# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.

**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed: 2

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: MR | FIRST: ROBERT | MI: S
NICKNAME | LAST: SHAW | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 12109 COUNTY ROAD 108 | ALVARADO | TX | 76009

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE | PHONE NUMBER | EXTENSION: ( 682 ) 847-8550

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: MRS | FIRST: JOYCE | MI: E
NICKNAME | LAST: SHAW | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 12109 COUNTY ROAD 108 | ALVARADO | TX | 76009

**8 CAMPAIGN TREASURER PHONE**
AREA CODE | PHONE NUMBER | EXTENSION: ( 817 ) 240-7031

**9 REPORT TYPE**
- ☒ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**
Month / Day / Year: 1 / 1 / 24 THROUGH 12 / 31 / 24

**11 ELECTION**
ELECTION DATE — Month / Day / Year: / /
ELECTION TYPE 3
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**
OFFICE HELD (if any): JUSTICE OF THE PEACE

**13** OFFICE SOUGHT (if known): PRECINCT 4

**14 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
COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received

FILED IN MY OFFICE
BOY ADAMS
ELECTION ADMINISTRATOR
JAN 14 2025
JOHNSON COUNTY
10:12 am

Date Hand-Delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH**
**COVER SHEET PG 2**

| **15** JC/OH NAME | **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) | $ 0.00 |
| | **2.** | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 463.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0.00 RS |

**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 S. Shaw

Signature of Candidate/Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

KATHY OSIER
Notary Public
STATE OF TEXAS
ID# 12851012-8
My Comm. Exp. April 29, 2025

Sworn to and subscribed before me by Robert S. Shaw this the 14 day of January, 20 25, 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 |
|---|---|---|
| Kathy Osier | Kathy Osier | Notary |

**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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)