


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <u>N/A</u>		2 Total pages filed: <u>15</u>		 Date Received <u>MAY 23 2023</u> BY: <u>A. Boals</u>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u> FIRST <u>Robert</u> MI <u>E</u> NICKNAME LAST <u>Blake</u> SUFFIX <u>91</u>			
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) <input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>2 / 8 / 23</u> THROUGH Month Day Year <u>3 / 27 / 23</u>		Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	

6 EXPLANATION OF CORRECTION

See Attached Report and corrections

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.

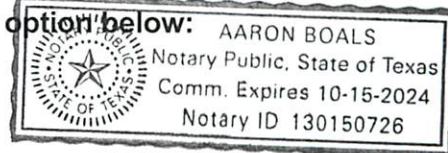
[Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Robert Blake this the 23 day of May.

20 23, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Aaron Boals

Printed name of officer administering oath

Paralegal

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

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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		2 Total pages filed: 11			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Robert E						
	NICKNAME	LAST	SUFFIX	Date Received			
	Blake, Jr.						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked			
	1158 W Pioneer Pkwy						
	Arlington, TX 76013			Receipt #	Amount		
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Corey		N				
	NICKNAME	LAST	SUFFIX				
	Callaway						
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE		
	701 S. Center St				#920		
	Arlington TX				76010		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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)			
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	02	08	2023	THROUGH	03	27	2023
10 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	05	06	2023	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
	None			Arlington ISD School Board Place 6			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 11

13 C / OH NAME Blake, Jr., Robert E

14 Filer ID

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

☐ 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Corey N Callaway

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 125.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,195.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,426.65

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,003.33

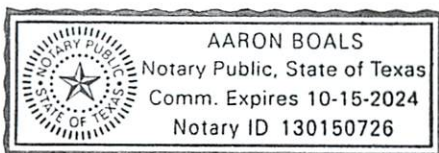
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,500.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Blake, this the 23 day of May, 20 23, to certify which, witness my hand and seal of office.

Aaron Boals
Signature of officer administering

Aaron Boals
Printed name of officer administering

Paralegal
Title of officer administering oath

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

3 of 11

18 FILER NAME Blake, Jr., Robert E		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 975.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 220.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,550.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,990.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 436.11
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,486.11
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/11
2 FILER NAME Blake, Jr., Robert E		3 Filer ID
4 Date 02/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Linton <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defrang, Roger <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Clay <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Curnutt and Doug Hafer, Attorneys <hr/> Contributor address; City; State; Zip Code 301 W Abram St Arlington, TX 76010	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/11	
2 FILER NAME Blake, Jr., Robert E		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/08/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defrang, Roger 7 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013	8 Amount of contribution (\$) \$20.00	9 In-kind contribution description Zip Ties <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) N/A	
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 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Dwayne Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76006	Amount of contribution (\$) \$100.00	In-kind contribution description Photo Head Shot <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Photographer		Employer (FOR NON-JUDICIAL) (See instructions) Southern Flair Photographer	
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)			
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattner, Ken Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76015	Amount of contribution (\$) \$100.00	In-kind contribution description Name Badges Engraved <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Printer/Corporate Apparel		Employer (FOR NON-JUDICIAL) (See instructions) Digital Corporate Companies	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/3 Rpt: 6/11	
2 FILER NAME Blake, Jr., Robert E		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 02/08/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Jr., Robert E		9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 2103 Lakehill Dr Arlington, TX 76012		10 Interest Rate 0
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) I.T. Marketing		13 Employer (See Instructions) Bit by Bit	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 02/27/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Jr., Robert E		Loan Amount (\$) \$2,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 2103 Lakehill Dr Arlington, TX 76012		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Bit by Bit	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 2/3 Rpt: 7/11

2 FILER NAME

Blake, Jr., Robert E

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
03/15/2023

7 Name of lender

Blake Jr., Robert E

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

\$7,000.00

6 Is lender a
financial
institution?
No

8 Lender address;

City;

State;

Zip Code

2103 Lakehill Ct

10 Interest Rate

11 Maturity Date

Arlington, TX 76012

12 Principal occupation / Job title (See Instructions)
I.T. Marketing

13 Employer (See Instructions)
Bit by Bit

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

21 Employer (See Instructions)

Date of loan
03/22/2023

Name of lender

Blake Jr., Robert E

☐ out-of-state PAC (ID#:

Loan Amount (\$)

\$2,500.00

Is lender a
financial
institution?
No

Lender address;

City;

State;

Zip Code

2103 Lakehill Ct

Interest Rate

0

Maturity Date

Arlington, TX 76012

Principal occupation / Job title (See Instructions)
I.T. Marketing

Employer (See Instructions)
Bit by Bit

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

Employer (See Instructions)

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/3 Rpt: 8/11
2 FILER NAME Blake, Jr., Robert E		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/12/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Jr., Robert E	9 Loan Amount (\$) \$50.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 2103 Lakehill Ct Arlington, TX 76012	10 Interest Rate 0
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) I.T. Marketing		13 Employer (See Instructions) Bit by Bit
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/11	2 FILER NAME Blake, Jr., Robert E	3 Filer ID
4 Date 03/22/2023	5 Payee name ACP International	
6 Amount (\$) \$2,465.94	7 Payee address; City; State; Zip Code 521 N Great SW Pkwy Arlington, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2023	Payee name Anedot	
Amount (\$) \$24.60	Payee address; City; State; Zip Code 1920 McKinney Ave 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2023	Payee name Payne, Paige	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6110 May Hill Dr Arlington, TX 76018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 10/11		2 FILER NAME Blake, Jr., Robert E		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$23.00	(b) Date of Charge 02/08/2023	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name City of Arlington		(b) Payee address; City, State, Zip Code 700 E Abram St Arlington, TX 76010	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Assumed Name Certificate	
		(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		Office sought Office held	
PAYMENT		(a) Amount Charged \$228.00	(b) Date of Charge 02/19/2023	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Motion AI		(b) Payee address; City, State, Zip Code 2135 City Gate Lane Suite 300 Naperville, IL 60563	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Motion Scheduler	
		(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	
PAYMENT		(a) Amount Charged \$185.11	(b) Date of Charge 02/24/2023	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Digital Corporate Companies		(b) Payee address; City, State, Zip Code 801 Station Dr Suite 109 Arlington, TX 76015	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Flyers	
		(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	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Blake, Jr., Robert E	3 Filer ID
4 Date 03/22/2023	5 Payee name American Express	
6 Amount (\$) 413.11	7 Payee Address; City; State; Zip 200 Vesey Street New York, NY 10285-3106	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) Payment of Credit Card
Date 03/15/2023	Payee name Blake, Jr., Robert E	
Amount (\$) 5,050.00	Payee Address; City; State; Zip 1158 W Pioneer Pkwy Arlington, TX 76013	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimburse Loans from Candidate/Filer
Date 03/04/2023	Payee name Discover Financial Services	
Amount (\$) 23.00	Payee Address; City; State; Zip P.O. Box 30943 Salt Lake City, UT 84130-0943	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) Payment of Credit Card

Line 6 Attachment to Form COR-C/OH, Correction/Amendment Affidavit for Candidate/Officeholder

Local Filer: Robert E. Blake, Jr., candidate for Arlington ISD Board, Place 6

Correction of the 30th Day before the Election Report for election date 5/6/2023

Reporting Period 2/8/2023 through 3/27/23

The full corrected report is attached.

The following is the explanation of errors and corrected information for each error:

The original report included Form C/OH-FR, Designation of a final report. This is no longer included because the preparer of the report misunderstood the purpose of the form and it was included in error. The Filer did not intend that report to be the final report. The candidacy continued and the proper 8th Day before the Election was timely filed. A final report has not been filed.

Page 1 of the report had an error on line 10, Period Covered. The beginning date was listed as 1/1/2023 but the correct date is 2/8/2023, the date of the Campaign Treasurer appointment. Also, in Box 13, the Office Sought was described incorrectly. The correct description is "Arlington ISD School Board Place 6."

In the "Notice from Political Committee(s)" section an erroneous entry was made listing the Filer's Campaign Treasurer name and address but not listing a Committee name and address. This section should have been blank and is on the corrected report.

On Schedule A1, and all pages of Schedule E on the original report the filer name box contains Cory N Callaway when it should have been Robert E Blake Jr. These are corrected.

Schedule A2 has no corrections except for the name of the Filer as explained above.

The first entry on Schedule E (Loans), a loan from the Filer of \$500.00, had an entry error for the date of the loan at 1/8/23 when the correct date is 2/8/23. Also, Schedule E had three entries that did not belong because they were expenditures made by credit card and properly belong on Schedule F4 (Expenditures By Credit Card) where they were also reported, thereby creating duplicate entries. These entries are removed from E but remain on F4. The entries on E that are removed are: a \$23.00 loan on 1/8/2023 (which also has an erroneous date) from the Filer, a \$228.00 loan on 2/19/2023 from the Filer and a \$185.11 loan on 2/24/2023 from the Filer. In addition, a \$25.00 loan on 2/12/2023 from the filer is incorrect as it is an expenditure that belongs on Schedule F1. These four items totaling \$461.11 are removed from loans but are included on their appropriate Schedules.

Schedule F1 (Political Expenditures) now includes an expense to Anedot on 3/24/2023 for \$24.60. On the original report this expense was incorrectly reported on two other schedules, E and F4, and the amount (\$25.00) and date (1/8/2023) were incorrect. The erroneous entries are removed from their respective schedules and this corrected expense is added to F1 on the corrected report.

Schedule F4 (Expenditures by Credit Card) on the original had five entries, one of which, \$75.00 to the Arlington Education Foundation, was not a campaign expense. Another expense to Anedot, mentioned above, was incorrectly reported on F4 as it belongs on F1 as described above. Also, the date of 1/8/2023 on first expense of \$23.00 to the City of Arlington was in error, it is corrected to 2/8/2023.

The original report included Schedule G, Political Expenditures Made from Personal Funds. The two entries there were duplicates of the expenditures originally, and correctly, reported on Schedule F1. Schedule G is removed on the corrected report.

Schedule K on the original had one entry in a single payment to the Filer that included reimbursements for multiple transactions. Included were credit card payments for charged expenses and loan repayments. The correction includes

listing separately the credit card payments and the reimbursement for the same as well as the correct amount of the loan repayment.

Several lines in the Subtotals on page 3 of the Cover Sheet have changed based on the above corrections and addition errors. They are:

Line 1. Monetary Contributions are up \$125.00 to \$975.00 (The unitemized contributions were not added on the original)

Line 4. Loans are \$12,550.00, down from the original \$13,011.11. The difference is the 461.11 that were incorrectly reported as loans

Line 5. Political Expenditures are \$4,994.54, up from the original \$4,965.94, reflecting the addition of the Anedot expense of \$24.60.

Line 11. Non-Political Expenditures were not reported on the original but the Schedule K was filed showing the correct amount of \$5,486.11. That number is now showing on Line 11 of the Corrected report.

On the Cover Sheet pg 2, the C/OH NAME was not included on the original, it is corrected. Also, in the Totals Section (line 17 on the original, line 16 on the corrected report), the correct totals are as follows:

Total Political Contributions are corrected to \$1,195.00 from \$925.00. This was a math error in failing to add unitemized contributions to the itemized contributions.

Total Political Expenditures are corrected to \$5,426.65 from \$5,327.05. The difference is the \$75.00 to the Arlington Education Foundation that was not a campaign expense plus the \$24.50 payment to Anedot that was misreported on the original.

Contribution Balance is corrected to \$3003.33 from \$1,070.00 on the original. This was due to a math error on the original.

Outstanding Loans is corrected to \$7,500.00 from \$13,011.11. This was due to a failure to subtract a loan repayment and math errors in calculating loans on the original.