

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">2</div>																									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border: none;"> <tr> <td style="font-size: 8px;">MS / MRS / MR</td> <td style="font-size: 8px;">FIRST</td> <td style="font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table> <p style="font-size: 18px; margin: 0;">MR. Robert C. "Bobby" Carroll</p>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	OFFICE USE ONLY																				
MS / MRS / MR	FIRST	MI																										
NICKNAME	LAST	SUFFIX																										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border: none;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX;</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> </table> <p style="font-size: 18px; margin: 0;">P.O. Box 123 Kempner, Tx 76539</p>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received <div style="font-size: 24px; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 18px; color: red;">JUL 11 2024</div> BY: _____																					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																								
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border: none;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> </table> <p style="font-size: 18px; margin: 0;">(512) 734-1860</p>	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked																							
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border: none;"> <tr> <td style="font-size: 8px;">MS / MRS / MR</td> <td style="font-size: 8px;">FIRST</td> <td style="font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table> <p style="font-size: 18px; margin: 0;">MRS. Staria D. Carroll</p>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	Receipt #	Amount \$																			
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border: none;"> <tr> <td style="font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> </table> <p style="font-size: 18px; margin: 0;">13701 E. Hwy. 190 Kempner, Tx 76539</p>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																				
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td style="font-size: 24px;">01</td> <td style="font-size: 24px;">/</td> <td style="font-size: 24px;">01</td> <td style="font-size: 24px;">06</td> <td style="font-size: 24px;">/</td> <td style="font-size: 24px;">30</td> </tr> <tr> <td colspan="3" style="text-align: center;">2024</td> <td colspan="3" style="text-align: center;">2024</td> </tr> </table> <p style="text-align: center; font-weight: bold; margin: 0;">THROUGH</p>			Month	Day	Year	Month	Day	Year	01	/	01	06	/	30	2024			2024									
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12 OFFICE	OFFICE HELD (if any) Lampasas County Commissioner Pct. 1	13 OFFICE SOUGHT (if known)																										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Robert C. "Bobby" Carroll

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

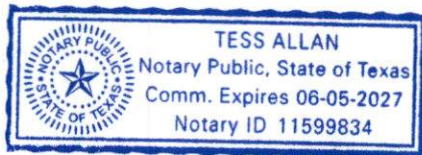
\$ 321.02

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 321.02

18 AFFIDAVIT



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 C. Carroll

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert C. Carroll, this the 11th day of July, 2024, to certify which, witness my hand and seal of office.

Tess Allan

Signature of officer administering oath

Tess Allan

Printed name of officer administering oath

Notary Public, State of Texas

Title of officer administering oath