

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 6																																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; text-align: center;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Robert</td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Bobby Sherwood</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Mr. Robert			NICKNAME	LAST	SUFFIX			Bobby Sherwood			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">FILED FOR RECORD AT M</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">FEB 03 2020</td> </tr> <tr> <td colspan="2" style="padding: 5px;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS</td> </tr> <tr> <td colspan="2" style="padding: 5px;">BY: DEPUTY</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		FILED FOR RECORD AT M		FEB 03 2020		KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS		BY: DEPUTY		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">/ 15</td> <td style="text-align: center;">/ 2020</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 31 / 2020</td> </tr> </table>			Month	Day	Year	Month	Day	Year	1	/ 15	/ 2020	THROUGH	01	/ 31 / 2020																								
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12 OFFICE	OFFICE HELD (if any) Nueces County Constable Precinct 4	13 OFFICE SOUGHT (if known) Nueces County Constable Precinct 4																																					

GO TO PAGE 2

2020-0043

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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16 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$1,825.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,635.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

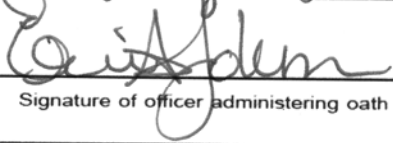
18 AFFIDAVIT

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.

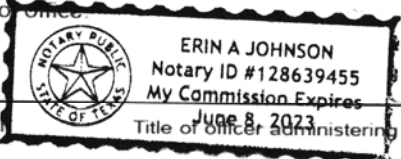

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT SHERWOOD, this the 31 day of January, 2020, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

ERIN A. JOHNSON
 Printed name of officer administering oath



Title of officer administering oath

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	\$ 950.00
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	\$ 1,825.00
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
2

2 FILER NAME **Robert W. Sherwood** 3 Filer ID (Ethics Commission Filers)

4 Date 01/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth H. Dunton	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code P.O. Box 212 Port Aransas, TX 78373	

8 Principal occupation / Job title (See Instructions) **Research Scientist** 9 Employer (See Instructions)
U.T. Marine Science Institute

Date 01/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fiona Durcan	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 439 Blue Heron Port Aransas, TX 78373	

Principal occupation / Job title (See Instructions) **Retired** Employer (See Instructions)

Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Molly Nixon	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code P.O. Box 703 Port Aransas, TX 78373	

Principal occupation / Job title (See Instructions) **Self Employed** Employer (See Instructions)

Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) K.R. Coogan	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 5900 Newgate Lane Plano TX 78373	

Principal occupation / Job title (See Instructions) **Property Manager** Employer (See Instructions)
Self

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

2 FILER NAME **Robert W. Sherwood** 3 Filer ID (Ethics Commission Filers)

4 Date 01/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Roberts	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code P.O. Box 2770 Port Aransas, TX 78373	

8 Principal occupation / Job title (See Instructions) **Engineer** 9 Employer (See Instructions)
Self

Date 01/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John G. McDonough	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 4300 Edmondson Ave Dallas, TX 75205	

Principal occupation / Job title (See Instructions) **Retired** Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Robert Sherwood	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2020	5 Payee name Texas Sign Express	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1741 Port Aransas TX 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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
Date 01/17/2020	Payee name James Sherwood	
Amount (\$) \$325.00	Payee address; City; State; Zip Code 16046 Treebine Corpus Christi TX 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description Food & Beverage Expense for Candidate Meet and greet
	<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
Date 01/27/2020	Payee name Padre Island Moon Newspaper	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 14646 Compass Drive Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising for upcoming event
	<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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