

# 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<br>(Ethics Commission Filers)<br>00090332 | 2 Total pages filed:<br>6   |   |     |            |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Ms.   | FIRST<br>Bobbie L.                                   | MI<br>MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>01/15/2026 |     |            |
|   | NICKNAME   | LAST<br>Clayton                                      | SUFFIX  |   |     |            |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>508 W. Martin Luther King Blvd.<br><br>Willis, TX 77378   |  |   | Date Hand-delivered or Date Postmarked  |     |            |
|   |  |  |   | Receipt # Amount  |     |            |
|   |  |  |   | Date Processed  |     |            |
|   |  |  |   | Date Imaged   |     |            |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Ms.   | FIRST<br>Bobbie L.                                   | MI<br>MI  |   |     |            |
|   | NICKNAME   | LAST<br>Clayton                                      | SUFFIX  |   |     |            |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>508 W. Martin Luther King Blvd.<br><br>Willis , TX 77378  |  |   |   |     |            |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE  | PHONE NUMBER   | EXTENSION   |   |     |            |
|   | (936)  | 510-0239   |   |   |     |            |
| 8 REPORT<br>TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |   |   |     |            |
| 9 PERIOD<br>COVERED   | Month  | Day  | Year  | Month   | Day | Year       |
|   |  | 07/01/2025   |   | THROUGH   |     | 12/31/2025 |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026  |  | ELECTION TYPE   |   |     |            |
|   |  |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |     |            |
| 11 OFFICE   | OFFICE HELD (if any)   |  |   | 12 OFFICE SOUGHT (if known)<br>State Representative District 16                   |     |            |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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|                       |                          |                    |  |
|-----------------------|--------------------------|--------------------|--|
| <b>13 C / OH NAME</b> | Clayton, Bobbie L. (Ms.) | <b>14 Filer ID</b> | (Ethics Commission Filers)<br>00090332 |
|-----------------------|--------------------------|--------------------|--|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                       |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b>                    |
|   | <input type="checkbox"/> SPECIFIC  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                               |   |    |        |
|-------------------------------|---|----|--------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00   |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 800.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00   |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 797.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 3.00   |
| 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.

Ms. Bobbie L. Clayton

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

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Clayton, Bobbie L. (Ms.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00090332 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 800.00   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 797.00   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/6   |
| <b>2</b> FILER NAME<br>Clayton, Bobbie L. (Ms.)                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090332 |
| <b>4</b> Date<br>11/21/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clayton, Bobbie (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Willis, TX 77378 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>N/A              |
| Date<br>11/26/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Majority PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77266                     | Amount of Contribution (\$)<br><br>\$750.00              |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                              |

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 5/6              | <b>2</b> FILER NAME<br>Clayton, Bobbie L. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090332   |
| <b>4</b> Date<br>11/25/2025   | <b>5</b> Payee name<br>Montgomery County Democratic Party Texas                                  |  |
| <b>6</b> Amount (\$)<br>\$750.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>704 N Thompson St. #195<br><br>Conroe, TX 77301 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing Fees          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/31/2025  | Payee name<br>Woodforest National Bank   |  |
| Amount (\$)<br>\$12.00  | Payee address; City; State; Zip Code<br>P.O. Box 7889<br><br>The Woodlands, TX 77387             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>service charge       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/22/2025  | Payee name<br>Woodforest National Bank   |  |
| Amount (\$)<br>\$15.00  | Payee address; City; State; Zip Code<br>P.O. Box 7889<br><br>The Woodlands, TX 77387             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Debit Card Setup Fee |
| 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**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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Consulting Expense  
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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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 6/6              | <b>2</b> FILER NAME<br>Clayton, Bobbie L. (Ms.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090332   |
| <b>4</b> Date<br>11/21/2025   | <b>5</b> Payee name<br>Woodforest National Bank   |  |
| <b>6</b> Amount (\$)<br>\$20.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 7889<br><br>The Woodlands, TX 77387 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transfer Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought      Office held   |