

# 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: <i>4</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>CECIL</b>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <b>ROBLES</b>	SUFFIX <b>JR</b>	Date Received  <i>FEB - 2 2026</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>616 NORTH WASHINGTON DENVER CITY, TX 79323</b>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>( 806 )</b>	PHONE NUMBER <b>215-0452</b>	EXTENSION	Date Hand-delivered or Date Postmarked  <i>FEB - 2 2026</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>CECIL</b>	MI	Receipt # <b>NIA</b>	Amount \$ <b>NIA</b>	
	NICKNAME	LAST <b>ROBLES</b>	SUFFIX <b>JR</b>	Date Processed <i>FEB - 2 2026</i>	Date Imaged <i>FEB - 2 2026</i>	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <b>616 NORTH WASHINGTON</b> <b>DENVER CITY, TX</b> <b>79323</b>				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 806 )</b>	PHONE NUMBER <b>215-0452</b>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <b>1</b>	Day <b>1</b>	Year <b>26</b>	Month <b>1</b>	Day <b>22</b>	Year <b>26</b>
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 26</b>		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other  <input type="checkbox"/> General <input type="checkbox"/> Special  <i>Other Description</i>			
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>			13 OFFICE SOUGHT (if known) <b>COUNTY COMMISSIONER PRCT #4</b>		
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	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME CECIL ROBLES JR	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) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 3,289.68
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

Signature of Candidate or 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 CECIL ROBLES, JR, and my date of birth is 01/27/1960.  
 My address is 616 NORTH WASHINGTON, DENVER CITY, TX, 79323, USA.  
 Executed in YOAKUM County, State of TEXAS, on the 2ND day of FEBRUARY, 2026.

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME CECIL ROBLES, JR	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,289.68
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G: 1	2 FILER NAME CECIL ROBLES, JR	3 Filer ID (Ethics Commission Filers)	
4 Date 01/07/2026	5 Payee name CANYON OUTDOOR ADVERTISING, LP		
6 Amount (\$) 2,289.68 Reimbursement from political contributions intended	7 Payee address; PO BOX 773	City; State; Zip Code CANYON, TX 79015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BILLBOARD	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/14/2026	Payee name DC EDC		
Amount (\$) 1,000.00 Reimbursement from political contributions intended	Payee address; 104 W 3RD	City; State; Zip Code DENVER CITY, TX 79323	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ELECTRONIC SIGN	
	Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			