

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <b>00067874</b>		2 Total pages filed: <b>3</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>		FIRST <b>Robert</b>		Date Received  <b>2015 JUL 17 PM 12:26</b> <b>AUSTIN CITY CLERK RECEIVED</b>
	NICKNAME		LAST <b>Thomas</b>		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked  Receipt # Amount \$
	5 ORIGINAL PERIOD COVERED		Month Day Year <b>1 / 1 / 2015</b> THROUGH <b>6 / 30 / 2015</b>		
6 EXPLANATION OF CORRECTION  <b>Need to also place a check mark in the "July 15" box on Report Type.</b>					

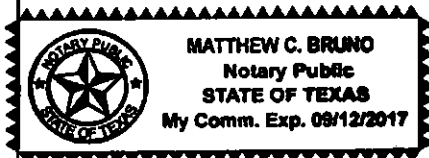
## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

**Robert Thomas**  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Robert Thomas**, this the **17th** day of **July**, 20 **15**, to certify which, witness my hand and seal of office.

**Matthew C. Bruno**  
Signature of officer administering oath

**Matthew C. Bruno**  
Printed name of officer administering oath

**Notary Public**  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <div style="font-size: 1.5em; font-family: monospace;">00067874</div>		2 Total pages filed: <div style="font-size: 1.5em; font-family: monospace;">3</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Mr.</i></div> <div>FIRST <i>Robert</i></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Thomas</i></div> <div>SUFFIX</div> </div>			<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>           Date Received  <div style="writing-mode: vertical-rl; transform: rotate(180deg);">           2015 JUL 17 PM 12:27            AUSTIN CITY CLERK RECEIVED         </div> </div>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">           P.O. Box 29233            Austin, Texas 78755         </div>			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (     )			Receipt #     Amount \$	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Mr.</i></div> <div>FIRST <i>Richard</i></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Mendoza</i></div> <div>SUFFIX</div> </div>			Date Processed	
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">           Richard Mendoza CPA            2512 IH 35 South, Ste 340            Austin, Texas 78704         </div>			Date Imaged	
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 708-1690				
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div>           Month    Day    Year  <div style="font-size: 1.5em;">1 / 1 / 2015</div> </div> <div>THROUGH</div> <div>           Month    Day    Year  <div style="font-size: 1.5em;">6 / 30 / 2015</div> </div> </div>					
11 ELECTION <div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month    Day    Year  <div style="font-size: 1.5em;">11 / 04 / 2014</div> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>					
12 OFFICE OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">           Austin City Council            District 10         </div>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Robert Thomas 15 Filer ID (Ethics Commission Filers) 00067874

16 NOTICE FROM POLITICAL COMMITTEE(S)

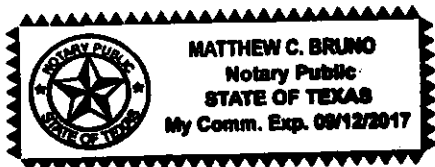
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,050.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>78,818.85</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>21,471.41</u>

## 18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 17<sup>th</sup> day of July, 20 15, to certify which, witness my hand and seal of office.

Matthew C. Bruno  
Signature of officer administering oath

Matthew C. Bruno  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath