# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

## FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction G	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commission Filers) 00088254		<ul><li>2 Total pages filed:</li><li>7</li></ul>			
3 CANDIDATE NAME	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY			
	NICKNAME Bobby	Robert C.  LAST  Orr		SUFFIX Jr.	Date Received ELECTRONICALLY FILED 02/04/2024			
4 CANDIDATE	ADDRESS / PO BOX; AF	PT / SHITE #· C	CITY: STATE: 7IP COI	DE	Date Hand-delivered or Date Postmarked			
ADDRESS	4601 Washington Ave. Suite 220	- 1 / 30IIL #, C	orr, State, Zir Col	DL	Receipt # Amount			
Change of Address	Houston, TX 77007				Date Processed			
					Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Bill			MI			
	NICKNAME	LAST Frazer			SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO F 353 Westminster Drive Houston, TX 77024	PO BOX PLEASE)	); APT / SUITE #;	CITY;	STATE; ZIP CODE			
	·							
7 CAMPAIGN TREASURER PHONE	AREA CODE (713) 705-6831	PHONE I	NUMBER		EXTENSION			
8 REPORT TYPE	January 15	X 30th da	y before convention / electi	ion	Runoff			
	July 15	8th day	before convention / election	on	Final report (Attach SC C/OH-FR)			
9 PERIOD COVERED	Month Day 01/01/2024	Year	THROUGH		Month Day Year 01/25/2024			
10 CONVENTION / ELECTION DATE	Month Day	Year	11 OFFICE SOUGHT	-	STATE CHAIR  COUNTY CHAIR			
12 POLITICAL PARTY	Republican		COU Harr	NTY (If Applic	able)			
	GO TO PAGE 2							

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

## FORM SC C/OH COVER SHEET PG 2

2 of 7

13 CANDIDATE NAME	Orr Jr., Robert C.		<b>14</b> Filer ID (I 00088254	Ethics Commission Filers)				
This box is for notice of political expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate. These expenditures by political committees to support the candidate.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	-	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THAI	N PLEDGES, LOANS,					
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
	(OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 145.00					
	4. TOTAL POLITIC		<b>\$</b> 18,248.21					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	<b>\$</b> 2,287.42					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	OF THE LAST DAY	\$ 20,000.00					
17 AFFADAVIT								
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		Ro	bert C. Orr Jr.					
		Signa	ature of Candidate					
AFFIX NO	ΓARY STAMP / SEAL AΒ	DVE						
Sworn to and subsc	ribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

### SUBTOTALS - SC C/OH

### FORM SC C/OH COVER SHEET PG 3

			3 of 7
18 CANDIDA Orr Jr., F	(Ethics Commission Filers)		
20 SCHEDU NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X	SCHEDULE E: LOANS		\$ 20,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 17,712.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 358.91
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 176.72
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

L	OANS.					SCHEDULE E		
The Instruction Guide explains how to complete this form				I	pages Schedule E: 1/1 Rpt: 4/7			
	ILER NAME orr Jr., Robert C	· · · · · · · · · · · · · · · · · · ·			3 Filer ID	3 Filer ID (Ethics Commission Filers) 00088254		
4 T	OTAL OF UN	IITEMIZED LOANS				\$		
	ate of loan 1/09/2024	7 Name of lender out-of-s Orr, Robert (Mr.)	state PA	C (ID#:		9 Loan Amount (\$) \$20,000.00		
fir	lender a nancial stitution?	8 Lender address; City; S	State;	Zip Code		10 Interest Rate		
N		Houston, TX 77024				<b>11</b> Maturity Date 01/08/2025		
		on / Job title (See Instructions)		13 Employer (See Instructions	5)			
		al Estate Developer		Orr Commercial				
14 D	escription of Coll  None	ateral		15 Check if personal funds we X	ere deposite	ed into political account (See Instructions)		
	UARANTOR IFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
×	not applicable	18 Guarantor address; City; S	State;	Zip Code				
<b>20</b> Pr	rincipal occupatio	on		21 Employer (See Instructions	s)			

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 1/1 Rpt: 5/7	Orr Jr., Robert C. 00088254			
4	Date	5 Payee name			
	01/09/2024	Campaign Partners LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$7,500.00	P.O. Box 655			
		Bellaire, TX 77402-0655			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  General Campaign Consulting			
		Scheral Gampaigh Consulting			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/09/2024	Campaign Partners LLC			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$10,001.05	P.O. Box 655			
		Bellaire, TX 77402-0655			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Signs and push cards				
		Gigino and paon oardo			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI				
	Date	Payee name			
	01/24/2024	Yarbrough, Beth (Ms.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$211.53	4601 Washington Ave., Suite 220			
		Houston, TX 77007			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Data Entry			
		Data Lint y			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
H					
l					

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **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 Inst	ruction Guide explains how	to complete t	his form.	(	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 1/1 Rpt: 6/7	Orr Jr., Robert C.				00088254		
4 CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$23.86	01/04/2024					
7 PAYEE	(a) Payee name  Avalon Diner		(b) Payee a	address; ity Freeway	City,	State,	Zip Code
				TX 77079			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
<u></u>	Food/Beverage Exper		Meeting v	vith supporter			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	]	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$35.05	01/04/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Luby's Cafeteria		1201 W B	Barker Road			
			Baytown,	TX 77521			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE    X   Political	(See Categories listed at the top Food/Beverage Expe		Supper w	ith supporter			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$300.00	01/15/2024					
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code
			8588 Katy	y Fwy #445			
Harris County Republican Party		1	,				
			Houston,	TX 77024			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top of this schedule)			hip			
X Political Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	_	Office held		
<u> </u>	<u> </u>						

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 7/7 Orr Jr., Robert C. 00088254 Date Payee name 01/10/2024 American Express 6 Amount (\$) Payee address; City; State; Zip Code PO Box 96001 \$31.72 Reimbursement from political contributions intended Los Angeles, CA 90096-8000 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for previously reported political expenditure Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH