

**APPOINTMENT OF A CAMPAIGN TREASURER
BY A CANDIDATE**

**FORM CTA
PG 1**

<p>See CTA Instruction Guide for detailed instructions.</p>				<p>1 Total pages filed:</p>	
<p>2 CANDIDATE NAME</p>	MS / MRS / MR	FIRST <i>Robert</i>	MI <i>M</i>	<p>OFFICE USE ONLY</p>	
	NICKNAME	LAST <i>Robby</i>	SUFFIX <i>Shawver</i>	<p>Filer ID #</p> <p>Date Received FILED FOR RECORD AT <u>5:15</u> O'CLOCK <u>P</u> M <i>NOV 12 2025</i></p>	
<p>3 CANDIDATE MAILING ADDRESS</p>	ADDRESS / PO BOX:	APT / SUITE #:	CITY: <i>Megargel</i>	STATE: <i>TX</i>	ZIP CODE <i>76370</i>
<p>4 CANDIDATE PHONE</p>	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(940) 782-1258</i>			Receipt #	Amount \$
<p>5 OFFICE HELD (if any)</p>	<i>Justice of the Peace Prec. 3</i>				
<p>6 OFFICE SOUGHT (if known)</p>	<i>Justice of the Peace Prec. 3</i>				
<p>7 CAMPAIGN TREASURER NAME</p>	MS/MRS/MR	FIRST <i>Robert</i>	MI <i>M</i>	NICKNAME <i>Shawver</i>	LAST
<p>8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</p>	STREET ADDRESS: APT / SUITE #: CITY: <i>Megargel</i> STATE: <i>TX</i> ZIP CODE <i>76370</i>				
<p>9 CAMPAIGN TREASURER PHONE</p>	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(940) 782-1258</i>				
<p>10 CANDIDATE SIGNATURE</p>	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Robert Shawver</i></p>				
	<p>Signature of Candidate</p>		<p><u>11/12/25</u> Date Signed</p>		

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CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME		
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</p> <p>• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •</p> <p>• The modified reporting option is valid for one election cycle only. • (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>• Candidates for the office of state chair of a political party may NOT choose modified reporting. •</p> <p>I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p>	
<hr/> <p>Year of election(s) or election cycle to which declaration applies</p> <hr/> <p>Signature of Candidate</p>		
<p>This appointment is effective on the date it is filed with the appropriate filing authority.</p> <p>TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070</p> <p>Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC</p> <p>For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php</p>		

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

FILED FOR RECORD
AT 3:15 O'CLOCK P M
fw
NOV 12 2025

Date Hand Delivered or Postmarked
KAREN WINTER, COUNTY CLERK
ARCHER COUNTY, TEXAS

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Robert

Robby

Shawver

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

(940) 782-1258

PHONE NUMBER

EXTENSION

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Mesinger TX 76370

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

Justice of the Peace Precinct 3

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

None

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Robert

Shawver

GO TO PAGE 2

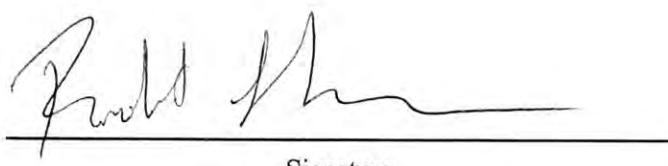
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

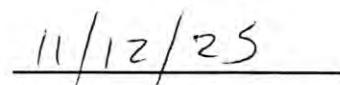
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ <u>0</u>	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ <u>0</u>	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$ <u>0</u>	
4. <input type="checkbox"/> SCHEDULE E: LOANS \$ <u>0</u>	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ <u>0</u>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ <u>0</u>	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ <u>0</u>	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ <u>0</u>	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ <u>0</u>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ <u>0</u>	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ <u>0</u>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ <u>0</u>	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



AMANDA LYNN CROW
My Notary ID # 128271387
Expires May 14, 2026

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert Shower this the 13th day of January,

2026, to certify which, witness my hand and seal of office.

Amanda Lynn Crow

Amanda Lynn Crow

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)

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)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Robert</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>Shawver</i>	SUFFIX	Date Received FILED FOR RECORD AT <u>9:20</u> O'CLOCK <u>A</u> M JAN 13 2026 KAREN WINTER, COUNTY CLERK Date Hand Delivered or Date Postmarked ARCHER COUNTY, TEXAS <i>Karen</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE <i>Po Box 162 Megargel TX 76370</i>		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION <i>(940) 782-1258</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Robert</i>	MI	Receipt #		
	NICKNAME	LAST <i>Shawver</i>	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i># 698 First Street Megargel TX 76370</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION <i>()</i>			
9 REPORT 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)					
10 PERIOD COVERED	Month <i>11</i>	Day <i>12</i>	Year <i>2025</i>	Month <i>11</i>	Day <i>13</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE Month <i>3</i> Day <i>13</i> Year <i>2026</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace, Precinct 3</i>	13 OFFICE SOUGHT (if known) <i>Justice of the Peace, Precinct 3</i>				
14 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

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