CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (MR) FIRST: Vince MI: T	**OFFICE USE ONLY**
	NICKNAME LAST: Robisheaux SUFFIX	Date Received 2/13/26 @ 10:53 a.m.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
109 Mallard Dr. Boerne, Tx 78006

Date (Hand-delivered) or Date Postmarked

Receipt # | Amount $

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE (979) PHONE NUMBER 824-3839 EXTENSION

Date Processed

6 CAMPAIGN TREASURER NAME
MS / (MRS) / MR FIRST: Colette MI: M
NICKNAME LAST: Robisheaux SUFFIX

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
109 Mallard Dr   Boerne   TX   78006

8 CAMPAIGN TREASURER PHONE
AREA CODE (979) PHONE NUMBER 665-7576 EXTENSION

9 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)

10 PERIOD COVERED
Month 1 / Day 1 / Year 2026   THROUGH   Month 1 / Day 21 / Year 2026

11 ELECTION
ELECTION DATE
Month 03 / Day 03 / Year 2026

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

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)
☐ Additional Pages

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.*

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Vince Robisheaux

16 Filer ID (Ethics Commission Filers)

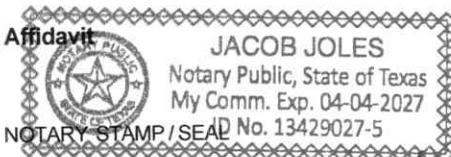| 17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 32.48
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 320.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE 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.

Vince Robisheaux

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

JACOB JOLES
Notary Public, State of Texas
My Comm. Exp. 04-04-2027
ID No. 13429027-5

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Vincent T. Robisheaux_ this the _12th_ day of _February_,

20 _26_, to certify which, witness my hand and seal of office.

Jacob Joles	_Jacob Joles_	_Notary_
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

         (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

                                                     (month)   (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME

Vince Robisheaux

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☑ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 3248
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

EXPENDITURES MADE BY CREDIT CARD

If the requested information is not applicable, **DO NOT** include this page in the report.

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	1	2 FILER NAME Vince Robisheaux	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER — Name of financial institution
Texas Dow Employees Credit Union

6 PAYMENT	(a) Amount Charged $ 32.48	(b) Date Expenditure Charged 1/15/2026	(c) Date(s) Credit Card Issuer Paid 1/15/2026

7 PAYEE	(a) Payee name UPS Store	(b) Payee address; City, State, Zip Code 215 W Bandera Boerne TX 78006

8 PURPOSE OF EXPENDITURE
☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule) Printing Expense

(b) Description Copies Sample Ballot

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

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Vince Robisheaux
Office Sought JP Precinct 2
Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE
☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

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

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name
Office Sought
Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE
☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

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

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name
Office Sought
Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED