

# 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: **7**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **MR**

FIRST

MI

NICKNAME

LAST

SUFFIX

**Bobby** **L.**  
**Rich** **Jr.**

**OFFICE USE ONLY**

Date Received

BY: **M**  
DEPUTY

**LAURA A. HUGHES**  
COUNTY CLERK

**2026 FEB -2 PM 3:28**

FILED FOR RECORD  
KAUFMAN CO. TEXAS

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR **MR**

FIRST

MI

NICKNAME

LAST

SUFFIX

**Robert** **A.**  
**Yowell**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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    THROUGH    Month Day Year  
**7 / 1 / 2025**    **12 / 31 / 2025**

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

- Primary     Runoff     Other Description
- General     Special

**3 / 3 / 26**

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Kaufman CCL2**

**Kaufman CCL2**

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

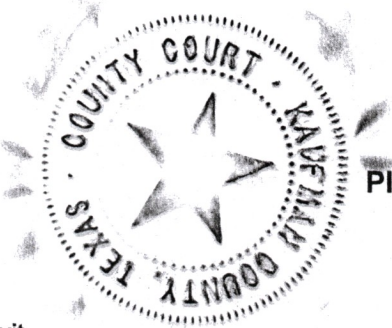
# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <u>Bobby L. Rich, Jr.</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,320.82</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,500.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,379.32</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,500.00</u>

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 L. Rich this the 2 day of February 2020, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Maribel Torres Title of officer administering oath Deputy Clerk

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)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,872. <sup>82</sup>
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	\$ 5,500. <sup>00</sup>
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	\$

**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 <i>Bobby L. Rich, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-16-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Bobby C. Stark</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 911 Kemp, TX, 75143</i>		<i>Check # 7973</i>
8 Contributor's principal occupation <i>Owner - Bonding Co.</i>		9 Contributor's job title <i>Owner Bonding Co.</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 <i>12-16-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Richard E. Harrison, Jr.</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>113 W. Mulberry St. Kaufman TX 75142</i>		
Contributor's principal occupation <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)		

Date <i>12-4-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Michael Ray Harris</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>600 N. Central Exp. Suite 500 Dallas, TX</i>		
Contributor's principal occupation <i>Law</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Michael Harris Law</i>		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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Bobby L. Rich, Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12-18-26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry Crow</i>	8 Amount of Contribution \$ <i>\$1,000.00</i>	9 In-kind contribution description <i>Signs</i>
7 Contributor address; City; State; Zip Code <i>1902 E U.S. Hwy 175 Kaufman, Tx 75142</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>Contractor</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>Self Employed</i>	
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 <i>12-18-26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barry Caldwell</i>	Amount of Contribution \$ <i>\$1,000.00</i>	In-kind contribution description <i>Signs</i>
Contributor address; City; State; Zip Code <i>905 S. Washington Kaufman, Tx 75142</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>Business Owner / NAPA Auto</i>		Contributor's job title (FOR JUDICIAL)(See Instructions) <i>Owner</i>	
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Bobby L. Rich, Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>870,82</i>	
5 Date <i>12-20-26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terri Crow</i>	8 Amount of Contribution \$ <i>\$1,000.00</i>	9 In-kind contribution description <i>Signs</i>
7 Contributor address; City; State; Zip Code <i>1902 E Hwy 175 Kaufman, Tx 75142</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>Retired</i>		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 <i>12-20-26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandy Glasgow</i>	Amount of Contribution \$ <i>\$1,000.00</i>	In-kind contribution description <i>T-Posts + Signs</i>
Contributor address; City; State; Zip Code <i>8001 Zebra Crossing Larue, Tx 75770</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>Teacher</i>		Contributor's job title (FOR JUDICIAL)(See Instructions) <i>Reading Interventionist</i>	
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Bobby L. Rich, Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-5-25</i>	<b>5</b> Payee name <i>Kaufman Co. Republican Party</i>	
<b>6</b> Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$1,500.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>209 E. Fair St. Kaufman, TX 75142</i> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contributions made by Candidate Political Committee</i>	
	<b>(b)</b> Description <i>Application Fee for Candidate on Ballot</i>	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>12-6-25</i>	Payee name <i>Matthew Lucci</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$4,000.00</i>	Payee address; City; State; Zip Code <i>363 Las Colinas Blvd 140 Irving TX 75039</i> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	
	Description <i>Fee paid for consulting</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name / Office sought / Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name / Office sought / Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**