

**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<br>(Ethics Commission Filers)<br>00068946       | 2 Total pages filed:<br>8  |                                  |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable  | FIRST<br>Robert E.                                | MI   | <b>OFFICE USE ONLY</b>   |                                  |          |
|   | NICKNAME  | LAST<br>Cadena                                    | SUFFIX   | Date Received<br>ELECTRONICALLY FILED<br>01/11/2026  |                                  |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE   |   |  | Date Hand-delivered or Date Postmarked   |                                  |          |
|   | <b>REDACTED PER 254.0313, GOVT CODE</b>   |   |  | Receipt #  | Amount                           |          |
|   |   |   |  | Date Processed   |                                  |          |
|   |   |   |  | Date Imaged  |                                  |          |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>The Honorable  | FIRST<br>Robert E.                                | MI   |  |                                  |          |
|   | NICKNAME  | LAST<br>Cadena                                    | SUFFIX   |  |                                  |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);  |   | APT / SUITE #;   | CITY;  | STATE;                           | ZIP CODE |
|   | <b>REDACTED PER 254.0313, GOVT CODE</b>   |   |  |  |                                  |          |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br>(830) 703-6237   | PHONE NUMBER                                      | EXTENSION  |  |                                  |          |
| 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) |                                  |          |
|   | <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<br>07/01/2025   | Day   | Year   | Month<br>12/31/2025  | Day                              | Year     |
| 10 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026  |   | Day  | ELECTION TYPE  |                                  |          |
|   | <input checked="" type="checkbox"/> Primary   | <input type="checkbox"/> Runoff                   | <input type="checkbox"/> Other                             | <input type="checkbox"/> General   | <input type="checkbox"/> Special |          |
| 11 OFFICE   | OFFICE HELD (if any)<br>District Judge (Multi-county) District 83 Pecos, Terrell, Val Verde |   |  | 12 OFFICE SOUGHT (if known)<br>District Judge District 83                                  |                                  |          |

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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|   |   |  |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|---|---|--|--|---|-----------------------|-----------------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| <b>13 C / OH NAME</b>   | Cadena, Robert E. (The Honorable)   |  | <b>14 Filer ID</b><br>(Ethics Commission Filers)<br>00068946 |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <b>15 NOTICE<br/>FROM<br/>POLITICAL<br/>COMMITTEE(S)</b>  | <p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |  | <input type="checkbox"/> Additional Pages | <b>COMMITTEE TYPE</b> | <b>COMMITTEE NAME</b> |  | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |  | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages   | <b>COMMITTEE TYPE</b>   | <b>COMMITTEE NAME</b>                      |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                          |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME          |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS       |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <b>16 CONTRIBUTION<br/>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><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  |  | \$ 0.00  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <b>EXPENDITURE<br/>TOTALS</b>   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  | \$ 0.00  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  |  | \$ 1,530.00  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <b>CONTRIBUTION<br/>BALANCE</b>   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  |  | \$ 40.22   |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <b>OUTSTANDING<br/>LOAN TOTALS</b>  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   |  | \$ 1,541.00  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <b>17 AFFIDAVIT</b>   |   |  |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>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.</p> |   |  |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>The Honorable Robert E. Cadena<br/>_____<br/>Signature of Candidate or Officeholder</p>  |   |  |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| AFFIX NOTARY STAMP / SEAL ABOVE   |   |  |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>  |   |  |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| Signature of officer administering oath   |   | Printed name of officer administering oath |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   |   | Title of officer administering oath        |  |   |                       |                       |  |                                  |                   |  |                                   |                                   |  |  |                                      |

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

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|   |  |
|---|--|
| <b>18</b> FILER NAME<br>Cadena, Robert E. (The Honorable)   | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00068946 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  |
| 1. <input type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                              |  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                             |  |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)   |  |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 1,040.00                                  |  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,530.00 |  |
| 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     |  |

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/2 Rpt: 4/8  |
| <b>2</b> FILER NAME<br>Cadena, Robert E. (The Honorable)                              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00068946  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | \$  |
| <b>5</b> Date of loan<br>08/14/2025   | <b>7</b> Name of lender<br>Cadena, Robert (The Honorable)                         | <b>9</b> Loan Amount (\$)<br>\$40.00  |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br>Del Rio, TX 78840               | <b>10</b> Interest Rate   |
|   |   | <b>11</b> Maturity Date   |
| <b>12</b> Lender's Principal Occupation   |   | <b>13</b> Lender's Job Title  |
| <b>14</b> Lender's Employer/Law Firm  |   | <b>15</b> Law Firm of lender's spouse (if any)  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                          |   |   |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |   | <b>18</b> Check if personal funds were deposited into political account<br><input checked="" type="checkbox"/> (See Instructions) |
| <b>19</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor<br><b>21</b> Guarantor address; City; State; Zip Code | <b>22</b> Amount Guaranteed (\$)  |
| <b>23</b> Guarantor's Principal Occupation  |   | <b>24</b> Guarantor's Job Title   |
| <b>25</b> Guarantor's Employer/Law Firm   |   | <b>26</b> Law Firm of guarantor's spouse (if any)   |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                       |   |   |

## LOANS (JUDICIAL)

**SCHEDULE E(J)**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 2/2 Rpt: 5/8   |
| <b>2</b> FILER NAME<br>Cadena, Robert E. (The Honorable)                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00068946   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | <b>\$</b>  |
| <b>5</b> Date of loan<br>12/10/2025   | <b>7</b> Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#:<br>Cadena, Robert (The Honorable) | <b>9</b> Loan Amount (\$)<br>\$1,000.00  |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Del Rio, TX 78840                                      | <b>10</b> Interest Rate<br><br><b>11</b> Maturity Date   |
| <b>12</b> Lender's Principal Occupation   |  | <b>13</b> Lender's Job Title   |
| <b>14</b> Lender's Employer/Law Firm  |  | <b>15</b> Law Firm of lender's spouse (if any)   |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                              |  |  |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |  | <b>18</b> Check if personal funds were deposited into political account<br><input checked="" type="checkbox"/><br>(See Instructions) |
| <b>19</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor<br><br><b>21</b> Guarantor address; City; State; Zip Code                        | <b>22</b> Amount Guaranteed (\$)   |
| <b>23</b> Guarantor's Principal Occupation  |  | <b>24</b> Guarantor's Job Title  |
| <b>25</b> Guarantor's Employer/Law Firm   |  | <b>26</b> Law Firm of guarantor's spouse (if any)  |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                           |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | 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:<br>Sch: 1/1 Rpt: 6/8       | 2 FILER NAME<br>Cadena, Robert E. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00068946   |
| 4 Date<br>11/10/2025                                  | 5 Payee name<br>FedEx   |   |
| 6 Amount (\$)<br>\$30.00                              | 7 Payee address; City; State; Zip Code<br>900 W 15th Street<br><br>Del Rio, TX 78840      |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Postage expense       | (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>Expense to mail filing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>11/10/2025                                    | Payee name<br>Republican Party of Texas   |   |
| Amount (\$)<br>\$1,500.00                             | Payee address; City; State; Zip Code<br>211 E 7th Street<br>Suite 915<br>Austin, TX 78701 |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                  | (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 fee                 |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# OUTSTANDING LOANS

## SCHEDULE L

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 7/8    |
| <b>2</b> FILER NAME<br>Cadena, Robert E. (The Honorable)                               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00068946 |
| <b>LENDER INFORMATION</b>  | <b>4</b> Name of lender<br>Cadena, Robert (The Honorable)             |  |
|  | <b>5</b> Lent address; City; State; Zip Code<br><br>Del Rio, TX 78840 |  |
| <b>GUARANTOR INFORMATION</b><br><br><input checked="" type="checkbox"/> not applicable | <b>6</b> Name of guarantor  |  |
|  | <b>7</b> Guarantor address; City; State; Zip Code                     |  |

# Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period

SCHEDULE M

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule M:  
Sch: 1/1 Rpt: 8/8

**2** FILER NAME

Cadena, Robert E. (The Honorable)

**3** Filer ID (Ethics Commission Filers)  
00068946

**4** Description of Asset

Campaign signs

**4** Description of Asset

Plywood for large campaign signs

**4** Description of Asset

T-posts for large campaign signs