#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00012321 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Robert M. NAME Date Received **ELECTRONICALLY FILED** 07/02/2025 NICKNAME LAST **SUFFIX** Fillmore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Robert M. NAME NICKNAME LAST **SUFFIX** Fillmore **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 769-7755 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Senior Judge

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Fillmore, Robert M. (N	Лr.)	14 Filer ID 00012321	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ages	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAI	 N PLEDGES, LOANS,				
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	(S)	\$ 0.00			
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES	(3)	\$ 0.00			
	4. TOTAL POLIT	CAL EXPENDITURES		<b>\$</b> 4,469.36			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 91,541.77			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		Mr. F	Robert M. Fillmore				
		Signature of	f Candidate or Officehol	lder			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subsc	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath			

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

					3 of 7
	ER NAN		<b>19</b> Filer ID 00012321	(Ethic:	s Commission Filers)
	lmore, I				
		E SUBTOTALS SCHEDULE	_	5	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00	
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	\$	2,393.12	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,038.12	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,038.12
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION		\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/7	Fillmore, Robert M. (Mr.)	00012321
4	Date	5 Payee name	
	06/30/2025	Fillmore, Robert (The Honorable)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,038.12	2009 Crown Knoll Ln	
		Plano, TX 75093	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Edan Repayment Reimbardement	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		I 🖰	nent of Expense Itemized on Schedule G
		from 1/1/25 t	through 6/30/25
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantare to benefit or or		
	Date	Payee name	
	04/12/2025	Pagosa Springs Medical Center Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	189 N. Pagosa Blvd.	
		Pagosa Springs, CO 81147	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations/Donations Made By	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Charitable D	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	05/14/2025	State Bar of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	1414 Colorado Street	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			tion Membership Dues
		oudiolal cost	werr merriserering Bude
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

# 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Gift/Awards/Memor Legal Services The Instruction	als Expense  Guide explains		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed abo	ove)
1	Total pages Schedule F1: Sch: 2/2 Rpt: 5/7	FILER NAME Fillmore, Ro	bert M. (Mr.)					3	Filer ID 00012321	(Ethics Commissi	on Filers)
4	Date 01/30/2025			ired Senior a	nd Forme	er Ju	udges				
6	Amount (\$) \$250.00	Payee addres 7793 Royal Dallas, TX 7	Lane	State	e; Zip Co	de 					
8	PURPOSE OF EXPENDITURE	Category <sub>(Se</sub> Fees	e Categories listed	at the top of this sci	hedule)		<b>—</b>	, TX,	officeholder living	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Offic	eholder name	1	Office sou	ght			Office h	eld	
	Date 01/19/2025	Payee name Texas Cente	er for the Jud	iciary							
	Amount (\$) \$75.00	Payee addres 1210 San Ai Suite 800 Austin, TX 7	ntonio St.	State	e; Zip Co	de					
	PURPOSE OF EXPENDITURE	Category (Se Fees	e Categories listed	at the top of this sci	hedule)		Check if Austin,	, TX, r foi	officeholder living	ary Regional A	ludicial
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Offic	eholder name		Office sou	ght			Office h	eld	

### **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 Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	age Expense Po /Memorials Expense Pr	fice Overhead/Rental Expense Illing Expense inting Expense Ilaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	The Instr	uction Guide explains hov	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Sch: 1/1 Rpt: 6/7	Fillmore, Robert M.	• •		00012321	
4 CREDIT CARD ISSUER	Name of finan Citiban		5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C	<b> \$</b>	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid	
	\$1,038.12	04/05/2025	05/08/2025		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	Code
	Catholic Pro-Life Co	mmunity	17177 Preston Road Suite 310	d	
		Dallas, TX 75248			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description Charitable Donation		
X Political	Contributions/Donation Candidate/Officeholde	Chantable Donation	1		
Non-Political	· , <b>–</b>	f Texas. Complete Schedule T.		ustin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 7/7 Fillmore, Robert M. (Mr.) 00012321 Date Payee name 05/08/2025 Citi/AAdvantage Mastercard 6 Amount (\$) Payee address; City; State; Zip Code Box 6062 \$1,038.12 Reimbursement from political contributions intended Х Sioux Falls, SD 78701 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Charitable Donation to Catholic Pro-Life Community Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH