# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH**
**COVER SHEET PG 1**

| | |
|---|---|
| **The JC/OH Instruction Guide explains how to complete this form.** | **1** Filer ID (Ethics Commission Filers)    00062000     **2** Total pages filed:    9 |

**3 CANDIDATE / OFFICEHOLDER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| The Honorable | Robert K. | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| Bob | Schaffer | |

**OFFICE USE ONLY**

Date Received
ELECTRONICALLY FILED
01/15/2025

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

[ ] Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE
P.O. Box 56386

Houston, TX 77256-6386

Date Hand-delivered or Date Postmarked

Receipt #     Amount

Date Processed

Date Imaged

**5 CAMPAIGN TREASURER NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mrs. | Jo Ann Weiss | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Schaffer | |

**6 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
|---|---|---|---|---|
| 2100 W.Loop South, Ste. 1125 | | | | |
| Houston, TX 77027-3538 | | | | |

**7 CAMPAIGN TREASURER PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| (713) 843-0434 | | |

**8 REPORT TYPE**

| | | | |
|---|---|---|---|
| [X] 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) |

**9 PERIOD COVERED**

| Month Day Year | | Month Day Year |
|---|---|---|
| 07/01/2024 | THROUGH | 12/31/2024 |

**10 ELECTION**

ELECTION DATE
Month Day Year

ELECTION TYPE
[ ] Primary   [ ] Runoff   [ ] Other
[ ] General   [ ] Special

**11 OFFICE**

OFFICE HELD (if any)
District Judge District 152 Harris

**12** OFFICE SOUGHT (if known)
None

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

| **13** C / OH NAME | Schaffer, Robert K. (The Honorable) | **14** Filer ID (Ethics Commission Filers) 00062000 |
|---|---|---|

| **15** 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 | COMMITTEE NAME |
|---|---|
| ☐ GENERAL | |
| | COMMITTEE ADDRESS |
| ☐ SPECIFIC | |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| **16** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ | 0.00 |
|---|---|---|---|---|
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ | 500.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | $ | 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ | 4,089.96 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ | 18,021.11 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ | 0.00 |

**17** AFFIDAVIT

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.

The Honorable Robert K. Schaffer
_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____ , 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 |
|---|---|---|

# SUBTOTALS - JC/OH

| **18** FILER NAME | **19** Filer ID | (Ethics Commission Filers) |
|---|---|---|
| Schaffer, Robert K. (The Honorable) | 00062000 | |

**20** SCHEDULE SUBTOTALS

| NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. [X] SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | $ | 500.00 |
| 2. [ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ | |
| 3. [ ] SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | $ | |
| 4. [ ] SCHEDULE E(J): LOANS (JUDICIAL) | $ | |
| 5. [X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | $ | 2,164.34 |
| 6. [ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ | |
| 7. [ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | $ | |
| 8. [X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ | 1,925.62 |
| 9. [ ] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | $ | |
| 10. [ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ | |
| 11. [ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | $ | |
| 12. [X] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ | 4,604.28 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

| | |
|---|---|
| **The Instruction Guide explains how to complete this form.** | **1** Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/9 |

| **2** FILER NAME | **3** Filer ID (Ethics Commission Filers) |
|---|---|
| Schaffer, Robert K. (The Honorable) | 00062000 |

| **4** Date<br>07/03/2024 | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Reynolds, Frizzell LLP | **7** Amount of Contribution ($)<br>$500.00 |
|---|---|---|
| | **6** Contributor address; City; State; Zip Code<br><br><br>Houston, TX 77002 | |

| **8** Contributor's Principal Occupation | **9** Contributor's Job Title |
|---|---|
| | |

| **10** Contributor's employer/law firm | **11** Law firm of contributor's spouse (if any) |
|---|---|
| | |

**12** If contributor is a child, law firm of parent(s) (if any)

# 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 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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 1/2 Rpt: 5/9 | Schaffer, Robert K. (The Honorable) | 00062000 |

| 4 Date | 5 Payee name |
|---|---|
| 12/30/2024 | Chase Card Services |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $500.00 | P.O. Box 15298 <br><br> Wilmington, DE 19850 |

| 8 **PURPOSE OF EXPENDITURE** | **(a)** Category (See Categories listed at the top of this schedule) <br> Credit Card Payment | **(b)** Description <br> ☐ Check if travel outside of Texas. Complete Schedule T. <br> ☐ Check if Austin, TX, officeholder living expense <br> Credit card payment |
|---|---|---|

| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name |
|---|---|
| 12/24/2024 | Chase Card Services |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $670.62 | P.O. Box 15298 <br><br> Wilmington, DE 19850 |

| **PURPOSE OF EXPENDITURE** | **(a)** Category (See Categories listed at the top of this schedule) <br> Credit Card Payment | **(b)** Description <br> ☐ Check if travel outside of Texas. Complete Schedule T. <br> ☐ Check if Austin, TX, officeholder living expense <br> Credit card payment |
|---|---|---|

| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name |
|---|---|
| 12/20/2024 | Chase Card Services |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $755.00 | P.O. Box 15298 <br><br> Wilmington, DE 19850 |

| **PURPOSE OF EXPENDITURE** | **(a)** Category (See Categories listed at the top of this schedule) <br> Credit Card Payment | **(b)** Description <br> ☐ Check if travel outside of Texas. Complete Schedule T. <br> ☐ Check if Austin, TX, officeholder living expense <br> Credit card payment |
|---|---|---|

| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

**1** Total pages Schedule F1:

Sch: 2/2 Rpt: 6/9

**2** FILER NAME

Schaffer, Robert K. (The Honorable)

**3** Filer ID    (Ethics Commission Filers)

00062000

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**4** Date

12/05/2024

**5** Payee name

Direct TV

**6** Amount ($)

$115.36

**7** Payee address;    City;      State;   Zip Code

P.O. Box 78626

Phoenix, AZ 85062

**8** **PURPOSE OF EXPENDITURE**

**(a)** Category  (See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

**(b)** Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Direct TV services in court

**9** Complete <u>ONLY</u> if direct expenditure to benefit C/OH     Candidate/Officeholder name       Office sought       Office held

---

Date

11/04/2024

Payee name

District Court Benevolent Gift Fund

Amount ($)

$100.00

Payee address;    City;      State;   Zip Code

201 Caroline St.

Houston, TX 77002

**PURPOSE OF EXPENDITURE**

**(a)** Category  (See Categories listed at the top of this schedule)

Gift/Awards/Memorials Expense

**(b)** Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Donation to Court Benevolent Fund

Complete <u>ONLY</u> if direct expenditure to benefit C/OH     Candidate/Officeholder name       Office sought       Office held

---

Date

08/05/2024

Payee name

U.S. Postal Service

Amount ($)

$23.36

Payee address;    City;      State;   Zip Code

2801 Timmons Lane

Houston, TX 77027

**PURPOSE OF EXPENDITURE**

**(a)** Category  (See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

**(b)** Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Postage

Complete <u>ONLY</u> if direct expenditure to benefit C/OH     Candidate/Officeholder name       Office sought       Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

### EXPENDITURE CATEGORIES FOR BOX 10(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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
|    Candidate/Officeholder/Political 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 F4: Sch: 1/2 Rpt: 7/9 | 2 FILER NAME Schaffer, Robert K. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062000 |
|---|---|---|

| 4 **CREDIT CARD ISSUER** | Name of financial institution Chase Cardmembers Services | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | $ |
|---|---|---|---|

| 6 **PAYMENT** | (a) Amount Charged $670.62 | (b) Date of Charge 12/20/2024 | (c) Date(s) Credit Card Issuer Paid 12/24/2024 |
|---|---|---|---|

| 7 **PAYEE** | (a) Payee name La Griglia | (b) Payee address; City, State, Zip Code 2817 W. Dallas St. Houston, TX 77019 |
|---|---|---|

| 8 **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Staff luncheon |
|---|---|---|

(c) [ ] Check if travel outside of Texas. Complete Schedule T.    [ ] Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|

| **PAYMENT** | (a) Amount Charged $50.00 | (b) Date of Charge 12/08/2024 | (c) Date(s) Credit Card Issuer Paid 12/20/2024 |
|---|---|---|---|

| **PAYEE** | (a) Payee name H-E-B | (b) Payee address; City, State, Zip Code 5106 Bissonnet St. Bellaire, TX 77401 |
|---|---|---|

| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description Gift cards for staff |
|---|---|---|

(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/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|

| **PAYMENT** | (a) Amount Charged $405.00 | (b) Date of Charge 12/19/2024 | (c) Date(s) Credit Card Issuer Paid 12/20/2024 |
|---|---|---|---|

| **PAYEE** | (a) Payee name Target | (b) Payee address; City, State, Zip Code 4323 San Felipe St. Houston, TX 77027 |
|---|---|---|

| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description Gift cards for staff |
|---|---|---|

(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/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political 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 F4: Sch: 2/2 Rpt: 8/9 | 2 FILER NAME Schaffer, Robert K. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062000 |
|---|---|---|---|
| 4 **CREDIT CARD ISSUER** | Name of financial institution see previous | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | $ |

| 6 **PAYMENT** | (a) Amount Charged $500.00 | (b) Date of Charge 08/08/2024 | (c) Date(s) Credit Card Issuer Paid 12/30/2024 |
|---|---|---|---|
| 7 **PAYEE** | (a) Payee name Women in November PAC | | (b) Payee address; City, State, Zip Code 15918 Cavendish Houston, TX 77049 |

**8 PURPOSE OF EXPENDITURE**

[X] Political
[ ] Non-Political

| (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Contribution |
|---|---|
| (c) [ ] Check if travel outside of Texas. Complete Schedule T.    [ ] Check if Austin, TX, officeholder living expense | |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name    Office sought    Office held |
|---|---|

| **PAYMENT** | (a) Amount Charged $300.00 | (b) Date of Charge 12/02/2024 | (c) Date(s) Credit Card Issuer Paid 12/20/2024 |
|---|---|---|---|
| **PAYEE** | (a) Payee name Brennan's of Houston | | (b) Payee address; City, State, Zip Code 3300 Smith St. Houston, TX 77006 |

**PURPOSE OF EXPENDITURE**

[X] Political
[ ] Non-Political

| (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Judges' holiday dinner |
|---|---|
| (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/OH | Candidate/Officeholder name    Office sought    Office held |
|---|---|

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

| | |
|---|---|
| **The Instruction Guide explains how to complete this form.** | **1** Total pages Schedule K: <br> Sch: 1/1 Rpt: 9/9 |

| | |
|---|---|
| **2** FILER NAME <br> Schaffer, Robert K. (The Honorable) | **3** Filer ID (Ethics Commission Filers) <br> 00062000 |

| **4** Date <br> 08/08/2024 | **5** Name of person from whom amount is received <br> District Court Benevolent Fund | **8** Amount ($) <br> $50.00 |
|---|---|---|
| | **6** Address of person from whom amount is received; City; State; Zip Code <br><br><br> Houston, TX 77002 | |
| | **7** Purpose for which amount is received <br> Refund of overpayment    ☐ Check if political contribution returned to filer | |

| Date <br> 10/09/2024 | Name of person from whom amount is received <br> Schaffer, Robert | Amount ($) <br> $4,554.28 |
|---|---|---|
| | Address of person from whom amount is received; City; State; Zip Code <br><br><br> Houston, TX 77256 | |
| | Purpose for which amount is received <br> Refund of duplicate payment to Chase Cardmember Services    ☐ Check if political contribution returned to filer | |