

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="float: right;">3</span>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Robert</b> MI <b>L.</b> <hr/> NICKNAME <b>Bobby</b> LAST <b>Smith</b> SUFFIX		<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.5em; font-weight: bold;">REC'D JAN 12 2026</div> <i>dated 11:58 am</i>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged								
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( <div style="background-color: black; width: 40px; height: 15px;"></div> <div style="background-color: black; width: 40px; height: 15px;"></div> )										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Keith</b> MI <hr/> NICKNAME      LAST <b>Merritt</b> SUFFIX										
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( <div style="background-color: black; width: 40px; height: 15px;"></div> )										
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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<b>10</b> PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">07 / 01 / 2025</td> <td></td> <td style="text-align: center;">12 / 31 / 2025</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	07 / 01 / 2025		12 / 31 / 2025		
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07 / 01 / 2025		12 / 31 / 2025									
<b>11</b> ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE Month      Day      Year /      /</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td></td> <td colspan="2"> <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month      Day      Year /      /	ELECTION TYPE			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
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<b>12</b> OFFICE	OFFICE HELD (if any) <b>Sheriff</b>		<b>13</b> OFFICE SOUGHT (if known)								
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; vertical-align: top;">                 COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC             </td> <td style="border-left: 1px solid black; padding-left: 5px;">                 COMMITTEE NAME                   COMMITTEE ADDRESS                   COMMITTEE CAMPAIGN TREASURER NAME                   COMMITTEE CAMPAIGN TREASURER ADDRESS             </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS						
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FORM C/OH  
COVER SHEET PG 2

**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 \_\_\_\_\_ 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
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OR

**(2) Unsworn Declaration**

My name is Robert Smith, and my date of birth is [REDACTED]

My address is [REDACTED] US

Executed in Orange County, State of TX, on the 12 day of January, 2026.  
(street) (city) (state) (zip code) (country)  
(month) (year)

Signature of Candidate/Officeholder (Declarant)