

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR.

Johnnie

D.

NICKNAME

LAST

SUFFIX

Rowdy

Rhoades

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

403 Bailey

Dumas

TX 79029

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

341-8999

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR.

Johnnie

D.

NICKNAME

LAST

SUFFIX

Rowdy

Rhoades

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

(Residence or Business)

403 Bailey Dumas Texas

79029

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

341-8999

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

07 / 01 / 2025

THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (If any)

County Judge

13 OFFICE SOUGHT (If known)

County Judge

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



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

OFFICE USE ONLY

Date Received

BRUNDA MCKANNA  
COUNTY CLERK

2026 JAN -5 AM 11:50

MOORE COUNTY, TEXAS

BY: B. McNamee  
DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <u>Johnnie D. Rhoades</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>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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.

Johnnie D. Rhoades  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Johnnie D. Rhoades this the 5<sup>th</sup> day of January.

20 26, to certify which, witness my hand and seal of office.

Veronica Landeros Veronica Landeros Public Notary  
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)