

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 # *26m*
1 of 2

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Robert
NICKNAME LAST SUFFIX
Thomas

OFFICE USE ONLY

Date Received

2015 JAN 15 AM 11:22
 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 FIRST MI
Mr. Richard
NICKNAME LAST SUFFIX
Mendoza

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 Month Day Year
10/26/2014 THROUGH 12/31/2014

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 District 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 1,000.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 60,626.21

CONTRIBUTION BALANCE

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

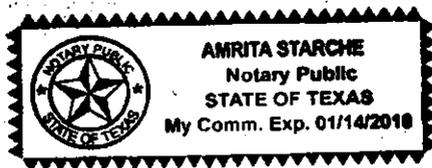
\$ 67,912.46

OUTSTANDING LOAN TOTALS

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

\$ 43,320.35

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 D. Thomas
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT D. THOMAS, this the 13th day of January, 20 15, to certify which, witness my hand and seal of office.

Amrita Starche
Signature of officer administering oath

AMRITA STARCHE
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/20 Report: 5/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/01/2014	5 Payee name Opinion Analysts, Inc.
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6 Amount (\$) \$27.82	7 Payee address City; State; Zip Code 906 Rio Grande St. Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/06/2014	Payee name Piryx, Inc.
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Amount (\$) \$20.25	Payee address City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Fees <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 11/19/2014	Payee name Ranch Road
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Amount (\$) \$378.88	Payee address City; State; Zip Code 8906 Wall Steet Suite 507 Austin, TX 78754
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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"/> Web page updates <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 10/31/2014	Payee name Right Way Marketing
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Amount (\$) \$496.64	Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling 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.

1 PAGE # Schedule: 2/20 Report: 6/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 10/31/2014	5 Payee name Right Way Marketing
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6 Amount (\$) \$420.00	7 Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/31/2014	Payee name Right Way Marketing
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Amount (\$) \$186.20	Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling 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 11/08/2014	Payee name Right Way Marketing
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Amount (\$) \$180.64	Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/08/2014	Payee name Right Way Marketing
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Amount (\$) \$204.68	Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617
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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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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.

1 PAGE # Schedule: 3/20 Report: 7/24		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 11/10/2014		5 Payee name Right Way Marketing			
6 Amount (\$) \$800.00		7 Payee address City; State; Zip Code P. O. Box 3071 Blountville, TN 37617			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/31/2014		Payee name Ryan Data and Research			
Amount (\$) \$500.00		Payee address City; State; Zip Code P. O. Box 202675 Austin, TX 78720-2675			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$64.03		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$259.80		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/20 Report: 8/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$32.50	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$1,182.09	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$36.80	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/20 Report: 9/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$259.80	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$50.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$431.92	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$50.73	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/20 Report: 10/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$286.60	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$25.44	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$27.83	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$25.09	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/20 Report: 11/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$327.46	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$60.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$2,197.14	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$631.12	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/20 Report: 12/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$162.50	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$5,933.63	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$6.01	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$51.96	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/20 Report: 13/24		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 11/10/2014		5 Payee name Thomas, Robert			
6 Amount (\$) \$56.84		7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$13.00		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$1,587.61		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$591.05		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/20 Report: 14/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$30.51	7 Payee address City; State; Zip Code P.O. Box 29233 Austin; TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$299.41	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$49.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$59.54	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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11 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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.

1 PAGE # Schedule: 11/20 Report: 15/24		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 11/10/2014		5 Payee name Thomas, Robert			
6 Amount (\$) \$30.00		7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$20.45		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$27.49		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$29.52		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/20 Report: 16/24		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 11/10/2014		5 Payee name Thomas, Robert			
6 Amount (\$) \$29.22		7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$29.58		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$25.51		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$27.32		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/20 Report: 17/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$41.30	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$29.80	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$28.73	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
--------------------	------------------------------

Amount (\$) \$30.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 14/20 Report: 18/24		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 11/10/2014		5 Payee name Thomas, Robert			
6 Amount (\$) \$30.00		7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$30.00		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$30.00		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$12.98		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/20 Report: 19/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$30.00	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$49.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$30.02	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$6.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <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 | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/20 Report: 20/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$26.41	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$120.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$239.02	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$292.28	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/20 Report: 21/24		2 FILER NAME Thomas, Robert (Mr.)		3 ACCOUNT # (TEC filers) 00067874	
4 Date 11/10/2014		5 Payee name Thomas, Robert			
6 Amount (\$) \$3,182.88		7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$1,338.54		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$28.04		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/10/2014		Payee name Thomas, Robert			
Amount (\$) \$6.00		Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/20 Report: 22/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$2,824.76	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$6.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$30,684.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$454.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 19/20 Report: 23/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$49.00	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$60.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$575.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Robert
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Amount (\$) \$120.79	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 20/20 Report: 24/24	2 FILER NAME Thomas, Robert (Mr.)	3 ACCOUNT # (TEC filers) 00067874
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4 Date 11/10/2014	5 Payee name Thomas, Robert
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6 Amount (\$) \$286.60	7 Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2014	Payee name Thomas, Rpbert
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Amount (\$) \$750.00	Payee address City; State; Zip Code P.O. Box 29233 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/31/2014	Payee name Thomas Graphics
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Amount (\$) \$644.90	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/17/2014	Payee name Thomas Graphics
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Amount (\$) \$116.55	Payee address City; State; Zip Code 9501 N. IH 35 Austin, TX 78753
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising Expense
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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BANK RECONCILIATION

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

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

For each checking, savings or other financial institution account maintained during 2014, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Frost Bank

Type of account: Business Checking

The beginning balance: -0-

The ending balance: 67,912.46

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

Date	Payee	Amount
11/1/2014	Opinion Analysts	27.82
12/17/2014	Thomas Graphics	116.55

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

Date of receipt	Contributor	Amount

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

Amount of interest or dividends earned: — 0 —

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

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

Date of receipt	Contributor	Amount