

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:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR *MR* FIRST *Bobby* MI *Ward*
NICKNAME *Bobby* LAST *Miles* SUFFIX

OFFICE USE ONLY

Date Received



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1490 Co Hwy 149 Springtown TX 76082

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 726-7082

Date Hand-delivered or Date Postmarked

9-24-2026

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR *MR* FIRST *Bobby* MI *Ward*
NICKNAME *Bobby* LAST *Miles* SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

9-24-2026

9-24-2026

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;
845 Hawthorn Rd Perrin

STATE; ZIP CODE

TX 76486

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 726-7082

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
July / 16th / 2026 THROUGH 09 / 24 / 2026

11 ELECTION

ELECTION DATE

Month Day Year
11 / 03 / 2026

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sack 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Bobby Ward Miles</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>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,575.</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,217.41</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,915.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>300.00</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.

[Signature]

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 Bobby Ward Miles and my date of birth is 1-09-1964
 My address is 845 Hawthorn Rd, Perrin, TX, 76486, USA.
 (street) (city) (state) (zip code) (country)
 Executed in Jack County, State of Texas, on the 24th day of September, 20 26.
 (month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Bobby Ward Miles</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,575.</i>
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2,149.80</i>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ <i>300.</i>
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,017.41</i>
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.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2,200.</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ 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
2 FILER NAME Bobby Ward Miles		3 Filer ID (Ethics Commission Filers)
4 Date 8-19-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Maurine Dickey	7 Amount of contribution (\$) \$19,000.00
6 Contributor address; City; State; Zip Code 4514 Cole Avenue Dallas TX 75205		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

Date 9-12-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jim Harvison	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2850 Two Bush Rd Perrin TX 76486		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

Date 9-12-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Abshier Power	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 301 Elvis Rd Bowie TX 76230		
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions)

Date 9-10-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) David Gavin	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1225 Castle Cove Ln Pampa TX 76262		
Principal occupation / Job title (See Instructions) Retired		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.

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
2 FILER NAME Bobby Ward Miles		3 Filer ID (Ethics Commission Filers)
4 Date 9-12-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) 3 H's Ranch	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 3325 Baggett et Soutlake TX 76092		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

Date 9-20-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kelley Cranford	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 153915H 199 Poolville TX 76487		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

Date 9-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jack Deshazo	Amount of contribution (\$) \$ 75.00
Contributor address; City; State; Zip Code 11300 cracked creek Bowie TX 76230		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

RECEIVED

SEP 24 2026

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 1	
2 FILER NAME Bobby Ward Miles		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 9-16-26	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lee Anna Fuoman	8 Amount of Contribution \$ 1875.93	9 In-kind contribution description Event Expense
7 Contributor address; City; State; Zip Code 371 E. Gibtam Rd Padville TX 76487		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		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 9-22-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jim Harvise	Amount of Contribution \$ 273.87	In-kind contribution description Event Expense
Contributor address; City; State; Zip Code 2850 Teabush Rd Perrin TX 76486		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		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)			



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

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Bobby Ward Miles		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 800.00
5 Date of loan 9-14-2026	7 Name of lender ☐ out-of-state PAC (ID#: _____) Bobby Ward Miles	9 Loan Amount (\$) 300.00
6 Is lender a financial Institution? Y ☒ N	8 Lender address; City; State; Zip Code 845 Hawthorn Rd Perrin - TX 76486	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Business owner		13 Employer (See Instructions)
14 Description of Collateral ☒ none		15 ☒ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		☐ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

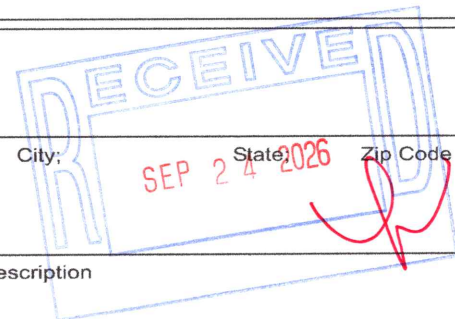
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 F1: <u>1</u>		2 FILER NAME: <u>Bobby Ward Miles</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>09-01-2026</u>		5 Payee name: <u>Argyle Branding</u>			
6 Amount (\$): <u>1,280.</u>		7 Payee address: <u>583 W Jet Rd Bartonville TX 76226</u> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing</u>		(b) Description <u>Signs</u>		
	(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					
Date: <u>09-15-2026</u>		Payee name: <u>Argyle Branding</u>			
Amount (\$): <u>1,737.41</u>		Payee address: <u>583 W Jet Rd Bartonville TX 76226</u> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>		Description <u>Signs</u>		
	☐ 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					
Date		Payee name			
Amount (\$)		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					



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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 <i>Bobby Ward Miles</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-19-2026</i>	5 Payee name <i>Shibby Designs</i>	
6 Amount (\$) <i>\$2,200.00</i>	7 Payee address; <i>3056 Hwy 199</i> City: <i>Springtown</i> State: <i>TX</i> Zip Code: <i>76082</i>	
☒ Reimbursement from political contributions intended	☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	
	(b) Description <i>Printing Expense</i>	
	(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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
☐ Reimbursement from political contributions intended	☐ Check if individual's residence address.		
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 _____			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
☐ Reimbursement from political contributions intended	☐ Check if individual's residence address.		
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 _____			

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