

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 **FIRST** *Bobby* **MI** *L.*
 NICKNAME *Rich* **LAST** *Yowell* **SUFFIX** *Jr.*

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

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR **FIRST** *Robert* **MI** *A.*
 NICKNAME *Yowell* **LAST** *Yowell* **SUFFIX**

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 Month Day Year
1 / 1 / 26 THROUGH *1 / 22 / 26*

11 ELECTION
 ELECTION DATE: Month Day Year *3 / 3 / 26*
 ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE
 OFFICE HELD (if any) *Kaufman CCL2*

13 OFFICE SOUGHT (if known)
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.
 Additional Pages
 GENERAL
 SPECIFIC
 COMMITTEE TYPE: COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY
 RECEIVED FOR RECORD
 KAUFMAN CO. TEXAS
 2026 FEB 19 PM 10:56
 DEPUTY CLERK
 AURA A. HUGHES

GO TO PAGE 2

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u>	FIRST <u>Bobby</u>			MI <u>L.</u>
		NICKNAME	LAST <u>Rich</u>	SUFFIX <u>Jr.</u>	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	Amount \$
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Date Processed	
		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year		
		<u>1 / 1 / 26</u>		<u>1 / 22 / 26</u>		

6 EXPLANATION OF CORRECTION
Ending date of "original period covered" was incorrectly entered as 2/2/26. Correction made to 1/22/26.

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 of Candidate/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

OR

(2) Unsworn Declaration

My name is Bobby L. Rich, Jr., and my date of birth is 7-4-55
 My address is 201 Wybagyl St., Kaufman, TX, 75142, Kaufman
(street) (city) (state) (zip code) (country)
 Executed in Kaufman County, State of Texas, on the 22 day of February, 2026.
(month) (year)
Bobby L. Rich, Jr.
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections