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 (Ethics Commission Filers) 00020685

2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Robert R.	**OFFICE USE ONLY**

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
01/11/2026

NICKNAME LAST SUFFIX
Puente

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

8138 Donore Place

☐ Change of Address

San Antonio, TX 78229

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Charles

NICKNAME LAST SUFFIX
Adkisson

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8138 Donore Place

San Antonio, TX 78229

7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 722-0262

8 REPORT TYPE

☒ 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
07/01/2025   THROUGH   12/31/2025

10 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other
☐ General ☐ Special

11 OFFICE	OFFICE HELD (if any) None Bexar	**12** OFFICE SOUGHT (if known) None

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C / OH NAME	Puente, Robert R. (Mr.)	**14** Filer ID (Ethics Commission Filers) 00020685

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)	$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	2,500.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$	107,779.77
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.

_____
Mr. Robert R. Puente
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

18 FILER NAME

Puente, Robert R. (Mr.)

19 Filer ID   (Ethics Commission Filers)

00020685

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. [X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	0.00
2. [X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	0.00
3. [X] SCHEDULE B: PLEDGED CONTRIBUTIONS	$	0.00
4. [X] SCHEDULE E: LOANS	$	0.00
5. [X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$	2,500.00
6. [X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$	0.00
7. [X] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$	0.00
8. [X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$	0.00
9. [ ] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$	
10. [ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	
11. [X] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$	2,000.00
12. [ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule B: Sch: 1/1 Rpt: 4/7

2 FILER NAME Puente, Robert R. (Mr.)	**3** Filer ID (Ethics Commission Filers) 00020685

4 TOTAL OF UNITEMIZED PLEDGES

$ 0.00

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		

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

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

Sch: 1/1 Rpt: 5/7

2 FILER NAME

Puente, Robert R. (Mr.)

3 Filer ID   (Ethics Commission Filers)

00020685

4 TOTAL OF UNITEMIZED LOANS

$ 0.00

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
6 Is lender a financial institution?	**8** Lender address; City; State; Zip Code	**10** Interest Rate
		11 Maturity Date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☐ None	**15** Check if personal funds were deposited into political account ☐ (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable	**17** Name of guarantor	**19** Amount Guaranteed ($)
	18 Guarantor address; City; State; Zip Code	

20 Principal occupation	**21** Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/7	Puente, Robert R. (Mr.)	00020685

4 Date	**5** Payee name
11/10/2025	Campos, Elizabeth (The Honorable)

6 Amount ($)   **7** Payee address; City; State; Zip Code

$500.00   3124 Sidney Brooks

San Antonio, TX 78235

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Contribution

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

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Date	Payee name
07/29/2025	Castro, Joaquin (The Honorable)

Amount ($)   Payee address; City; State; Zip Code

$1,000.00   P.O. Box 544

San Antonio, TX 78292

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Contribution

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

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Date	Payee name
12/08/2025	Rodriguez, Justin (Mr.)

Amount ($)   Payee address; City; State; Zip Code

$1,000.00   100 Dolorosa

San Antonio, TX 78205

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Contribution

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

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 7/7	2 FILER NAME Puente, Robert R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00020685

4 Date 12/19/2025	5 Payee name United Way	
6 Amount ($) 1,000.00	7 Payee Address; City; State; Zip 700 S. Alamo San Antonio, TX 78205	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	**(b)** Description (See instructions regarding type of information required.) Contribution

Date 07/10/2025	Payee name University of Texas School of Law	
Amount ($) 1,000.00	Payee Address; City; State; Zip 727 E. Dean Keeton Austin, TX 78705	
PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	**(b)** Description (See instructions regarding type of information required.) Contribution