

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Robert H. Kuykendall

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Tatum, TX 75691

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 431-2055

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Joyce R. Kuykendall

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

Tatum, TX 75691

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 738-1485

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  
11 / 10 / 25 THROUGH 12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

3 / 3 / 26

ELECTION TYPE

☒ Primary ☐ Runoff ☐ Other Description  
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner Pct. 2

13 OFFICE SOUGHT (if known)

County Commissioner Pct. 2

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

GO TO PAGE 2

# 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)

\$

300.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,931.21

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

\$

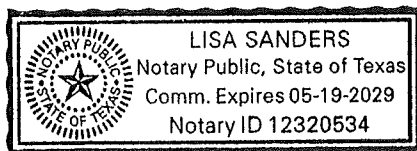
18 SIGNATURE

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 12<sup>th</sup> day of January,  
2020, 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

Robert H. Kuykendall

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |             |
|-----|-------------------------------------|--|-------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 300.00   |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 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                                      | \$ 27.03    |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 2,904.18 |
| 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:                       |
| 2 FILER NAME<br><i>Robert H. Kuykendall</i>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>12/23/25</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Norman + Gretchen Walton</i><br>6 Contributor address; City; State; Zip Code<br><i>Tatum, Tx 75641</i> | 7 Amount of contribution (\$)<br><i>\$300.00</i> |
| 8 Principal occupation / Job title (See Instructions)<br><i>Retired</i>  |  | 9 Employer (See Instructions)                    |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
|  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |  |

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |                            |
|---|--|--|--|---|----------------------------|
| 1 Total pages Schedule F4:                                    |  | 2 FILER NAME<br><i>Robert H. Kuykendall</i>  |  | 3 Filer ID (Ethics Commission Filers)                                     |                            |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  |  |  | \$ <i>27.03</i>   |                            |
| 5 Date<br><i>12/30/25</i>                                     |  | 6 Payee name<br><i>Tractor Supply</i>  |  |   |                            |
| 7 Amount (\$)<br><i>27.03</i>                                 |  | 8 Payee address;<br><i>716 N. Hill St.</i>   |  | City;<br><i>Tatum</i>   | State;<br><i>TX</i>        |
|   |  |  |  | Zip Code<br><i>75691</i>  |                            |
| 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><i>Advertising</i> |  | (b) Description<br><i>Cable Ties</i>                                      |                            |
|   |  | (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<br><i>Robert H. Kuykendall</i>                           |  | Office sought<br><i>County Commissioner Prec. 2</i>                       | Office held<br><i>Same</i> |
| Date  |  | Payee name   |  |   |                            |
| Amount (\$)   |  | Payee address;   |  | City;   | State; Zip Code            |
| TYPE OF EXPENDITURE   |  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political              |  |   |                            |
| 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 |                            |
| 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           |  |  |  |   |                            |

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |   |                                       |  |
|---|---|--|---|---------------------------------------|--|
| 1 Total pages Schedule G:   |   | 2 FILER NAME<br><i>Robert H. Kuykendall</i>  |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><i>11/10/25</i>   |   | 5 Payee name<br><i>Republican Party</i>      |   |                                       |  |
| 6 Amount (\$) <i>\$750.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended   |   | 7 Payee address;<br><i>Henderson, TX</i>     |   | City;                                 | State; Zip Code<br><i>75652</i>              |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Fees</i>     |  | (b) Description<br><i>Filing Fee</i>                                      |                                       |  |
|   | (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<br>Candidate / Officeholder name <i>Robert H. Kuykendall</i> Office sought <i>County Commissioner Dist. 2</i> Office held <i>Same</i> |   |  |   |                                       |  |
| Date<br><i>12/17/25</i>   |   | Payee name<br><i>Complete Printing</i>       |   |                                       |  |
| Amount (\$) <i>\$1252.22</i><br><input type="checkbox"/> Reimbursement from political contributions intended  |   | Payee address;<br><i>1501 W. Pansola St.</i> |   | City;                                 | State; Zip Code<br><i>Carthage, TX 75633</i> |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  |  | Description<br><i>Magnetic Signs</i>                                      |                                       |  |
|   | <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<br>Candidate / Officeholder name <i>Robert H. Kuykendall</i> Office sought <i>County Commissioner Dist 2</i> Office held <i>Same</i>    |   |  |   |                                       |  |
| Date<br><i>12/19/25</i>   |   | Payee name<br><i>Complete Printing</i>       |   |                                       |  |
| Amount (\$) <i>\$1401.96</i><br><input type="checkbox"/> Reimbursement from political contributions intended  |   | Payee address;<br><i>1501 W. Pansola St.</i> |   | City;                                 | State; Zip Code<br><i>Carthage, TX 75633</i> |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  |  | Description<br><i>Signs (Yard + large)</i>                                |                                       |  |
|   | <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<br>Candidate / Officeholder name <i>Robert H. Kuykendall</i> Office sought <i>County Commissioner Dist. 2</i> Office held <i>Same</i>   |   |  |   |                                       |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**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.*

**FILED FOR RECORD  
OFFICE USE ONLY  
RUSK COUNTY, TEXAS**

**JAN 12 2026**

**ELECTIONS ADMINISTRATOR**

BY: Sharon **CLERK**

Receipt # Amount \$

Date Processed

Date Imaged

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

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 Kuykendall  
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**