

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <b>39-4277093</b>		2 Total pages filed:		<b>OFFICE USE ONLY</b> <b>FILED FOR RECORD</b> Date Received <b>AT 7:40 o'clock A M</b> <b>JUN 04 2026</b> Gwen Schaefer Election Administrator, Tarrant County By: _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____		
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <b>MR</b>	FIRST <b>ROBERT</b>			MI <b>M.</b>
NICKNAME <b>Bobby</b>		LAST <b>TOMAS</b>	SUFFIX			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input 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 modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____		
5 ORIGINAL PERIOD COVERED		Month Day Year <b>08 / 29 / 2025</b> THROUGH <b>12 / 31 / 2026</b>				

6 EXPLANATION OF CORRECTION **on PAGE 2 #2 I PUT my \$5,000 LOAN & THE only \$200 CONTRIBUTION IN THIS SPACE INSTEAD OF JUST \$200 on #5 I HAD 40 MORE CONTRIBUTIONS. on #6 I SHOULD HAVE LISTED my \$5000.00 LOAN.**

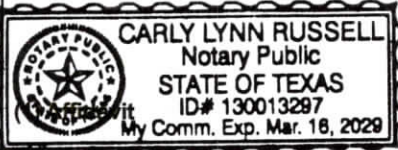
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

*Robert M. Tomas*  
Signature of Candidate/Officeholder



Please complete either option below:

NOTARY STAMP / SEAL

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

*Carly Lynn 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\_\_\_\_.

\_\_\_\_\_  
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) <b>39-4277093</b>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>MR.</b> FIRST: <b>Robert</b> MI: <b>M.</b> NICKNAME: <b>Robby</b> LAST: <b>Tomas</b> SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED] <b>GONZALES, TX. 78629</b>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: ( [REDACTED] )      PHONE NUMBER: [REDACTED]      EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>MR.</b> FIRST: <b>Robert</b> MI: <b>M.</b> NICKNAME: <b>Robby</b> LAST: <b>Tomas</b> SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED] <b>GONZALES, TX. 78629</b>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: ( [REDACTED] )      PHONE NUMBER: [REDACTED]      EXTENSION:	Date Imaged	
9 REPORT TYPE	<input checked="" 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 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 <b>08 / 29 / 2025</b> THROUGH <b>12 / 31 / 2026</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>03 / 03 / 2026</b>	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) <b>COUNTY Commissioner Pct. 2</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <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) <b>39 4277093</b>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>200.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>3,499.36</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>0</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>5,000.00</b>

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. Tomas*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



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 Robert M. Tomas, and my date of birth is 08-28-1952  
 My address is [REDACTED], Gonzales, TX, 78629, USA.  
 (street) (city) (state) (zip code) (country)

Executed in Gonzales County, State of TX, on the 14 day of JANUARY, 2026.  
 (month) (year)

*Robert M. Tomas*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME

*Robert M. Thomas (Bobby)*

20 Filer ID (Ethics Commission Filers)

*39-4277093*

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>200.00</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	\$ <i>5,000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,220.38</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	\$ <i>241.15</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>37.83</i>
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <b>1</b>
2 FILER NAME <b>Robert M. Thomas (Bobby)</b>		3 Filer ID (Ethics Commission Filers) <b>39-4277093</b>
4 Date <b>11-28-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anonymus</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Robert M. Thomas (Robby)</u>		3 Filer ID (Ethics Commission Filers) <u>39-4277093</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: /	
2 FILER NAME <i>Robert M. Thomas (Robby)</i>		3 Filer ID (Ethics Commission Filers) <i>39-4277093</i>	
4 TOTAL OF UNITEMIZED PLEDGES \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Robert M. Tomas (Bobby)

3 Filer ID (Ethics Commission Filers)

39-4277093

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

9-11-25

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Tomas FARM

9 Loan Amount (\$)

2,000.00

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

[Redacted]

Gonzales TX. 78629

10 Interest rate

—

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

ROAD & BRIDGE

13 Employer (See Instructions)

Gonzales County Pct. 2

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

10-31-25

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Tomas FARM

Loan Amount (\$)

3,000.00

Is lender a financial institution?

Y  N

Lender address;

City;

State;

Zip Code

[Redacted]

Gonzales TX. 78629

Interest rate

—

Maturity date

—

Principal occupation / Job title (See Instructions)

ROAD & BRIDGE

Employer (See Instructions)

Gonzales County Pct. 2

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 2(a)**

- |  |                            |                                |  |
|--|----------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense              | Loan Repayment/Reimbursement   | Stationery/Fundraising Expense             |
| Accounting/Bookkeeping Expense             | Fees                       | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Contributions/Donations Made By            | Food/Beverage Expense      | Printing Expense               | Travel In District                         |
| Candidate/Officeholder/Political Committee | Gifts/Refreshments Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                        | Legal Services             | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3</u>	<b>2</b> FILER NAME <u>Robert M. Thomas (Bobby)</u>	<b>3</b> Filer ID (Ethics Commission Filer) <u>39-4277093</u>
<b>4</b> Date <u>09-17-2025</u>	<b>5</b> Payee name <u>HARLAND CLARKE CHECKS</u>	
<b>6</b> Amount (\$) <u>24.20</u>	<b>7</b> Payee address; City: State: Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>BANKING</u>	
	<b>(b)</b> Description: <u>CHECKS</u>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <u>Robert M. Thomas (Bobby)</u> Office sought: <u>COMMISSIONER</u> Office held: <u>—</u>		
Date <u>09-24-2025</u>	Payee name <u>PERSONAL IMPRESSIONS</u>	
Amount (\$) <u>113.60</u>	Payee address; City: State: Zip Code <u>[REDACTED] Gonzales TX 78629</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	
	Description: <u>SIGNS</u>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <u>Robert M. Thomas (Bobby)</u> Office sought: <u>COMMISSIONER</u> Office held: <u>—</u>		
Date <u>11-06-2025</u>	Payee name <u>PERSONAL IMPRESSIONS</u>	
Amount (\$) <u>340.51</u>	Payee address; City: State: Zip Code <u>[REDACTED] Gonzales TX 78629</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	
	Description: <u>CAMPAIGN CARDS DOOR HANGERS</u>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <u>Robert M. Thomas (Bobby)</u> Office sought: <u>COMMISSIONER</u> Office held: <u>—</u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Event Expense
- Loan Repayment/Reimbursement
- Substance Fundraising Expense
- Accounting/Banking
- Fees
- Office Overhead/Rental Expense
- Transportation Equipment & Related Expense
- Consulting Expense
- Food/Beverage Expense
- Printing Expense
- Travel In District
- Constitutional Donations Made By
- Gifts/Personal/Memorabilia Expense
- Parking Expense
- Travel Out Of District
- Candidate/Officeholder/Political Committee
- Legal Services
- Salaries/Wages/Contract Labor
- Credit Card Payment
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Robert M. Thomas (Bobby)</b>	3 Filer ID (Ethics Commission Filers) <b>39-4277093</b>
----------------------------	---	--

4 Date <b>11-25-2025</b>	5 Payee name <b>PERSONAL IMPRESSIONS</b>
-----------------------------	---

6 Amount (\$) <b>1,688.09</b>	7 Payee address; City: State: Zip Code <b>[REDACTED] GONZALES TX. 78629</b>
----------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule L.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Robert M. Thomas (Bobby)</b>	Office sought <b>Commissioner</b>	Office held <b>—</b>
---	--	--------------------------------------	-------------------------

Date <b>12-13-2025</b>	Payee name <b>SATURN CEMETERY ASSOCIATION</b>
---------------------------	--

Amount (\$) <b>200.00</b>	Payee address; City: State: Zip Code <b>[REDACTED] WAELDER TX. 78629</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <b>DONATION</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule L.	<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 <b>12-19-2025</b>	Payee name <b>Mc COYS BUILDING SUPPLY</b>
---------------------------	--

Amount (\$) <b>93.98</b>	Payee address; City: State: Zip Code <b>[REDACTED] Business GONZALES TX. 78629</b>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>ZUMBER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule L.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Robert M. Thomas (Bobby)</b>	Office sought <b>COMMISSIONER</b>	Office held
---	--	--------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 2(a)**

- |  |                                 |                                |  |
|--|---------------------------------|--------------------------------|--|
| Advertising Expense                          | Event Expense                   | Loan Repayment/Reimbursement   | Substantial Fundraising Expense            |
| Accounting/Banking                           | Fees                            | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense                           | Food/Beverage Expense           | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By              | Gift/Purchase/Memorable Expense | Publicity Expense              | Travel Out Of District                     |
| Candidate/Officer/Holder/Political Committee | Legal Services                  | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                          |                                 |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: \_\_\_\_\_ 2 FILER NAME: **Robert M. Thomas (Bobby)** 3 Filer ID (Ethics Commission Filers): **39-4277093**

4 Date: **11-17-2025** 5 Payee name: **GONZALES COUNTY REPUBLICAN PARTY**

6 Amount (\$): **750.00** 7 Payee address: **GONZALES TX. 78629**

8 PURPOSE OF EXPENDITURE: (a) Category: **POLLING EXPENSE** (b) Description: **CAMPAIGN DUES**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: **Robert M. Thomas (Bobby)** Office sought: **Commissioner** Office held: \_\_\_\_\_

Date: **11-26-2025** Payee name: **GONZALES MAIN STREET PARADE**

Amount (\$): **10.00** Payee address: **GONZALES TX. 78629**

PURPOSE OF EXPENDITURE: Category: **ADVERTISING** Description: **CHRISTMAS PARADE**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: **Robert M. Thomas (Bobby)** Office sought: **Commissioner** Office held: \_\_\_\_\_

Date: \_\_\_\_\_ Payee name: \_\_\_\_\_

Amount (\$): \_\_\_\_\_ Payee address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PURPOSE OF EXPENDITURE: Category: \_\_\_\_\_ Description: \_\_\_\_\_

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officer/holder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <b>Robert M. Thomas (Bobby)</b>	3 Filer ID (Ethics Commission Filers) <b>39 4277093</b>
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
---------------------------	--	-----------------

(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
------------------------	--	-------------

<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1

2 FILER NAME

Robert M. Thomas (Bobby)

3. Filer ID (Ethics Commission Filers)

39-4277093

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <b>Robert M. Thomas (Rebby)</b>		3 FILER ID (Ethics Commission Filers) <b>39-4277093</b>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ <b>241.15</b>
5 CREDIT CARD ISSUER <b>VISA</b>	Name of financial institution <b>WELLS FARGO CARDS</b>		
6 PAYMENT	(a) Amount Charged <b>\$ 181.25</b>	(b) Date Expenditure Charged <b>11-22-2025</b>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE <b>GONZALES BLDG CTR.</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <b>[REDACTED] Gonzales TX. 78629</b>	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>T-POSTS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Robert M. Thomas (Rebby)</b>		Office Sought <b>COMMISSIONER</b>
	Office Held <b>---</b>		
PAYMENT	(a) Amount Charged <b>\$ 59.90</b>	(b) Date Expenditure Charged <b>12-24-25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE <b>W B FARM &amp; RANCH</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <b>[REDACTED] Gonzales TX. 78629</b>	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>T-POSTS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Robert M. Thomas</b>		Office Sought <b>COMMISSIONER</b>
	Office Held <b>---</b>		
PAYMENT	(a) Amount Charged <b>\$</b>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>Robert M. Thomas (Bobby)</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>37-4277093</i>
<b>4</b> Date <i>12-27-2025</i>	<b>5</b> Payee name <i>HARBOR FREIGHT</i>	
<b>6</b> Amount (\$) <i>37.83</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: [REDACTED] City: <i>Gonzales</i> State: <i>TX.</i> Zip Code: <i>78629</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description <i>ZIPP TIES</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Robert M. Thomas</i>	Office sought <i>COMMISSIONER</i>
		Office held <i>←</i>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation/Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <i>1</i>	<b>2</b> FILER NAME <i>Robert M. Thomas (Bobby)</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>39-4277093</i>
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME <i>Robert M. Thomas (Bobby)</i>		3 Filer ID (Ethics Commission Filers) <i>39-4277093</i>	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address;		City	State Zip Code
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>1</u>
2 FILER NAME <u>Robert M. Thomas (Bobby)</u>		3 Filer ID (Ethics Commission Filers) <u>39-427093</u>
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Robert M. Thomas (Bobby)</i>		3 Filer ID (Ethics Commission Filers) <i>39-4277093</i>
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		