

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00067874		2 Total pages filed: 3		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Mr. Robert NICKNAME LAST SUFFIX Thomas		Date Received 2015 JUL 17 PM 12:26 AUSTIN CITY CLERK RECEIVED	
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 <input type="checkbox"/> Other (specify) _____		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year 1 / 1 / 2015 THROUGH 6 / 30 / 2015		Receipt # Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

Need to also place a check mark in the "July 15" box on Report Type.

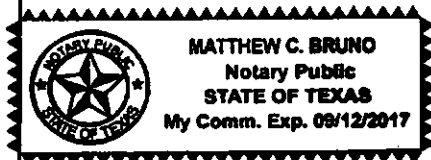
7 AFFIDAVIT

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, 2015, 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

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p> <p style="font-size: 1.5em;">00067874</p>		<p>2 Total pages filed:</p> <p style="font-size: 1.5em;">3</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="font-size: 1.5em;">Mr. Robert</p> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.5em;">Thomas</p>			<p>OFFICE USE ONLY</p>	
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.5em;">P.O. Box 29233</p> <p style="font-size: 1.5em;">Austin, Texas 78755</p> <p><input type="checkbox"/> Change of Address</p>			<p>Date Received</p> <p style="font-size: 1.5em; transform: rotate(90deg);">2015 JUL 17 PM 12:27</p> <p style="font-size: 0.8em; transform: rotate(90deg);">AUSTIN CITY CLERK RECEIVED</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.5em;">()</p>			<p>Date Hand-delivered or Date Postmarked</p>	
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="font-size: 1.5em;">Mr. Richard</p> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.5em;">Mendoza</p>			<p>Receipt # Amount \$</p>	
	<p>Date Processed</p>			<p>Date Imaged</p>	
	<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.5em;">Richard Mendoza CPA</p> <p style="font-size: 1.5em;">2512 IH 35 South, Ste 340</p> <p style="font-size: 1.5em;">Austin, Texas 78704</p>			<p>8 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.5em;">(512) 708-1690</p>	
<p>9 REPORT TYPE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>					
<p>10 PERIOD COVERED</p> <p>Month Day Year THROUGH Month Day Year</p> <p style="font-size: 1.5em;">1 / 1 / 2015 THROUGH 6 / 30 / 2015</p>					
<p>11 ELECTION</p> <div style="display: flex;"> <div style="flex: 1;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.5em;">11 / 04 / 2014</p> </div> <div style="flex: 1;"> <p>ELECTION TYPE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> Other Description </div> </div> <div> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> <p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> </div> <div style="flex: 1;"> <p>13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.5em;">Austin City Council District 10</p> </div> </div>					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

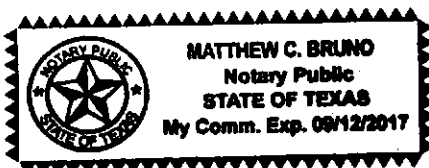
14 C/OH NAME Robert Thomas 15 Filer ID (Ethics Commission Filers) 00067874

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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	
	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 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