



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

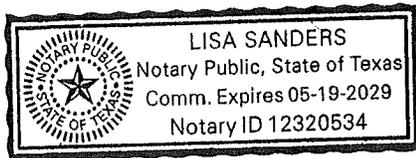
|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,700. <sup>00</sup>                |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 518.83                              |
| 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   | \$                                     |

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.

*Robert Kuykendall*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Kuykendall this the 23<sup>rd</sup> day of February

2026, to certify which, witness my hand and seal of office.

Lisa Sanders Lisa Sanders Chief Deputy  
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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,700.                              |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 300.                                |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ —                                   |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ —                                   |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 424.12                              |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ —                                   |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ —                                   |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 94.71                               |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ —                                   |
| 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

# SCHEDULE A1

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 A1: <b>2</b>                        |
| 2 FILER NAME <b>Robert H. Kuykendall</b>                                   |   | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><b>2/4/26</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kathy Funderburk</b>      | 7 Amount of contribution (\$)<br><b>\$ 200</b>             |
| 6 Contributor address; City; State; Zip Code<br><b>Henderson, TX 75652</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>    |   | 9 Employer (See Instructions)                              |
| Date<br><b>2/4/26</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Willie DAVIS</b>            | Amount of contribution (\$)<br><b>\$ 100</b>               |
| Contributor address; City; State; Zip Code<br><b>Henderson, TX 75652</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>      |   | Employer (See Instructions)                                |
| Date<br><b>2/4/26</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Dr. J.T. Roberts</b>        | Amount of contribution (\$)<br><b>\$ 500.<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>Kilgore, TX 75663</b>     |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>      |   | Employer (See Instructions)                                |
| Date<br><b>2/4/26</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John &amp; Allie DAWSON</b> | Amount of contribution (\$)<br><b>\$ 200</b>               |
| Contributor address; City; State; Zip Code<br><b>Henderson, TX 75652</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>      |   | Employer (See Instructions)                                |

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

2/4/26 Mark & Diane Hughes

\$500.

Tatum, TX 75691

Business Owner

2/9/26 Lonnie Fields

\$200

Henderson, TX 75652

Retired

# 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: <u>1</u>   |   |
| 2 FILER NAME<br><u>Robert H. Kuykendall</u>  |  | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <u>300.</u>  |   |
| 5 Date<br><u>2/4/26</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Debbie Maxey</u>                               | 8 Amount of Contribution \$<br><u>\$300.</u>                                    | 9 In-kind contribution description<br><u>Meet &amp; Greet</u>                   |
| 7 Contributor address; City; State; Zip Code<br><u>Henderson, TX 75645</u>   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>Business Owner</u>   |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |  | 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   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code | Amount of Contribution \$   | In-kind contribution description  |
|  |  |   | <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)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |   |
| 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)   |  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |   |

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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 F1:<br><b>2</b>                | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>2/2/24</b>                               | 5 Payee name<br><b>Kiwanis</b>  |                                       |
| 6 Amount (\$)<br><b>\$100.</b>                        | 7 Payee address; City; State; Zip Code<br><b>Henderson, TX 75654</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Contribution/Donation Made by Candidate</b>  | (b) Description                       |
|   | (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<br><b>2/4/26</b>                                 | Payee name<br><b>Tractor Supply</b>   |                                       |
| Amount (\$)<br><b>27.55</b>                           | Payee address; City; State; Zip Code<br><b>716 N. Hill Street Tatum, TX 75691</b>   |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><b>Post for signs</b>  |
|   | <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><b>2/10/26</b>                                | Payee name<br><b>Complete Printing</b>  |                                       |
| Amount (\$)<br><b>59.57</b>                           | Payee address; City; State; Zip Code<br><b>1501 W. Panola St. Carthage, TX 75633</b>  |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><b>Campaign Cards</b>  |
|   | <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             |

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

2/10/26 Dollar Tree

711 Estes Dr., Suites 106  
Longview, TX 75602

\$12.<sup>00</sup>

Event Expenses

Balloons & Mints for  
Chamber Forum

2/22/26 Adrian Davis

10401 CR 2117 East  
Henderson, TX 75691

\$225.

Advertisement

Videos, campaign  
Cards materials

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F4:<br><b>2</b> | 2 FILER NAME<br><b>Robert H. Kuykendall</b> | 3 Filer ID (Ethics Commission Filers) |
|--|---|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

|                                  |  |                           |                                 |
|----------------------------------|--|---------------------------|---------------------------------|
| 5 Date<br><b>2/2/26</b>          | 6 Payee name<br><b>Tractor Supply</b>      |                           |                                 |
| 7 Amount (\$)<br><b>\$ 27.55</b> | 8 Payee address;<br><b>716 N. Hill St.</b> | City;<br><b>Tatum, TX</b> | State; Zip Code<br><b>75691</b> |

|                       |  |  |  |
|-----------------------|--|--|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |  |
|-----------------------|--|--|--|

|                           |   |  |
|---------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | (b) Description<br><b>Post for large signs</b> |
|                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                             |  |                               |                                 |
|-----------------------------|--|-------------------------------|---------------------------------|
| Date<br><b>2/5/26</b>       | Payee name<br><b>All Pro Automotive</b>      |                               |                                 |
| Amount (\$)<br><b>13.52</b> | Payee address;<br><b>701 US Highway 79 N</b> | City;<br><b>Henderson, TX</b> | State; Zip Code<br><b>75652</b> |

|                     |  |  |  |
|---------------------|--|--|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |  |
|---------------------|--|--|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><b>Cable ties for large signs</b> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2/10/26 A-1 Party Rental  
P.O. Box 606  
Judson, TX 75660

\$ 14.68

Event Expense

Table Cloth for  
Chamber Forum

2/10/26 Office Depot  
422 W. Loop 281, Suite 300  
Longview, TX 75605

\$ 38.96

Event Expense

Poster for  
Chamber forum



**AFFIDAVIT FOR  
CANDIDATE OR OFFICEHOLDER:  
ELECTRONIC FILING EXEMPTION**

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2022, a candidate or officeholder who has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.*

|            |            |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

|  |           |
|--|-----------|
| <b>FILED FOR RECORD<br/>OFFICE USE ONLY<br/>RUSK COUNTY, TEXAS</b> |           |
| Date Received<br><b>FEB 23 2026</b>                                |           |
| ELECTIONS ADMINISTRATOR  |           |
| BY: <u>J. SCARROW</u> DEPUTY                                       |           |
| Date Hand Delivered or Date Postmarked                             |           |
| Receipt #  | Amount \$ |
| Date Processed   |           |
| Date Imaged  |           |

1. I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**

Robert Keykendall  
Signature of Filer

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 \_\_\_\_\_, 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**