Zip Code 2404 Vance Ln Austin, TX 78746	•••••	\$175.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Andrews Kurth		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/25/2014	Contributor address; City; State; Zip Code 6400 Ledge Mountain Drive Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$250.00	] ] ]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Business Ow	ation / Job title (See Instructions) ner	Employer (See In Pappadeaux		
	Date	Full name of contributor  ut-of-state PAC (ID:	<u> </u>	Amount of	In-kind contribution
		Mullins, Charles		contribution (\$)	description (if applicable)
	08/14/2014	Contributor address; City; State; Zip Code 4203 Farhills Drive Austin, TX 78731		\$300.00	] 
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_	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 20	/34_Report: 22/49	
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Myska, Cindy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/23/2014	6 Contributor address; City; State; Zip Code 3500 Mt. Bonnell Rd Austin, TX 78731		\$350.00	   	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Therapist	ation / Job title (See Instructions)	10 Employer (See In Self Employed	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zip Code 4208 N Hills Dr		\$150.00	 	
		Austin, TX 78731		<u> </u>	Texas, complete Schedule T)	
	Principal occup Sales Mgr	ation / Job title (See Instructions)	Employer (See In AT&T	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID)	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/10/2014	Contributor address; City; State; Zip Code 4711 Colorado Crossing Austin, TX 78731		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	L <u></u>	Texas, complete schedule 1)	
	Requested	· · · · · · · · · · · · · · · · · · ·	Requested			
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/10/2014	Contributor address; City; State; Zip Code 4711 Colorado Crossing Austin, TX 78731		\$25.00	1   	
				(If travel outside of	Texas, complete Schedule T)	
_	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Drenner Group,	structions)		
-	Date	Full name of contributor  ut-of-state PAC (ID#	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/17/2014	Contributor address; City; State; Zip Code 1800 Bremen Street Austin, TX 78703		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	vation / Job title (See Instructions)	Employer (See In		Tondo, complete delledule 1)	
	Environmenta		Tetra Tech, Inc.			

The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 21/34 Re	eport: 23/49				
2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (Ethics 00067874	s Commission filers)				
4 Date 5 Full name of contributor ☐ out-of-state PAC (tD Painter, Cathy		In-kind contribution scription (if applicable)				
09/23/2014 6 Contributor address; City; State; Zip Code 4108 Mek Dr Austin, TX 78731	\$50.00   I	samalata Sahadula 73. 🗖				
	(If travel outside of Texas, o	complete Schedule 1)				
Principal occupation / Job title (See Instructions)     N/A	10 Employer (See Instructions) N/A					
Date Full name of contributor  ut-of-state PAC (ID Phebus, Linnie		In-kind contribution scription (if applicable)				
O7/23/2014 Contributor address; City; State; Zip Code 5701 Miramonte Drive Austin, TX 78759	\$100.00					
	(If travel outside of Texas, o	complete Schedule T)				
Principal occupation / Job title (See Instructions) Wealth Advisor	Employer (See Instructions) Frost Валк					
Date Full name of contributor  out-of-state PAC (ID Pogrund, Richard (Mr.)		In-kind contribution scription (if applicable)				
09/23/2014 Contributor address; City; State; Zip Code 5821 Miramonte Drive Austin, TX 78759	\$50.00   					
	(If travel outside of Texas, o	complete Schedule T)				
Principal occupation / Job title (See Instructions) Requested	Employer (See Instructions) Requested					
Date Full name of contributor  ut-of-state PAC (ID Ramos, Sidney		In-kind contribution scription (if applicable)				
09/15/2014 Contributor address; City; State; Zip Code 8301 Gutherie Drive Austin, TX 78750	\$100.00					
	(If travel outside of Texas, o	complete Schedule T)				
Principal occupation / Job title (See Instructions) Requested	Employer (See Instructions) Requested					
Date Full name of contributor  ut-of-state PAC (ID Rao, Satish		In-kind contribution scription (if applicable)				
09/17/2014 Contributor address; City; State; Zip Code 3103, Riva Ridge Rd Austin, TX 78746	\$100.00					
	fld Americal acceptate and the					
Principal occupation / Job title (See Instructions) Chief Engineer	(If travel outside of Texas, on Employer (See Instructions) IBM	complete schedule T)				

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

## **POLITICAL CONTRIBUTIONS**

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/24 Deport: 04/40
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID#_Reagan, Frances	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/18/2014	6 Contributor address; City; State; Zip Code 349 Charity Cove Salt Lake City, UT 84103		\$350.00   	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Managing Di		10 Employer (See In Reagan Outdoo		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/17/2014	Contributor address; City; State; Zip Code 1492 Penrose Drive Salt Lake City, UT 84116		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In The Reagan Co		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/17/2014	Contributor address; City; State; Zip Code 1492 Penrose Drive Salt Lake City, UT 84116		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occuj Chairman	pation / Job title (See Instructions)	Employer (See In The Reagan Co		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/17/2014	Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#_Reagan, II, William	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/17/2014	Contributor address; City; State; Zip Code 4100 McBrine Place Austin, TX 78746		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		

P.O.Box 12070

The Instru	CTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23	/34_Report: 25/49		
2 FILER NAM	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rivera, Julian	<del> </del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/21/201	4 6 Contributor address; City; State; Zip Code 2404 Forest Bend Dr Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$100.00			
			(If travel outside of	Texas, complete Schedule T)		
9 Principal of Attorney	cupation / Job title (See Instructions)	10 Employer (See In Husch Blackwe				
Date	Full name of contributor  ut-of-state PAC (ID# Roberts, David	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/04/201	Contributor address; City; State; Zip Code 1501 Northwood Rd. Austin, TX 78703		\$100.00 ·	 		
			(If travel outside of	Texas, complete Schedule T)		
	cupation / Job title (See Instructions)	Employer (See In				
CFO		Endeavor Real	Estate Group			
Date	Full name of contributor  ut-of-state PAC (ID# Robinson, James	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/02/201	4 Contributor address; City; State; Zip Code 7800 Deer Ridge Drive Austin, TX 78731		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal or Retired	cupation / Job title (See Instructions)	Employer (See In Retired	structions)			
Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Date 08/02/201	Robinson, Pam	<u>#</u> )				
	Robinson, Pam  4 Contributor address; City; State; Zip Code 7800 Deer Ridge Drive	<b>!</b> )	contribution (\$) \$25.00			
08/02/201	Robinson, Pam  4 Contributor address; City; State; Zip Code 7800 Deer Ridge Drive	Employer (See In Retired	contribution (\$) \$25.00	description (if applicable)		
08/02/201	Robinson, Pam  4 Contributor address; City; State; Zip Code 7800 Deer Ridge Drive Austin, TX 78731	Employer (See In Retired	contribution (\$) \$25.00	description (if applicable)		
08/02/201 Principal of Retired	Robinson, Pam  4	Employer (See In Retired	\$25.00  (If travel outside of structions)	description (if applicable)		
Principal of Retired	Robinson, Pam  4	Employer (See In Retired	contribution (\$) \$25.00 (If travel outside of structions)  Amount of contribution (\$) \$50.00	description (if applicable)		
Principal of Retired  Date  09/04/201	Robinson, Pam  4	Employer (See In Retired	contribution (\$) \$25.00 (If travel outside of structions)  Amount of contribution (\$) \$50.00	description (if applicable)		

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	The Instruction	N Guide explains how to comp	lete this form.		1 PAGE # Schedule: 24	/34 Report: 26/49
2	FILER NAME	Thomas, Robert (Mr.)			3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor [Sauer, Kurt	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/10/2014	6 Contributor address; C 1001 Larrain Austin, TX 78703	City; State; Zip Code		\$200.00	   
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	)	10 Employer (See In: Self Employed	structions)	
	Date	Full name of contributor Schaffer, Steve	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; C 7913 West Rim Dr Austin, TX 78731	Dity; State; Zip Code		\$350.00	 
				-	,	Texas, complete Schedule T)
	Executive	ation / Job title (See Instructions)	)	Employer (See In: Vertive LLC	structions)	
	Date	Full name of contributor Schilthuis, Carolyn	Out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/05/2014	Contributor address; C 41 Sundown Parkway Austin, TX 78746	City; State; Zip Code		\$350.00	   
	<u>-</u>					Texas, complete Schedule T)
	Principal occup Retired	eation / Job title (See Instructions)	)	Employer (See In: Retired	structions)	
	Date	Full name of contributor Sepehri, John	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; C 5817 Mount Bonnell Road Austin, TX 78731	City; State; Zip Code		\$25.00	   
				· ·	(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions	)	Employer (See In Texas Apartme		
	Date	Full name of contributor Shade, Randi	ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; C 1822 W. 10th St. Austin, TX 78703	City; State; Zip Code		\$100.00	 
					(18 house) - in the	
<u> </u>	Principal occur	eation / Job title (See Instructions	<u>,                                      </u>	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Homemaker	errous soon title face listinctions	"	none	anucuolis)	

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The Instruc	rion Guide explains how to complete this form.		1 PAGE # Schedule: 25	/34 Report: 27/49
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Shaunessy, Michael	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; City; State; Zip Code 5904 Sir Ivor Cove Austin, TX 78746		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ Attorney	upation / Job title (See Instructions)	10 Employer (See In: McGinnis Lochr	structions) idge & Kilgore LLi	<b>&gt;</b>
Date	Full name of contributor  uut-of-state PAC (ID# Shaw, Cynthia	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/14/2014	Contributor address; City; State; Zip Code 4105 Honeycomb Rock Cove Austin, TX 78731		\$350.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occ Homemake	upation / Job title (See Instructions) r	Employer (See In Homemaker	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/23/2014	Contributor address; City; State; Zip Code 5600 Scout Island Circle South Austin, TX 78731		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See In Retired	<u> </u>	· · <del>_</del>
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/14/2014	Contributor address; City; State; Zip Code 4105 Honeycomb Rock Cove Austin, TX 78731		\$350.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occ Oil and Gas	upation / Job title (See Instructions)	Employer (See In Self Employed	structions)	
Dat <b>e</b>	Full name of contributor  ut-of-state PAC (ID# Shelley, Gayle	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/07/2014	Contributor address; City; State; Zip Code 3322 Perry Lane Austin, TX 78731		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occ Marketing	upation / Job title (See Instructions)	Employer (See In Cisco Systems	,	· <del>-</del>

	The Instruction	ON GUIDE explains how to complete this form.	-	1 PAGE # Schedule: 26	/34_Report: 28/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Shoppa, Dwayne	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/23/2014	6 Contributor address; City; State; Zip Code 5908 Gorham Glen Lane Austin, TX 78739		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Engineer	ation / Job title (See Instructions)	10 Employer (See In Bury	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2014	Contributor address; City; State; Zip Code 7401 Chimney Corners Austin, TX 78731		\$100.00	 
					Texas, complete Schedule T)
	Attorney	ation / Job title (See Instructions)	Employer (See In Lackey & Smith		
	Date	Full name of contributor  ut-of-state PAC (ID# Solka, Gary	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/21/2014	Contributor address; City; State; Zip Code 4105 North Hills Drive Austin, TX 78731		\$150.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Finanical Adv	ation / Job title (See Instructions) isor	Employer (See In Wells Fargo Ad		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2014	Contributor address; City; State; Zip Code 3808 Woodbrook Cir. Austin, TX 78759		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Architect	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/14/2014	Contributor address; City; State; Zip Code 10501 Brannon Cove Austin, TX 78759		<b>\$150.00</b>	<b>[</b> ]
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Stahl, Bernal, D	<u> </u>	
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Texas Ethics Commission

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	7/34 Report: 29/49		
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (ID#	<del>;</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/16/2014	6 Contributor address; City; State; Zip Code 4502 Riverwood Ct Austin, TX 78731		\$200.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occur Lawyer	pation / Job title (See Instructions)	10 Employer (See In: Beatty Bangle S				
Date	Full name of contributor  ut-of-state PAC (ID)	<u>*</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/18/2014	Contributor address; City; State; Zip Code 200 Congress Ave 30 H Austin, TX 78701		\$350.00	 		
Disciplina		· · · ·	<u>'</u>	Texas, complete Schedule T)		
Principal occui Retired	pation / Job title (See Instructions)	Employer (See In: Retired	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Stuber, Alan	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/10/2014	Contributor address; City; State; Zip Code 6703 Colina Lane Austin, TX 78759		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup HVAC Contra	pation / Job title (See Instructions) actor	Employer (See In: Austin Comfortz	structions)			
Date	Full name of contributor  ut-of-state PAC (ID#	<i>‡</i> )	Amount of	In-kind contribution		
	Susswein, Gary		contribution (\$)	description (if applicable)		
09/03/2014	Contributor address; City; State; Zip Code 3902 Silverspring Dr. Austin, TX 78759		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
	pation / Job title (See Instructions) edia Relations	Employer (See In: University of Te				
Date	Full name of contributor  ut-of-state PAC (ID# Susswein, Melanie	<b>;</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/03/2014	Contributor address; City; State; Zip Code 3902 Silverspring Dr. Austin, TX 78759		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Social Marke	Dation / Job title (See Instructions) ting	Employer (See In: SUMA	<u> </u>	, compare semantic 1/		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/	'34 Report: 30/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Talerico, Jeanne	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 13404 Caballero cv Austin, TX 78727		\$50.00 <mark> </mark> \$50.00   	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Association D	ation / Job title (See Instructions) birector	10 Employer (See In: TALHFA	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Teeple, Charles	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/10/2014	Contributor address; City; State; Zip Code 1301 S. Capitol of Texas Hwy Austin, TX 78746		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In: Teeple Partners		
	Date	Full name of contributor  ut-of-state PAC (ID# Teeple, Charles	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 1301 S. Capitol of Texas Hwy Austin, TX 78746		\$100.00	
				•	Texas, complete Schedule T)
	Principal occup Owner	eation / Job title (See Instructions)	Employer (See In Teeple Partners		
	Date	Full name of contributor  ut-of-state PAC (ID# Teeple, Mary	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/10/2014	Contributor address; City; State; Zip Code 1301 S. Capitol of Texas Hwy Austin, TX 78746		\$250.00     	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In Hornemaker	structions)	
	Hornemaker				
	Homemaker Date	Full name of contributor  ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
		·			
	Date	Teeple, Mary  Contributor address; City; State; Zip Code 1301 S. Capitol of Texas Hwy		contribution (\$)	

The Instruction	ON GUIDE explains how to complete this form.	<u> </u>	1 PAGE # Schedule: 29	/34 Report: 31/49
2 FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Thomas, Travis	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/02/2014	6 Contributor address; City; State; Zip Code 4500 Tortuga Cove Austin, TX 78731		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Consultant	pation / Job title (See Instructions)	10 Employer (See In: Travis Strategic		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/26/2014	Contributor address; City; State; Zip Code 8717 Wildridge Drive Austin, TX 78759		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	L <u> </u>	
Retired	,	Retired	·	
Data			A	l
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	Contributor address; City; State; Zip Code 7009 Edgefield Drive Austin, TX 78731		\$250.00	 
				Texas, complete Schedule T)
Principal occuj Chairman	pation / Job title (See Instructions)	Employer (See In Dover Motor Sp		
Date	Full name of contributor  ut-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/04/2014	Contributor address; City; State; Zip Code 7009 Edgefield Drive Austin, TX 78731		\$250.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See In Homemaker	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/20/2014	Contributor address; City; State; Zip Code 6904 Winterberry Drive Austin, TX 78750		\$350.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup Advertising E	pation / Job title (See Instructions) executive	Employer (See in The David Grou		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 30	/34 Report: 32/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC Torres, Vincent	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/20/2014	6 Contributor address; City; State; Zip Co. 6904 Winterberry Drive Austin, TX 78750	de	\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Manager	eation / Job title (See Instructions)	10 Employer (See In University of Te		
	Date	Full name of contributor  ut-of-state PAC Trask, Jeffery	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/02/2014	Contributor address; City; State; Zip Cor PO Box 50353 Austin, TX 78763		\$50.00	   
				(If traval autoida of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete ochedole 1)
	Broker/Princip		Trasle Investme		
	Date	Full name of contributor  ut-of-state PAC  Trulove, Paul	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Cod 3807 Rockledge Dr Austin, TX 787312949	de	\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Software exe	eation / Job title (See Instructions) cutive	Employer (See Ir SailPoint	nstructions)	
	Date	Full name of contributor  ut-of-state PAC  urner, Marcus	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2014	Contributor address; City; State; Zip Co 201 Aria Drive Austin, TX 78738	de	\$250.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup CTO	ation / Job title (See Instructions)	Employer (See In Atomic Axis	nstructions)	
	Date	Full name of contributor  ut-of-state PAC Tyler, Craig	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2014	Contributor address; City; State; Zip Co 6500 Mesa Drive Austin, TX 78731	de	\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup None	ation / Job title (See Instructions)	Employer (See Ir None	<u>,                                     </u>	Totals, complete contended 1/
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#### TDD 1-800-735-2989

SCHEDULE A

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

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 31	/34 Report: 33/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Tyler, Valerie	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/12/2014	6 Contributor address; City; State; Zip Code 6500 Mesa Drive Austin, TX 78731		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Requested	ation / Job title (See Instructions)	10 Employer (See In Requested	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 3331 Grimes Ranch Rd Austin, TX 78732		\$50.00	!   
				<u> </u>	Texas, complete Schedule T)
		ation / Job title (See Instructions) Finance Consultant	Employer (See In Self Employed	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Watkins, Tom	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/28/2014	Contributor address; City; State; Zip Code 11107 Blackmoor Dr Austin, TX 78759		\$25.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Land Surveyi	ation / Job title (See Instructions) ng	Employer (See In Cunningham-Al		
	Date	Full name of contributor  ut-of-state PAC (ID# Webb, Sam	· )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/30/2014	Contributor address; City; State; Zip Code 9000 Clithea Cove Austin, TX 78759		\$200.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Massage The	ation / Job title (See Instructions) rapist	Employer (See In Self Employed	<u>l                                     </u>	Toxas, complete schedule 1)
		<u></u>		<del>,</del>	<del></del>
	Date	Full name of contributor	<u>'</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code P. O. Box 49612 Austin, TX 78765		\$50.00	 
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	Principal occurs	eation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
	Attorney		Self Employed	on actions)	

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 32	2/34 Report: 34/49		
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Whitney, Leon	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/22/2014	6 Contributor address; City; State; Zip Code 3909 Rockledge Dr. Austin, TX 78731		\$100.00	 		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired		Texas, complete Schedule T)		
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/31/2014	Contributor address; City; State; Zip Code 6805 Glen Ridge Dr. Austin, TX 78731		\$25.00	 		
				(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  ut-of-state PAC (ID# Wilkins, Stacy	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/10/2014	Contributor address; City; State; Zip Code 4302 Farhills Drive Austin, TX 78731		\$200.00	   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Legal Operati	ation / Job title (See Instructions) ons Director	Employer (See In Dell Inc.	structions)			
	Date	Full name of contributor	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/10/2014	Contributor address; City; State; Zip Code 1111 West 38th Street, Ste 200 Austin, TX 78705		\$350.00	I I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Doctor	ation / Job title (See Instructions)	Employer (See In Austin Gastroer				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/05/2014	Contributor address; City; State; Zip Code 11200 Old Quarry Road Austin, TX 78717		\$250.00	 		
			:	<u> </u>	Texas, complete Schedule T)		
	Principal occup Manager	ation / Job title (See Instructions)	Employer (See In Gemalfo	structions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	/34_Report: 35/49	
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Williams, Linda	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/14/2014	6 Contributor address; City; State; Zip Code 2801 Scenic Drive Austin, TX 78703		\$350.00	   	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Do It All Hom	ation / Job title (See Instructions) emaker	10 Employer (See In: Unemployed/ho			
	Date	Full name of contributor  ut-of-state PAC (ID: Wilson, Christopher	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/17/2014	Contributor address; City; State; Zip Code 6901 Ladera Norte Austin, TX 78731		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Private Invest	ation / Job title (See Instructions) tor	Employer (See In Self Employed	structions)		
	Date	Full name of contributor  ut-of-state PAC (ID: Wolfson, David	<b>#</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/11/2014	Contributor address; City; State; Zip Code 6701 Mesa Drive Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$150.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Producer	ation / Job title (See Instructions)	Employer (See In Self Employed (			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; City; State; Zip Code 4803 Greystone Dr Austin, TX 78731		\$100.00	   	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Sales	ation / Job title (See Instructions)	Employer (See In Petroleum Infor			
	Date	Full name of contributor  ut-of-state PAC (ID- Wright, Stayton	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/23/2014	Contributor address; City; State; Zip Code 3906 Rockledge Dr Austin, TX 78731		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Principal	eation / Job title (See Instructions)	Employer (See In Cresa Partners			
	<u> </u>		I			

	OTHER	THAN PLEDGES OR LOAD	<b>45</b>		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 34	/34 Report: 36/49
2	FILER NAME	Thomas, Robert (Mr.)		3 ACCOUNT # 00067874	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wright, Stayton	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/23/2014	6 Contributor address; City; State; Zip Code 3906 Rockledge Drive Austin, TX 78731		\$150.00	   
					Texas, complete Schedule T)
တ	Principal occup Principal	ation / Job title (See Instructions)	10 Employer (See In: Cresa Partners	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/01/2014	Contributor address; City; State; Zip Code 8405 Sliver Ridge Dr. Austin, TX 78759		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired		Employer (See In: Retired	l -		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2014	Contributor address; City; State; Zip Code 7105 W. Rim Drive Austin, TX 78731		\$350.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President	ation / Job title (See Instructions)	Employer (See In: D. R. Horton	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2014	Contributor address; City; State; Zip Code 7105 W. Rim Drive Austin, TX 78731		\$350.00	<b>[</b> [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Volunteer	ation / Job title (See Instructions)	Employer (See In: N/A		
		•			

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

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

		The Instruction Guide explains ho	w to complete this form.
1 PAGE#	_	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/4 Re	eport: 37/49	Thomas, Robert (Mr.)	00067874
4 Date	5 Payee name		<del> </del>
09/04/2014	Build a Sign		•
6 Amount (\$)	7 Payee addres	s City; State; Zip Code	
\$730.36	11525-A Sto	· · · · · · · · · · · · · · · · · · ·	
\$7,00.00	Austin, TX 7		
8	(a) Category (See	Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising 6	Expense	Advertising Expense
EXPENDITURE			
. <u>-</u>			Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought: Office held:
to benefit C/OH			
Date	Payee name		·
09/11/2014	Build a Sign		
Amount (\$)	Pavee addres	s City; State; Zip Code	
	11525-A Sto		
\$56.18	Austin, TX 7		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Printing Exp		Printing Expense
OF EXPENDITURE			
EXPERDITORE			Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / O	fficeholder name	Office sought: Office held:
direct expenditure to benefit C/OH			•
	David 2 22 22 2	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name Build a Sign		
09/23/2014		o City State: 7:- Code	
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •	
\$259.80	11525-A Sto Austin, TX 7		
	, , , , , , , , , , , , , , , , , , , ,		
<u>-</u>	Category (See	e Categories listed at the top of this schedule)	Description _(If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising 8	_	Advertising Expense
OF EXPENDITURE			
LAFLINDITURE		•	Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / O	fficeholder name	Office sought: Office held:
direct expenditure to benefit C/OH			
	David a marrie		
Date	Payee name Deluxe Print	ina	
07/18/2014	<del>-</del>	<u> </u>	
Amount (\$)	Payee addres	•	
\$95.25	P.O. Box 64- St. Paul, TX		
	] 3, 4.0., 17.		
···	Category (Sec	e Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Printing Exp		Printing Expense
OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		
EXPENDITURE			Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / O	fficeholder name	Office sought: Office held:
direct expenditure		•	
to benefit C/OH	<u> </u>		

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

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

rees	The Instruction Guide explains ho	bw to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/4 Re		00067874
4 Date	5 Payee name	
09/05/2014	Newton, Scott (Mr.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$216.50	3012 Oak Crest Ave	
42.0.00	Austin, TX 78704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Advertising Expense	Advertising Expense
EXPENDITURE		m
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure	Cardidate / Ciricardide: Hame	Onice sought. Onice held.
to benefit C/OH		
Date	Payee name	
09/14/2014	Oriental Trading	
Amount (\$)	Payee address City; State; Zip Code	
\$89.96	4206 S. 108th St. Omaha. TX 68137-1215	
	Omana, 17 00137-1213	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Candy
OF EXPENDITURE		
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	
09/25/2014	Piryx, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$814.56	l	
\$614.50	1st Floor	
	San Francisco, CA 94105	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Accounting/Banking
EXPENDITURE		·
	0 514 40% 144	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	
09/02/2014	Ranch Road	
Amount (\$)	Payee address City; State; Zip Code	
\$870.53	8906 Wall Steet	
	Suite 507 Austin, TX 78754	
	<u> </u>	1 Constable we design to the second s
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)  Mailing Expense
OF	Advertising Expense	
EXPENDITURE		☐ Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		•

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

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

	The Instruction Guide explains ho	w to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/4 Re	port: 39/49 Thomas, Robert (Mr.)	00067874
4 Date	5 Payee name	
09/12/2014	Ranch Road	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$471.30	8906 Wall Steet Suite 507	
	Austin, TX 78754	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Advertising Expense
OF EXPENDITURE	, (a. 6) (a. 6)	
EXPERIMENT		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	
08/27/2014	Stampede Consulting	
Amount (\$)	Payee address City; State; Zip Code	
\$20,000.00	P. O. Box 91235	
Ψ20,000.00	Austin, TX 78709	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Consulting Expense	Ground Campaign Management
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Chicendider Hame	Office sought.
to benefit C/OH		
Date	Payee name	
08/28/2014	Stampede Consulting	
Amount (\$)	Payee address City; State; Zip Code	
\$838.94	P. O. Box 91235 Austin, TX 78709	
	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	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
09/23/2014	Thomas Graphics	
Amount (\$)	Payee address City; State; Zip Code	
\$4,675.62	9501 N. IH 35 Austin, TX 78753	
	Austill, 17 70703	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Advertising Expense
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		
		Electronic Eiling Version 3.4.6

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

EXPENDITURE CATEGORIES

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. 2 FILER NAME PAGE # 3 ACCOUNT # (TEC filers) Thomas, Robert (Mr.) Schedule: 4/4 Report: 40/49 00067874 4 Date 5 Payee name 09/23/2014 U.S. Postal Service 6 Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd \$1,439.76 Austin, TX 78731 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage OTHER - Postage OF **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 Pavee name Date 09/21/2014 Vera, Bobby (Mr.) Amount (\$) Payee address City; State; Zip Code 818 Craters of the Moon Blvd. \$150.00 Pflugerville, TX 78660 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE G

EXPENDITURE CATEGORIES

Salarios Magas (Contract L.)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

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

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME 2 Thomas, Robert (Mr.) Schedule: 1/9 Report: 41/49 00067874 4 Date 5 Payee name Anderson High School Booster Club 08/13/2014 6 Amount (\$) Payee address City: State: c/o Cathy Painter \$750.00 8403 Mesa Dr. Reimbursement from political contributions intended Austin, TX 78759 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Austin High School Football Booster Club 08/21/2014 Amount (\$) City; State; Zip Code Payee address c/o Shannon Dowell \$250.00 2809 Scenic Drive Reimbursement from political contributions intended Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name **Borgelt Law** 08/10/2014 Amount (\$) Payee address City; State; Zip Code 614 S. Capital of Texas Hwy. \$32.50 Austin, TX 78746 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Legal Expense Legal Services OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Pavee name Build a Sign 07/01/2014 Amount (\$) Payee address City; State; Zip Code 11525-A Stonehollow Dr. \$1,182.09 Austin, TX 78758 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Signs, banners, labels OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

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

1 663	Chinne	The Instruction Guide explains ho		a category not listed above,
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/9 Re	eport: 42/49	Thomas, Robert (Mr.)		00067874
4 Date	5 Payee name	<u> </u>		
07/08/2014	Build a Sign			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code	<del>-</del>	
\$36.80		onehollow Dr.		
	Austin, TX	78758		
Reimbursement from political contributions intended				
8 PURPOSE		e Categories listed at the top of this schedule)	1 · · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
OF	Printing Exp	ense	Printing Expense	
EXPENDITURE				
			Check if Austin, TX, officehold	er living expense
Date	Payee name			
07/19/2014	Build a Sign	. =		
Amount (\$)	Payee addres			
\$259.80		onehollow Dr.		
Reimbursement from political contributions intended	Austin, TX	76756		
contributions intended		Onto the Peter Add Add of Main and Add	Description (If the color and ide	of Taylor Capadida T)
PURPOSE	Printing Exp	e Categories listed at the top of this schedule)	Description (If travel outside Signs	of Texas, complete Schedule T)
OF		61136	Olgris	
EXPENDITURE				
	1		Check if Austin, TX, officehold	er living expense
	<u> </u>	<del> </del>		
Date	Payee name Build a Sign			
08/06/2014	Payee address		<u> </u>	
Amount (\$)				
\$259.80	1 A	onehollow Dr. 78758	•	
Reimbursement from political contributions intended				
COMMIDGUETTS WITCHIGGS		ee Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Printing Exp	•	Signs	· · ·
OF EXPENDITURE				
			Check if Austin, TX, officehold	er living expense
Date	Payee name			
09/11/2014	CallFire.com	n		
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$50.00	1410 2nd S	• • • • • • • • • • • • • • • • • • • •		
Reimbursement from political contributions intended	Santa Moni	ca, TX 90401		
	Category (Se	ee Categories listed at the top of this schedule)	' ' '	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - C	ommunication System	Communication System	
EXPENDITURE			1	
	1			
I	1		Check if Austin, TX, officehold	ler living expense

SCHEDULE G

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense

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

P.O.Box 12070

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

Loan.Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Event Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # PAGE# (TEC filers) Thomas, Robert (Mr.) Schedule: 3/9 Report: 43/49 00067874 4 Date 5 Payee name Capital of Texas Media Foundation Austin Monitor 07/14/2014 Amount (\$) Payee address City; State; Zip Code P. O. Box 867 \$431.92 Austin, TX 78767 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Subscription Subscription OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 07/18/2014 Facebook Amount (\$) City; Payee address State; Zip Code Dept 415 \$25.09 P. O. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Facebook 07/19/2014 Payee address City; State; Zip Code Amount (\$) Dept 415 \$50.73 P. O. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 08/01/2014 Facebook Amount (\$) Payee address City; State; Zip Code \$64.03 Dept 415 P. O. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

SCHEDULE G

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

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. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Thomas, Robert (Mr.) Schedule: 4/9 Report: 44/49 00067874 4 Date 5 Payee name Facebook 09/04/2014 Amount (\$) Payee address City; State; Zip Code Dept 415 \$27.49 P. O. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Facebook 09/04/2014 Amount (\$) Payee address City; State; Zip Code Dept 415 P. O. Box 10005 \$25.44 Reimbursement from political contributions intended Palo Alto, CA 94303 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Facebook 09/05/2014 Payee address City; State; Zip Code Amount (\$) Dept 415 \$41.30 P. O. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Date Pavee name 09/05/2014 Facebook Payee address Amount (\$) City; State; Zip Code Dept 415 \$30.51 P. O. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

SCHEDULE G

### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling 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)

OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME PAGE# 3 ACCOUNT # (TEC filers) Thomas, Robert (Mr.) Schedule: 5/9 Report: 45/49 00067874 4 Date 5 Payee name Facebook 09/05/2014 6 Amount (\$) Payee address City; State; Zip Code Dept 415 \$27.83 P. Ö. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Facebook 09/07/2014 Amount (\$) State; Payee address City; Zip Code Dept 415 \$26.41 P. Ö. Box 10005 Reimbursement from political contributions intended Palo Alto, CA 94303 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name McCallum High School Booster Club 08/12/2014 Amount (\$) Payee address City; State; Zip Code c.o Stephanie Carter \$120.00 5905 Doone Valley Ct. Reimbursement from political contributions intended Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 07/16/2014 Opinion Analysts, Inc. Amount (\$) Payee address City; State; Zip Code 906 Rio Grande St. \$239.02 Austin, TX 78701 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Phone File OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travet 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)

Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Thomas, Robert (Mr.) Schedule: 6/9 Report: 46/49 00067874 4 Date 5 Payee name Ranch Road 07/03/2014 Amount (\$) Payee address City; State; Zip Code 8906 Wall Steet \$292.28 Suite 507 Reimbursement from political contributions intended Austin, TX 78754 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Cards and Envelopes OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Pavee name Ranch Road 08/01/2014 Amount (\$) Payee address City; State; Zip Code 8906 Wall Steet \$3,182.88 Suite 507 Reimbursement from political contributions intended 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 Labels, Cards, Mailers, **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Ranch Road 08/04/2014 Amount (\$) Payee address City; State; Zip Code 8906 Wall Steet \$1,338.54 Suite 507 Reimbursement from political contributions intended 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 Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Pavee name Ranes, Jim (Mr.) 08/12/2014 Payee address Amount (\$) City; State; Zip Code 1501 Barton Springs Rd., Ste. 233 \$286.60 Austin, TX 78704 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how	/Rental Expense OTHER (enter a category not listed above) w to complete this form.			
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 7/9 Re	The Debay (44-)	00067874			
4 Date	5 Payee name				
07/12/2014	Ring Central				
6 Amount (\$)	7 Payee address City; State; Zip Code	<del>-</del>			
\$6.00					
Reimbursement from political contributions intended	Fashion Island Blvd. 7th Floor San Mateo, CA 94404				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF	OTHER - Phone Expense	Phone Expense			
EXPENDITURE					
		Chaste if Austin TV officeholder (bring suppose			
		Check if Austin, TX, officeholder living expense			
Date 08/12/2014	Payee name RING CENTRAL	•			
Amount (\$)	Payee address City; State; Zip Code				
\$6.00	1400 Fashion Island Blvd. 7th Floor				
Reimbursement from political contributions intended	San Mateo, CA 94404				
COMMIDATIONS INTERIORG	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE	OTHER - Phone Expense	Phone Expense			
OF EXPENDITURE					
		Check if Austin, TX, officeholder living expense			
Date	Payee name				
09/12/2014	Ring Central				
Amount (\$)	Payee address City; State; Zip Code				
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Reimbursement from political contributions intended	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404	Description //F travel outside of Tayas complete Schedule Ti			
Reimbursement from political contributions intended	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Reimbursement from political contributions intended  PURPOSE  OF	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404	Description (If travel outside of Texas, complete Schedule T) Phone Expense			
Reimbursement from political contributions intended	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404 Category (See Categories listed at the top of this schedule)				
Reimbursement from political contributions intended  PURPOSE  OF	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404 Category (See Categories listed at the top of this schedule)				
Reimbursement from political contributions intended  PURPOSE  OF	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404 Category (See Categories listed at the top of this schedule)				
Reimbursement from political contributions intended  PURPOSE  OF	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense	Phone Expense			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404 Category (See Categories listed at the top of this schedule)	Phone Expense			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense	Phone Expense			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 07/01/2014  Amount (\$)	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City; State; Zip Code P. O. Box 91235	Phone Expense			
PURPOSE OF EXPENDITURE  Date 07/01/2014  Amount (\$) \$30,684.00	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City: State; Zip Code	Phone Expense			
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 07/01/2014  Amount (\$)	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City; State; Zip Code P. O. Box 91235 Austin, TX 78709	Phone Expense			
PURPOSE OF EXPENDITURE  Date 07/01/2014  Amount (\$) \$30,684.00  Reimbursement from political	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City; State; Zip Code P. O. Box 91235 Austin, TX 78709  Category (See Categories listed at the top of this schedule)	Phone Expense  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OT/01/2014 Amount (\$) \$30,684.00  Reimbursement from political contributions intended	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City; State; Zip Code P. O. Box 91235 Austin, TX 78709	Phone Expense  Check if Austin, TX, officeholder living expense			
PURPOSE  Date 07/01/2014  Amount (\$) \$30,684.00  Reimbursement from political contributions intended	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City; State; Zip Code P. O. Box 91235 Austin, TX 78709  Category (See Categories listed at the top of this schedule)	Phone Expense  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OT/01/2014 Amount (\$) \$30,684.00  Reimbursement from political contributions intended	1400 Fashion Island Blvd. 7th Floor San Mateo, CA 94404  Category (See Categories listed at the top of this schedule) OTHER - Phone Expense  Payee name Stampede Consulting Payee address City; State; Zip Code P. O. Box 91235 Austin, TX 78709  Category (See Categories listed at the top of this schedule)	Phone Expense  Check if Austin, TX, officeholder living expense  Description (If travel outside of Texas, complete Schedule T)			

SCHEDULE G

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense 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. 2 FILER NAME PAGE# 3 ACCOUNT # (TEC filers) Thomas, Robert (Mr.) Schedule: 8/9 Report: 48/49 00067874 4 Date Payee name 09/01/2014 The Jewish Outlook Amount (\$) Payee address City; State; Zip Code 4007 Madrid Cove \$454.00 Austin, TX 78759 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 08/13/2014 U.S. Postal Service Amount (\$) Payee address City; State; Zip Code 3575 Far West Blvd \$49.00 Austin, TX 78731 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Postage Postage OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Urban Land Institute 08/14/2014 Amount (\$) Payee address City; State: Zip Code 3445 Executive Center Drive \$60.00 Bldg. 3, Suite 105 Austin, TX 78731 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting Expense **OF EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name 09/15/2014 Vera, Bobby (Mr.) Amount (\$) Payee address City; State; Zip Code \$575.00 818 Craters of the Moon Blvd. Pflugerville, TX 78660 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Thomas, Robert (Mr.) Schedule: 9/9 Report: 49/49 00067874 4 Date 5 Payee name Walmart 07/05/2014 6 Amount (\$) Payee address City; State; Zip Code 2525 W. Anderson Lane \$120.79 Austin, TX 78757 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Labels OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Pavee name Yellow Leaf LLC 07/15/2014 Amount (\$) Payee address City; State; Zip Code P.O. Box 52092 \$2.824.76 Washington, DC 20091 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Polling Expense Phone Poll **EXPENDITURE** Check if Austin, TX, officeholder living expense