

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

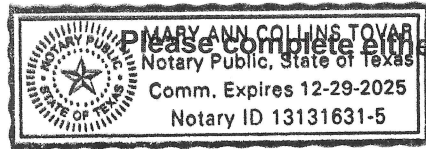
FORM COR-C/OH

| | | | | | |
|---------------------------------------|--|---|--|--|--|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: <u>10</u> | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR FIRST MI | | | |
| | | NICKNAME LAST SUFFIX | | Date Hand-delivered or Date Postmarked | |
| 4 ORIGINAL REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" 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) | |
| 5 ORIGINAL PERIOD COVERED | | <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) | | Receipt # Amount \$ | |
| | | Month Day Year | | Date Processed | |
| | | Month Day Year | | Date Imaged | |
| | | 1 / 1 / 23 THROUGH 3 / 27 / 23 | | | |

6 EXPLANATION OF CORRECTION
 The amended forms correct or update information and data that provides additional detail but not change the original report overall information. It adds 3 full addresses of contributors and clarifies loan dates and amounts. See add'l

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.

[Signature]
 Signature of Candidate/Officeholder



(1) Affidavit
 NOTARY STAMP / SEAL
 Please complete either option below:

Sworn to and subscribed before me by Mary Collins Tovar this the 10th day of April, 2023, to certify which, witness my hand and seal of office.
Mary Collins Tovar Mary Collins Tovar Secretary
 Signature of officer administering oath Printed name of officer administering oath 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

Correction/Amendment Affidavit for Candidate/Officeholder
Explanation of Correction

Schedule A1 changes – the original A1 identified contributions but did not have full address for 3 contributors that donated electronically. The accurate addresses were obtained after the report was submitted and added to the amendment. The donors were included since the contributions were sent to make sure they were identified until the update could be made.

Schedule E and F1 changes – the original E identified the ending balance loan amount and the source for the loans. Upon further understanding that the amounts did not have to account equally and that details were needed, the dates of each loan amount were added to the amendment to clarify. The updated information was added based on review of other reports. After adding this detail, the dates of each repayment was also added to Schedule F1.

A handwritten signature in black ink, appearing to be 'W. H. H. H.', located in the lower-left quadrant of the page.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Robert Blount, Jr.

16 Filer ID (Ethics Commission Filers)

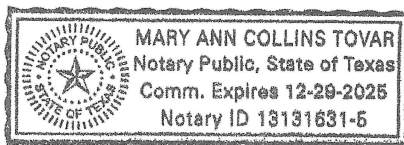
| | | |
|-------------------------|---|-------------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 40.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,090.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 114.61 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,205.36 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 30,860.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,115.36 |

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary Collins Tovar this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Mary Collins Tovar Mary Collins Tovar Secretary
Signature of officer administering oath Printed name of officer administering oath 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 Robert Blount, Jr. | 20 Filer ID (Ethics Commission Filers) |
|--|---|

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|--|---------------------------------|
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,090.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ 1,115.36 4,217.52 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 114.61 2,076.06 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 4,090.75 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. 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: 6 |
| 2 FILER NAME Robert Blount, Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/21/2023 | 5 Full name of contributor Tammy Harris out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 3562 Blc/rock Trail San Antonio, TX 78253 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/21/2023 | Full name of contributor Demetria Roberts out-of-state PAC (ID#: _____) | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 3125 Christophers Ter Schertz, TX 78108 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/21/2023 | Full name of contributor Gerardo Campbell out-of-state PAC (ID#: _____) | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 606 Laurel Drive, Bellevue NE 68005 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/22/2023 | Full name of contributor Cara Wright out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 306 Myrtle Oak Shavano Park, TX 78230 | | |
| 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.

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: **6**

2 FILER NAME

Robert Blount, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

03/23/2023

5 Full name of contributor

Charles Phillips

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address:

**113 West 88th St
Charles Phillips
New York, NY 10024**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/23/2023

Full name of contributor

Sheldon Dennis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address:

**8700 N Normandale St Apt 137
N Shoreline Dr York from Ft Worth, TX 76106**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2023

Full name of contributor

Reggie Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

1833 S. Victoria Ave Los Angeles, CA 90019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2023

Full name of contributor

Robert Blount, III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address:

7 Delwick Lane Short Hill, NJ 07078

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: 2 |
| 2 FILER NAME Robert Blount, Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 02/17/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Blount, Jr. | 9 Loan Amount (\$) 1,000.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 13450 Sunnyview Trails San Antonio TX 78253 | 10 Interest rate 0.00 |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 03/01/2023 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Blount, Jr. | Loan Amount (\$) 217.52 |
| Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 13450 Sunnyview Trails San Antonio TX 78253 | Interest rate 0.00 |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| 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.

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: 2 |
| 2 FILER NAME Robert Blount, Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 03/06/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Blount, Jr. | 9 Loan Amount (\$) 2,000.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 13450 Sunnyview Trails San Antonio TX 78253 | 10 Interest rate 0.00 |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 03/24/2023 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Blount, Jr. | Loan Amount (\$) 1,000.00 |
| Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 13450 Sunnyview Trails San Antonio TX 78253 | Interest rate 0.00 |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Robert Blount, Jr. | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 03/07/2023 | 5 Payee name Robert Blount, Jr. |
|-----------------------------|---|

| | |
|-------------------------------|--|
| 6 Amount (\$) 96.12 | 7 Payee address; 13450 Sunnyview Trails San Antonio TX 78253 |
|-------------------------------|--|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description Accounting for payback of loan to campaign |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 03/22/2023 | Payee name Robert Blount, Jr. |
|--------------------|----------------------------------|

| | |
|-------------------------|---|
| Amount (\$) 1,549.33 | Payee address; 13450 Sunnyview Trails San Antonio TX 78253 |
|-------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description Accounting for payback of loan to campaign |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

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

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

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 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 | 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Robert Blount, Jr. | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|-----------------------------|-------------------------------|
| 4 Date 03/25/2023 | 5 Payee name Paypal |
|-----------------------------|-------------------------------|

| | | | | |
|-------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 92.68 | 7 Payee address; 2211 N. 1st St, San Jose CA 95131 | City; | State; | Zip Code |
|-------------------------------|--|-------|--------|----------|

| | | |
|--|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Total of Paypal transaction fees |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 02/19/2023 | Payee name Robert Blount, Jr. |
|--------------------|----------------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 217.52 | Payee address; 13450 Sunnyview Trails San Antonio TX 78253 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

| | | |
|--|--|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description Accounting for payback of loan to campaign |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 03/01/2023 | Payee name Robert Blount, Jr. |
|--------------------|----------------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 120.41 | Payee address; 13450 Sunnyview Trails San Antonio TX 78253 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

| | | |
|--|--|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description Accounting for payback of loan to campaign |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED