CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME RC	ROBERT LAST LANG FOR	C SUFFIX	OFFICE USE ONLY Date Received G G V G	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	FEB 2 6 2024	
Change of Address GANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 330	PHONE NUMBER 1-7279	KSBORO TX 710458 EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	MATTHEW LAST	SUFFIX	Date Processed 26 - 2024 Date Imaged 2-26 - 2024	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	010 000 122 102 1	SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)	290 KNOW	JON RP	ACKS BORO	TX 7458	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469)363-0591				
9 REPORT TYPE	January 15	30th day before	election Exceeded Modified Reporting Limit		
10 PERIOD COVERED	Month	26 2024	THROUGH ()2	/24/2024	
11 ELECTION	Month Day	Year Primar	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF K	OF JACK COUNTY	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGY 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	TREASURER NAME		
Additional Pages	SPECIFIC	COMMITTEE STATE			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

RABBERT "RC" LANGFORD	10	
		Filer ID (Ethics Commission Filers)
1-01-01		
7 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTI TOTALS PLEDGES, LOANS, OR GUARANTEES	OF LOANS, OR	\$ 0
CONTRIBUTIONS MADE ELECTRONICA		
2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR C	S GUARANTEES OF LOANS)	\$ 0
EXPENDITURE A TOTAL UNITEMIZED BOLITICAL EXPEN		
TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPEN	NDITURE.	\$ \$
4. TOTAL POLITICAL EXPENDITURES		\$ 375.91
CONTRIBUTION		1 70
BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MADE OF REPORTING PERIOD	AINTAINED AS OF THE LAST	DAY \$ 1175.79
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIOD	JTSTANDING LOANS AS OF T	THE \$
	Signature of Cano	didate or Officeholder
		C Part B N /
Please complete e	either option below:	MEGEIV
Please complete e	either option below:	DECEIV
Please complete e	either option below:	
Please complete e	either option below:	FEB 2 6 202
	either option below:	
(1) Affidavit NOTARY STAMP/SEAL		
(1) Affidavit		FEB 2 6 202
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the _	FEB 2 6 202
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the _	FEB 2 6 202
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the _	FEB 2 6 202
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the _	FEB 2 6 202
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the _	FEB 2 6 202 day of Title of officer administering
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the	day of
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the	FEB 2 6 202 day of Title of officer administering
NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the ninistering oath, and my date of birth is,,,,	day of Title of officer administering L-7-57 Late) (zip code) (country)
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the	Title of officer administering 1-7-97 X.76458. WA (zip code) (country)
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	this the	Title of officer administering 1-7-97 X.76458. WA (zip code) (country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Com	mission Filers)
9 FI	ILER NAME		
ROBERT "RC" LANGFORD			SUBTOTAL AMOUNT
21 S	CHEDULE SUBTOTALS AME OF SCHEDULE		
1.	CONTRIBUTIONS		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
	4 SCHEDULE E: LOANS		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 375.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	TO DOUTION EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	DATE OF THE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	TO THE MONE POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	CONTRIBUTIONS RETURNED		



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FEB 2 6 2024

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

otal pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers	
otal pages Schedule F1.	ROBERT "RC" LANGFORD		
Date 1 27 24	Fayee name H BRAND	7 in Code	
Amount (\$)	7 Payee address;	City; State; Zip Code	
143.75	680 N MAIN	JACKSBORD TY 74458	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	T-POSTS FOR SIGNS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/5/24	JACUSBORO HERAID-GALE	THE TO SEE	
Amount (\$)	Payee address;	City; State; Zip Code	
232.14	212 N CHURCH IT	JACKSBORO TX 16458	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expuse	Newspaper Ad	
EM EMBITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	