

# 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: <b>10</b> <i>vs 9</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Mr.                      Robert</b> <hr/> NICKNAME                      LAST                      SUFFIX <b>Bobby                      Sherwood</b>	<b>OFFICE USE ONLY</b> Date Received  <b>FILED FOR RECORD AT 10:33 AM JAN 14 REC'D 2020</b> KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <i>KSM</i> DEPUTY Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      Z P CODE <b>P.O. BOX 1060                      Port Aransas, TX 78373</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 361 ) 816-7322</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>Mrs.                      Erin                      A.</b> <hr/> NICKNAME                      LAST                      SUFFIX <b>Johnson</b>	Receipt #	Amount \$
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>643 Pez Vela                      Port Aransas                      TX                      78373</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(832 ) 483-1159</b>		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <b>11 / 15 / 2019                      THROUGH                      01 / 15 / 2020</b>		
11 ELECTION	ELECTION DATE Month                      Day                      Year <b>03 / 03 / 2020</b>	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) <b>Nueces County Constable Precinct 4</b>	13 OFFICE SOUGHT (if known) <b>Nueces County Constable Precinct 4</b>		

GO TO PAGE 2

**2020-0010**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2


14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$1,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7,820.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$1,309.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$7,510.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

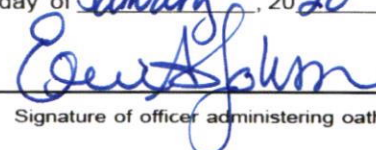
**18 AFFIDAVIT**

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.

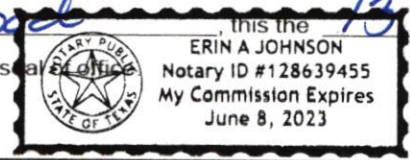
  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Sherwood, this the 13 day of January, 2020, to certify which, witness my hand and seal as office

  
 Signature of officer administering oath

ERIN A. JOHNSON  
 Printed name of officer administering oath

  
 Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date  
12/19/2019

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Albert Hausser

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

263 Geneseo Road San Antonio, TX 78209

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Self

Date  
12/20/2019

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Brian Phillips

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

325 Griffith Drive Rockport, TX 78382

Principal occupation / Job title (See Instructions)

Boat Capitan

Employer (See Instructions)

Self

Date  
01/03/2020

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Bobby Grumbles

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

321 Marina Drive Port Aransas, TX 78373

Principal occupation / Job title (See Instructions)

Ship Capitan

Employer (See Instructions)

Aransas Corpus Christi Pilots

Date  
01/06/2020

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Glenn Martin

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

1000 N. Station #508 Port Aranas, TX 78373

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Woody's

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Marsh 6 Contributor address; City; State; Zip Code 356 Blue Heron Dr. Port Aransas TX 78373	7 Amount of contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat McNamara Contributor address; City; State; Zip Code P.O. Box 222 Port Aransas TX 78373	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) W.D. Williams Contributor address; City; State; Zip Code 13850 Hawksnest Corpus Christi, TX 78418	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Lugo III Contributor address; City; State; Zip Code 7018 Tree Top Pl Corpus Christ, TX 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Deputy Constable		Employer (See Instructions) Nueces County
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cecilia Fox 6 Contributor address; City; State; Zip Code 606 Lantana Port Aransas TX 78373	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Corder Contributor address; City; State; Zip Code 717 Tarrant Ave Port Aransas TX 78373	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jace Pearson Contributor address; City; State; Zip Code 10823 West Ave San Antonio TX 78213	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Atwill Contributor address; City; State; Zip Code 207 S. 11th Street Port Aransas TX 78373	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Zahn 6 Contributor address; City; State; Zip Code P.O. Box 941 Port Aransas TX 78373	7 Amount of contribution (\$) \$250.0
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwin Hawn Contributor address; City; State; Zip Code 14222 Playa Del Ray Corpus Christi, TX 78418	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Investor/Boats		Employer (See Instructions) Self
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Cole Contributor address; City; State; Zip Code P.O. Box 697 Cuero TX 77954	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Maspero Contributor address; City; State; Zip Code 100 W. Cotter Port Aransas TX 78373	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzette Freeman	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code P.O. Box 2134 Port Aransas TX 78373		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Port Aransas Realty
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest Kelman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 904 Whispering Sands Port Aransas, TX 78373		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aly Gerloff	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 26814 Rockwall Pkwy New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Pharmaceutical Sales		Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Castor	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code P.O. Box 1638 Port Aransas, TX 78373		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Matthew Wyatt</b> 6 Contributor address; City; State; Zip Code <b>961 S. Arch Street Aransas Pass TX 78336</b>	7 Amount of contribution (\$) <b>\$20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kathryn Richter</b> Contributor address; City; State; Zip Code <b>P.O. Box 512 Port Aransas TX 78373</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>Self</b>
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim Kaelin</b> Contributor address; City; State; Zip Code <b>P.O. Box 2703 Corpus Christi, TX 78414</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# POLITICAL EXPENDITURES MADE 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 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Robert Sherwood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/03/2020	<b>5</b> Payee name Port Aransas South Jetty
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<b>6</b> Amount (\$) \$289.58	<b>7</b> Payee address; P.O. Box 1117	City; Port Aransas	State; TX	Zip Code 78373
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description 3"x6.5" Sherwood Meet & Greet Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Sherwood	Office sought Nueces County Pct. 4 Constable	Office held Pct. 4 Constable
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Date 01/07/2020	Payee name Texas Sign Express
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Amount (\$) \$1,028.38	Payee address; P.O. Box 1741	City; Port Aransas	State; TX	Zip Code 78373
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 24"x18" yard sign 48"x60" Campaign sign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Sherwood	Office sought Nueces County Pct. 4 Constable	Office held Pct. 4 Constable
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Robert W. Sherwood****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,820.00
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	\$ 1,309.96
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 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	\$