CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00089391		2 Total pages	filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Robert Y.		MI	Date Received ELECTRONIC	CALLY FILED
	NICKNAME Bob	LAST Mihara		SUFFIX	07/15/2025	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; AI 11844 Bandera Road PMB 712 Helotes, TX 78023	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered Receipt # Date Processed	or Date Postmarked Amount
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert Y.		MI		
	NICKNAME Bob	LAST Mihara		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO F 11844 Bandera Rd. PMB 712 Helotes, TX 78023	PO BOX PLEASE);	АР	T / SUITE #; CITY	Y; ST	ATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (210) 775-0069	ONE NUMBER I	EXTENSION			
8 REPORT TYPE	January 15 X July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after c appointment (of Final Report (At	
9 PERIOD COVERED	Month Day Yea 01/01/2025		HROUGH	Month Day 06/30/20		
10 ELECTION	ELECTION DATE Month Day Yea 03/03/2026		Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) None Bexar	,		12 OFFICE SOUGH State Represer	IT (if known) ntative District 11	7
		GO 1	ΓΟ PAGE 2	•		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Mihara , Robert Y. (M	r.)	14 Filer ID 00089391	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made w I officeholders are required to report this info	vithout the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE COMMITTEE NAME			
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N.	AME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD	R THAN PLEDGES, LOANS DE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 3,644.12
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 869.80
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 2,044.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 3,482.49
17 AFFIDAVIT				-
			penalty of perjury, that the adules all information required Code.	
			Mr. Robert Y. Mihara	
		Signa	ature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of offi		
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath
Signature of the	co. administering	- miles have or omeer auministering	THE OF OTHER	o. administrating oddi

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 7		
18 FILI	ER NAN	(Eth	ics Commission Filers)				
Mihara , Robert Y. (Mr.) 00089391							
	HEDULI ME OF		SUBTOTAL AMOUNT				
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,644.12		
2.		\$					
3.		\$					
4.	X	SCHEDULE E: LOANS		\$	2,000.00		
5.	X	\$	614.30				
6.	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				255.50		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS							
8.		\$					
9.		\$					
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH							
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$			

MONE	FARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7	
2 FILER NAME	E obert Y. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089391
4 Date 03/19/2025	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$1,921.00	
	Albany, CA 94706		
8 Principal occ Not Employ	upation / Job title (See Instructions) red	9 Employer (See Instruction: Not Employed	ns)
Date 02/01/2025	Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1,723.1	
Principal occ	Helotes, TX 78023 upation / Job title (See Instructions)	ns)	

	LOANS						SCHEDULE E	
	The Instruction	n Guide explains ho	w to c	omplete this f	orm.		ages Schedule E: /1 Rpt: 5/7	
2	FILER NAME Mihara , Robert	Y. (Mr.)				3 Filer ID (Ethics Commission Filers) 00089391		
4	TOTAL OF UN	ITEMIZED LOANS					\$	
5	Date of loan 06/27/2025	out of state 174			C (ID#:	9 Loan Amount (\$) \$1,000.00		
6	Is lender a financial institution? No	8 Lender address; Helotes, TX 78023	City;	State;	Zip Code		10 Interest Rate 0 11 Maturity Date 01/01/2027	
12		on / Job title (See Instruction	ns)		13 Employer (See Instructions			
	Lawyer				San Antonio Legal Serv			
14	14 Description of Collateral X None				15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code		19 Amount Guaranteed (\$)	
20	Principal occupation	n I			21 Employer (See Instructions	3)	ı	
	Date of loan	Name of lender		out-of-state PA	C (ID#:		Loan Amount (\$)	
	01/01/2025	Mihara, Robert					\$1,000.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate 0 Maturity Date	
		Helotes, TX 78023						
		on / Job title (See Instruction	ns)		Employer (See Instructions		*	
	Lawyer	atoral			San Antonio Legal Services Association Check if personal funds were deposited into political account			
	Description of Coll X None	aterai			X Eneck if personal funds we	ere deposite	(See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code			
Principal occupation			Employer (See Instructions	5)	•			
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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)

	Credit Gard i dyment	The Instruction Guide explains how to complete t	this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 1/1 Rpt: 6/7	Mihara , Robert Y. (Mr.)	00089391				
4	Date	5 Payee name					
	03/21/2025	Bailit, Rachel					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$480.00	933 Ocean Avenue #7					
		Santa Monica, CA 90403					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription				
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense Ublic speaking coaching fees				
			dulic speaking coaching lees				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
Ĭ	expenditure to benefit C/OI		Cindo ficia				
┢	Date	Payee name					
	06/06/2025	Ethan Rocke Media					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	18423 Redriver Dawn					
	Ψ100.00	10423 Neuriver Dawii					
		Can Antonia TV 702E0					
		San Antonio, TX 78259					
	PURPOSE OF	l o y (con amagement and the comments)	escription Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense				
		Re	etainer for photo services				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH						
	Date	Payee name					
	01/02/2025	Harland Clarke Chk					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$34.30	15955 La Cantera Pkwy					
		San Antonio, TX 78256					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription				
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE		Check if Austin, TX, officeholder living expense				
		l Cr	heck printing fee, 2B#K17990300200				
	Operation ONLY & Street	Out that to 10 ff and a labor to a second	Office held				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held				
	•						

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00089391 Sch: 1/1 Rpt: 7/7 Mihara, Robert Y. (Mr.) TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 06/06/2025 Ethan Rocke Media Amount (\$) Payee address; State; Zip Code \$255.50 18423 Redriver Dawn San Antonio, TX 78259 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Fee for photo services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH