

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|                                                          |  |                                                                                                                                                                                             |  |                                                                                                                                                                                                            |  |
|----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00053142 |  | <b>2</b> Total pages filed:<br>4                                                                                                                                                            |  | <b>OFFICE USE ONLY</b>                                                                                                                                                                                     |  |
| <b>3</b> COMMITTEE NAME<br>Senate District 6 PAC         |  |                                                                                                                                                                                             |  | Date Received<br>ELECTRONICALLY FILED<br>07/13/2025                                                                                                                                                        |  |
| <b>4</b> TREASURER NAME<br>Robles, David (Mr.)           |  |                                                                                                                                                                                             |  | Date Hand-delivered or Date Postmarked                                                                                                                                                                     |  |
| <b>5</b> ORIGINAL REPORT TYPE                            |  | <input type="checkbox"/> January 15<br><input checked="" type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> 10th day after campaign treasurer resignation<br><input type="checkbox"/> Dissolution report<br><input type="checkbox"/> Other (specify) _____ |  |
| <b>6</b> ORIGINAL PERIOD COVERED                         |  | Month Day Year<br>01/01/2025                                                                                                                                                                |  | Month Day Year<br>THROUGH 06/30/2025                                                                                                                                                                       |  |
|                                                          |  |                                                                                                                                                                                             |  | Receipt # Amount                                                                                                                                                                                           |  |
|                                                          |  |                                                                                                                                                                                             |  | Date Processed                                                                                                                                                                                             |  |
|                                                          |  |                                                                                                                                                                                             |  | Date Imaged                                                                                                                                                                                                |  |

**7 EXPLANATION OF CORRECTION**  
ON ORIGINAL REPORT #1 CONTRIBUTIONS TOTAL , I WAS ENTERING THE SAME TOTAL IN #5 TOTAL POLITICAL CONTRIBUTIONS WHICH ACTUALLY OUR BANK BALANCE. I WISH TO REQUEST A WAIVER OF ANY PENALTIES

**8 AFFIDAVIT**

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

Check the box next to any and all applicable statements:

☒ **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.

Mr. David Robles

\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

|                                                                                        |  |                                                      |                                                                                                                                                                                                                                                                                                                                                      |        |
|----------------------------------------------------------------------------------------|--|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The GPAC Instruction Guide explains how to complete this form.                         |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00053142 | 2 Total pages filed:<br>4                                                                                                                                                                                                                                                                                                                            |        |
| 3 COMMITTEE NAME<br>Senate District 6 PAC                                              |  |                                                      | <b>OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                               |        |
|                                                                                        |  |                                                      | Date Received<br>ELECTRONICALLY FILED<br>07/13/2025                                                                                                                                                                                                                                                                                                  |        |
|                                                                                        |  |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                               |        |
|                                                                                        |  |                                                      | Receipt #                                                                                                                                                                                                                                                                                                                                            | Amount |
|                                                                                        |  |                                                      | Date Processed                                                                                                                                                                                                                                                                                                                                       |        |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  |  |                                                      | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>517 Hahlo<br>2<br>Houston, TX 77020-4815                                                                                                                                                                                                                                                   |        |
| 5 CAMPAIGN TREASURER NAME                                                              |  |                                                      | MS / MRS / MR FIRST MI<br>Mr. David                                                                                                                                                                                                                                                                                                                  |        |
|                                                                                        |  |                                                      | NICKNAME LAST SUFFIX<br>Robles                                                                                                                                                                                                                                                                                                                       |        |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         |  |                                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>517 Hahlo<br>Houston, TX 77020-4815                                                                                                                                                                                                                                       |        |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address |  |                                                      | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>517 Hahlo<br>Houston, TX 77020-4815                                                                                                                                                                                                                                                        |        |
| 8 CAMPAIGN TREASURER PHONE                                                             |  |                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(832) 368-5816                                                                                                                                                                                                                                                                                                   |        |
| 9 REPORT TYPE                                                                          |  |                                                      | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |        |
| 10 PERIOD COVERED                                                                      |  |                                                      | Month Day Year<br>01/01/2025 THROUGH Month Day Year<br>06/30/2025                                                                                                                                                                                                                                                                                    |        |
| 11 ELECTION                                                                            |  |                                                      | ELECTION DATE<br>Month Day Year<br><br>ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special no election                                                                                                  |        |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Senate District 6 PAC                                                       |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00053142                                                                                                                                                                                                    |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported                                                                                                                                                                                                                                                 |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                                 |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                              |
|                                                                                                         | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 0.00                                                                                                                                                                                                                                                      |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                                      |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 0.00                                                                                                                                                                                                                                                      |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 4,719.78                                                                                                                                                                                                                                                  |
| OUTSTANDING LOAN TOTALS                                                                                 | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 0.00                                                                                                                                                                                                                                                      |

## 16 AFFIDAVIT

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.

Mr. David Robles

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
4 of 4

|                                                   |                                                                                                                   |                                                           |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Senate District 6 PAC |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00053142 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                                   |
| 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                                | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                                | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                               | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$                                                        |
| 11.                                               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                               | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                               | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                               | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |