

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 Mrs. <i>Robert</i> FIRST NICKNAME <i>Shipp Fagan</i> LAST MI <i>A</i> SUFFIX			OFFICE USE ONLY RECEIVED Date Received <i>JAN 05 2026</i> ELECTIONS ADMINISTRATOR REFUGIO COUNTY, TEXAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>125 Toups Rd / POB 956</i> APT / SUITE #: <i></i> CITY: <i>Woodsboro, Tx 78393</i>			STATE: ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>652-4042</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>PAV</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i></i>	FIRST <i>SAA</i>	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME <i></i>	LAST <i></i>	SUFFIX <i></i>	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i></i>			CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>()</i>	PHONE NUMBER	EXTENSION	Date Imaged		
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>10</i>	Day <i>21</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE <i>03/03/2026</i>	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	ELECTION TYPE <input checked="" 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 Peace #1</i>	13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S) <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. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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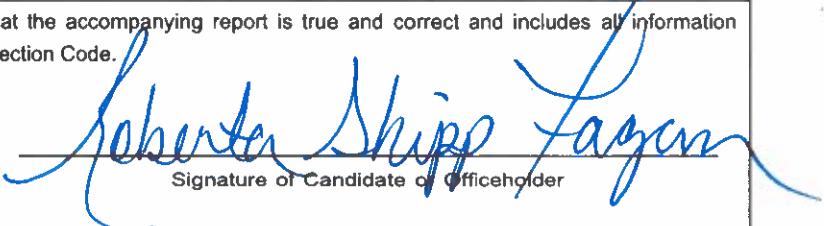
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

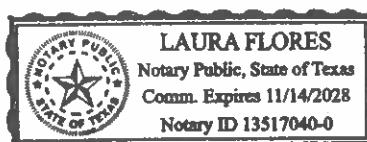
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 420.34
CONTRIBUTION BALANCE	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



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Roberta Shipp Fagan this the 31 day of December,
20 25, to certify which, witness my hand and seal of office.

Laura Flores Signature of officer administering oath

Laura Flores Printed name of officer administering oath

Notary 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)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Roberta Shipp Fagan		
4 Date	5 Payee name		
	Republican Party Chair		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
350.00	101 Locket St.	Woodsboro Tx 78393	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Filing Fee	Filing Fee	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
10-21-2025	Vista Print		
Amount (\$)	Payee address:	City;	State; Zip Code
70.34	Online Services		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Campaign Cards	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Submit Date:	3/10/2022
Question:	I have read some questions asked about Jail credit, but I'm still a little confused. I received a call from a Defendant who has unpaid tickets in our court since 2018 and a VPTA, he was arrested on 9-12/2021 in another county local warrant and commitment/sentences in that county, the Judge in that county gave him jail credit for their citations. He is asking for Jail credit on our citations, he was just released on March 9, 2022. Since he was not in jail for any of our offenses, I believe we can not give him jail credit. Is this correct?
Answer:	<p>If he did not spend any time in jail for the offenses with which he is charged in your court, then he is not eligible for jail credit for those offenses. This could occur if you had issued a warrant because he had failed to appear in response to a citation filed in your court, and he was arrested and spent a day in jail before being released. But it sounds like that is not what happened; he was arrested on a warrant issued by another county for offenses there.</p> <p>He would also be eligible for jail credit for higher level offenses if he served time in jail as a sentence for those offenses (meaning he was convicted of those offenses) and the confinement in jail occurred after the commission of the justice court offense and the conviction of the justice court offense occurred after Sept. 1, 2021. But based on what you have told us that does not appear to be the case either.</p> <p>For more information please see the Criminal Deskbook (3d ed. Sept. 2021) at page 97.</p>