



**SUBTOTALS - JC/OH**

**FORM JC/OH  
COVER SHEET PG 3**

19 FILER NAME

*Bobby L. Rich, Jr.*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |                               |
|-----|-------------------------------------|--|-------------------------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>1,300.<sup>00</sup></i> |
| 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 E: LOANS  | \$                            |
| 5.  | <input type="checkbox"/>            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                            |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                            |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                            |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                            |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <i>1,565.<sup>25</sup></i> |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                            |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                            |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                            |

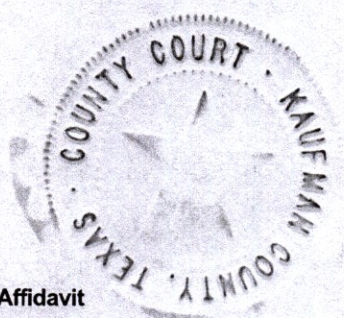
# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 JC/OH NAME<br><b>Bobby L. Rich, Jr.</b> |   | 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) | \$ <b>200.<sup>00</sup></b>            |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <b>1,300.<sup>00</sup></b>          |
| EXPENDITURE TOTALS                         | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <b>1,565.<sup>25</sup></b>          |
| CONTRIBUTION BALANCE                       | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <b>3,379.<sup>32</sup></b>          |
| OUTSTANDING LOAN TOTALS                    | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <b>7,500.<sup>00</sup></b>          |

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.

*Bobby L. Rich, Jr.*  
\_\_\_\_\_  
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bobby Rich this the 2<sup>nd</sup> day of February 2026, to certify which, witness my hand and seal of office.

*[Signature]* Daniela Serna Deputy Clerk  
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)

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:                               |
| 2 FILER NAME<br><i>Bobby L. Rich, Jr.</i>  |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><i>1-5-26</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>James Davis</i> | 7 Amount of contribution (\$) <i>\$100.00</i>               |
| 6 Contributor address; City; State; Zip Code<br><i>P.O. Box 239 Elmo, TX 75118</i> |   |   |
| 8 Contributor's principal occupation<br><i>Retired</i>                             |   | 9 Contributor's job title<br><i>Retired Law Enforcement</i> |
| 10 Contributor's employer/law firm   |   | 11 Law firm of contributor's spouse (if any)                |
| 12 If contributor is a child, law firm of parent(s) (if any)                       |   |   |

|  |  |   |
|--|--|---|
| Date<br><i>1-24-26</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Ron Herrington</i> | Amount of contribution (\$) <i>\$400.00</i> |
| Contributor address; City; State; Zip Code<br><i>918 Sea Shell Dr, Mesquite TX 75149</i> |  |   |
| Contributor's principal occupation<br><i>Law</i>   |  | Contributor's job title<br><i>Attorney</i>  |
| Contributor's employer/law firm<br><i>Self Employed</i>                                  |  | Law firm of contributor's spouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any)                                |  |   |

|  |   |   |
|--|---|---|
| Date<br><i>1-17-26</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Donald Archer</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address; City; State; Zip Code<br><i>1105 Miami, Terrell, TX 75160</i> |   |   |
| Contributor's principal occupation<br><i>Retired</i>                               |   | Contributor's job title                     |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any)                          |   |   |

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:                               |
| 2 FILER NAME<br><i>Bobby L. Rich, Jr.</i>  |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><i>1-17-26</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Sharon K. Long</i> | 7 Amount of contribution (\$)<br><i>\$200.<sup>00</sup></i> |
| 6 Contributor address; City; State; Zip Code<br><i>P.O. Box 374 Kaufman, TX. 75142</i> |  |   |
| 8 Contributor's principal occupation<br><i>Retired</i>                                 |  | 9 Contributor's job title                                   |
| 10 Contributor's employer/law firm   |  | 11 Law firm of contributor's spouse (if any)                |
| 12 If contributor is a child, law firm of parent(s) (if any)                           |  |   |

|  |   |   |
|--|---|---|
| Date<br><i>1-3-26</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Les Pratt</i> | Amount of contribution (\$)<br><i>\$500.<sup>00</sup></i> |
| Contributor address; City; State; Zip Code<br><i>10421 Fm 1388 Sunny Tx TX 75158</i> |   |   |
| Contributor's principal occupation<br><i>First Responder</i>                         |   | Contributor's job title<br><i>Fire Fighter</i>            |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)                 |
| If contributor is a child, law firm of parent(s) (if any)                            |   |   |

|   |   |   |
|---|---|---|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$)               |
| Contributor address; City; State; Zip Code                |   |   |
| Contributor's principal occupation                        |   | Contributor's job title                   |
| Contributor's employer/law firm                           |   | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) |   |   |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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 G:  | 2 FILER NAME<br><i>Bobby L. Riche Jr.</i>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><i>1-15-26</i>   | 5 Payee name<br><i>First Graphic Services</i>   |                                       |
| 6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>\$648.36</i> | 7 Payee address; City; State; Zip Code<br><i>229 Garvon St. Garland, TX 75040</i>   |                                       |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>   | (b) Description<br><i>Signs</i>       |
|  | (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           |

|  |   |                                  |
|--|---|----------------------------------|
| Date   | Payee name<br><i>INKIT</i>  |                                  |
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>\$516.89</i> | Payee address; City; State; Zip Code<br><i>402 E Trunk St. Suite E Crandall TX 75114</i>  |                                  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>   | Description<br><i>Push Cards</i> |
|  | <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      |

|  |   |  |
|--|---|--|
| Date<br><i>1-26-26</i>   | Payee name<br><i>Juston Stafford / Install Connect</i>  |  |
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>\$400.00</i> | Payee address; City; State; Zip Code<br><i>505 W, State St. Garland, TX 75040</i>   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Sign location</i>  | Description<br><i>Putting Political signs up</i> |
|  | <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                      |

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