

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

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

**1 ACCOUNT #**  
(Ethics Commission filers)  
00067874

**2 PAGE #**  
1 of 27

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr. FIRST: Robert MI: MI

NICKNAME: LAST: Thomas SUFFIX:

**OFFICE USE ONLY**

Date Received: 2014 OCT 27 PM 2:29

AUSTIN CITY CLERK RECEIVED

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

P.O. Box 29233  
Austin, TX 78755

Change of Address

Date Hand-delivered or Date Postmarked:

Receipt # Amount

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mr. FIRST: Richard MI: MI

NICKNAME: LAST: Mendoza SUFFIX:

Date Processed:

Date Imaged:

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

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

**7 CAMPAIGN TREASURER PHONE**

AREA CODE: PHONE NUMBER: EXTENSION:

(512) 708-1690

**8 REPORT TYPE**

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

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

**9 PERIOD COVERED**

Month Day Year: 09/26/2014 THROUGH 10/25/2014

**10 ELECTION**

ELECTION DATE: Month Day Year: 11/04/2014

ELECTION TYPE:  Primary  Runoff  General  Special

**11 OFFICE** OFFICE HELD (if any):

**12 OFFICE SOUGHT** (if known):  
Austin City Council Dist. 10

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

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

**14 ACCOUNT #** (Ethics Commission filers)  
00067874

**15 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**

**COMMITTEE NAME**  
Austin Board of Realtors PAC

**GENERAL**

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

**SPECIFIC**

**COMMITTEE CAMPAIGN TREASURER NAME**  
Chenevert, Emily (Ms.)

additional pages

**COMMITTEE CAMPAIGN TREASURER ADDRESS**  
10900 Stonelake Blvd.  
Ste- A- 100  
Austin, TX 78759-5836

**16 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$** 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$** 15,255.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$** 0.00

4. **TOTAL POLITICAL EXPENDITURES** **\$** 38,070.93

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 21,527.07

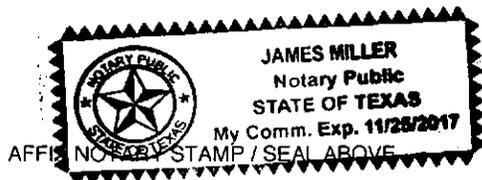
**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 100,000.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Robert Thomas*  
Signature of Candidate or Officeholder



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

*James Miller*  
Signature of officer administering oath

James Miller  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/15 Report: 4/27

2 FILER NAME Thomas, Robert (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00067874

4 Date  
10/24/2014

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

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

7 Amount of contribution (\$)  
\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

10 Employer (See Instructions)  
Thomas Graphics Inc

Date  
10/25/2014

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

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

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Husch Blackwell

Date  
10/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cartwright, Janis

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

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
USA Training Co Inc

Date  
10/15/2014

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

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

Amount of contribution (\$)  
\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/16/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Casselberry, Craig

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

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Quorum Public Affairs

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/15 Report: 5/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Classen, Nicholas (Mr.)  6 Contributor address; City; State; Zip Code 6407 Cerro Lane Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collier, Tom  Contributor address; City; State; Zip Code 4705 Ramsey Austin, TX 78756	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) CDCC	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Mark  Contributor address; City; State; Zip Code 4000 Tablerock Drive Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Wells Fargo Banker	
Date 09/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doyle, Susan  Contributor address; City; State; Zip Code 4002 Edgefield Court Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Kuper Sotheby's International Realty	
Date 10/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enoch, Craig  Contributor address; City; State; Zip Code 2614 Maria Anna Rd. Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enoch Kever	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/15 Report: 9/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Mike ..... 6 Contributor address; City; State; Zip Code 801 West 5th St Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Managing Director		10 Employer (See Instructions) Avison Young	
Date 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klenzendorf, Brandon ..... Contributor address; City; State; Zip Code 2907 Glenview Ave Austin, TX 78703	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Geosyntec	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kraft, Billy ..... Contributor address; City; State; Zip Code 7200 Easy Wind Drive Austin, TX 78752	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Web Development		Employer (See Instructions) Self Employed- CVBE LLC	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kraft, John ..... Contributor address; City; State; Zip Code 7609 Afton Villa Court Plano, TX 75025	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kruger, David (Mr.) ..... Contributor address; City; State; Zip Code 7806 Lindenwood Circle Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kruger's Jewelers	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/15 Report: 11/27	
2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00067874	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martens, Steve  6 Contributor address; City; State; Zip Code 4708 Highland Terrace Austin, TX 78731	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Jackson Walker LLP	
10/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mclver, Diana  Contributor address; City; State; Zip Code 1433 Circle Ridge Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Diana Mclver & Associates. Inc.	
09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKay, Kathleen (Ms.)  Contributor address; City; State; Zip Code 11339 Taylor Draper Lane Austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker	
09/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKay, Thomas  Contributor address; City; State; Zip Code 11339 Taylor Draper Lane austin, TX 78759	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Film Equipment Design		Employer (See Instructions) Tom's Way Inc	
10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mellem, Kit  Contributor address; City; State; Zip Code 201 Lavaca St #415 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) BuildASign.com	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 15/15 Report: 17/27

**2** FILER NAME Thomas, Robert (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

00067874

**4** Date

09/28/2014

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Zamen, Jill & Bobby

**6** Contributor address; City; State; Zip Code

4216 Greystone Drive  
Austin, TX 78731

**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Interior Designer

**10** Employer (See Instructions)  
RWM Design

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/4 Report: 20/27	<b>2</b> FILER NAME Thomas, Robert (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00067874
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<b>4</b> Date 09/27/2014	<b>5</b> Payee name Thomas Graphics
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<b>6</b> Amount (\$) \$2,512.08	<b>7</b> Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Postage	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/02/2014	Payee name Thomas Graphics
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Amount (\$) \$3,649.80	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/13/2014	Payee name Thomas Graphics
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Amount (\$) \$5,582.95	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/17/2014	Payee name Thomas Graphics
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Amount (\$) \$5,149.95	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/5 Report: 22/27	<b>2</b> FILER NAME Thomas, Robert (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00067874
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<b>4</b> Date 10/15/2014	<b>5</b> Payee name Abel's on the Lake
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<b>6</b> Amount (\$) \$28.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 09/30/2014	Payee name Facebook
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Amount (\$) \$20.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/01/2014	Payee name Facebook
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Amount (\$) \$28.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/01/2014	Payee name Facebook
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Amount (\$) \$29.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 24/27	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 10/16/2014	5 Payee name Facebook
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6 Amount (\$) \$29.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/16/2014	Payee name Facebook
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Amount (\$) \$30.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/18/2014	Payee name Facebook
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Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/19/2014	Payee name Facebook
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Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/5 Report: 25/27	<b>2 FILER NAME</b> Thomas, Robert (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00067874
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<b>4 Date</b> 10/20/2014	<b>5 Payee name</b> Facebook
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<b>6 Amount (\$)</b> \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Date</b> 10/21/2014	<b>Payee name</b> Facebook
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<b>Amount (\$)</b> \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Date</b> 10/22/2014	<b>Payee name</b> Facebook
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<b>Amount (\$)</b> \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>Date</b> 10/24/2014	<b>Payee name</b> Facebook
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<b>Amount (\$)</b> \$12.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code Dept 415 P. O. Box 10005 Palo Alto, CA 94303
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

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

<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
10/21/2014	Voice Broadcasting  <b>6</b> Address of person from whom amount is received; City; State; Zip Code 1527 S. Cooper St. Arlington, TX 76010	\$80.30
<b>7</b> Purpose for which amount is received Refund of Over Charge		