

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 39-4277093		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME MR. Robert		MS / MRS / MR FIRST MI MR. Robert M.			
NICKNAME LAST SUFFIX Bobby Thomas		4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election		Date Hand-delivered or Date Postmarked JUN 04 2026	
5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year 01 / 23 / 26 THROUGH 02 / 21 / 2026		By Gwen Schaefer		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION **on PAGE 2 - #1 I LISTED my BANK ACCOUNT BALANCE INSTEAD OF 0 - CAUSE I HAD NO MORE CONTRIBUTIONS AND ON #6 I SHOULD HAVE LISTED MY \$5,000 LOAN FROM MYSELF ON PAGE 3, #1 I PUT MY BANK BALANCE INSTEAD OF 0**

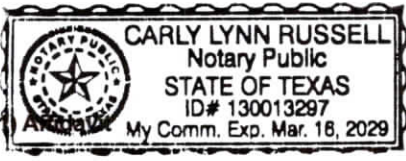
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. **CAUSE I HAD NO MORE CONTRIBUTIONS**

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.

Robert M. Thomas
Signature of Candidate/Officeholder



Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by **Robert Thomas** this the **4th** day of **June**, 20**26**, to certify which, witness my hand and seal of office.

Carly Russell Signature of officer administering oath
Carly Russell Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR.</i> FIRST: <i>Robert</i> MI: <i>M.</i> NICKNAME: <i>Bobby</i> LAST: <i>TOMAS</i> SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <i>Gonzales, TX 78629</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ([REDACTED]) [REDACTED]	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MR</i> FIRST: <i>Robert</i> MI: <i>M.</i> NICKNAME: <i>Bobby</i> LAST: <i>TOMAS</i> SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE (Residence or Business) <i>Gonzales TX 78629</i>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ([REDACTED]) [REDACTED]	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 23 / 2026</i> <i>02 / 21 / 2026</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 03 / 2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>COUNTY COMMISSIONER PCT- 2</i>	
14 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"/> Additional Pages COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

39-4277093

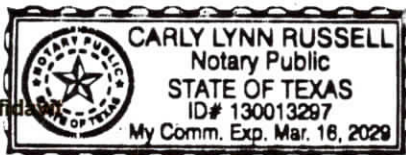
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 283.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

18 SIGNATURE 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 M. Jones

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Tomas this the 4 day of June, 2020, to certify which, witness my hand and seal of office.

Carly Russell
Signature of officer administering oath

Carly Russell
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Robert M. Tomas (Bibby)</i>		20 Filer ID (Ethics Commission Filers) <i>39 4277 093</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>0</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>283.72</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the required information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR DONORS

- Advertising Expense
- Event Expense
- Loan Payment/Refinancing
- Out-of-State Traveling Expense
- Accounting/Printing
- Fees
- Office Operation/Printing Expense
- Transportation/Equipment & Related Expense
- Accounting Expense
- Food/Beverage Expense
- Printing Expense
- Travel in District
- Court/Attorney/Donation Made By
- Gift/Benefit/Member's Expense
- Printing Expense
- Travel Out of District
- Candidate/Officeholder/Political Committee
- Legal Services
- Political/Policy/Contract Labor
- Other (please categorize per instructions)
- Gift Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FEER NAME Robert M. Thomas (Bobby)	3 FEER ID (EMCA Commission Files) 39-4277093
4 Date 1-26-26	5 Payee name PERSONAL IMPRESSIONS	
6 Amount (\$) 293.72	7 Payee address: City: State: Zip Code P.O. Box 810 Gonzalez TX 78629	
8 PURPOSE OF EXPENDITURE	8a Category (See Category listed at the top of this schedule) ADVERTISING	8b Description SIGNS
	9 <input type="checkbox"/> Check if candidate/officeholder name. <input type="checkbox"/> Check if funds, TX, officeholder being reported.	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name: Office sought: Office held: Robert M. Thomas (Bobby) Commissioner	
Date:	Payee name:	
Amount (\$):	Payee address: City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Category listed at the top of this schedule)	Description:
	9 <input type="checkbox"/> Check if candidate/officeholder name. <input type="checkbox"/> Check if funds, TX, officeholder being reported.	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name: Office sought: Office held:	
Date:	Payee name:	
Amount (\$):	Payee address: City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Category listed at the top of this schedule)	Description:
	9 <input type="checkbox"/> Check if candidate/officeholder name. <input type="checkbox"/> Check if funds, TX, officeholder being reported.	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name: Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED