

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: 7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / ☒ MR

FIRST

Bobbie

MI

J

NICKNAME

LAST

Vickery

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

527 Willowick Dr. Port Lavaca TX 77979

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

746-0113

6 CAMPAIGN
TREASURER
NAME

MS / ☒ MRS / MR

FIRST

Rhea

MI

A

NICKNAME

LAST

Vickery

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

527 Willowick Dr.

Port Lavaca

TX

77979

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

746-0602

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 Day Year

07/01/2023

THROUGH

Month Day Year

12/31/2023

11 ELECTION

ELECTION DATE

Month Day Year

03/05/2024

☒ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

Calhoun County

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Bobbie J Vickery

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)

\$ 3,325.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,750.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,575.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

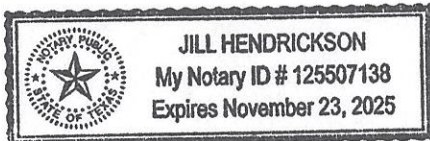
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bobbie Vickery

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bobbie Vickery this the 12th day of January,
2024, to certify which, witness my hand and seal of office.

Jill Hendrickson
Signature of officer administering oath

Jill Hendrickson
Printed name of officer administering oath

Notary Public
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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Bobbie J Vickery		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3325.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,750.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Bobbie J Vickery		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ivan Martinez	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 304 Yaupon St. Lake Jackson, TX 77566		
8 Principal occupation / Job title (See Instructions) building Contractor		9 Employer (See Instructions) self-employed STR Home Roofing and Remodeling
Date 10/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wayne Strong	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11 Chumley Port Lavaca TX 77979		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 9/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kay McPherson	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 786 CR 301N. Port Lavaca TX 77979		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harold Dan May Farm Trust	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2886 US HWY 87 Port Lavaca TX 77979		
Principal occupation / Job title (See Instructions) farmer		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>Bobbie J. Vickery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/24/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anjenette Foster</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 774 Port O'Connor TX 77982</u>		
8 Principal occupation / Job title (See Instructions) <u>housewife</u>		9 Employer (See Instructions)
Date <u>10/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nancy M. Ferro</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>3534A US HWY 87 Port Lavaca TX 77979</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>10/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Donald McAfee</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>609 Candlelight Lane Port Lavaca, TX 77979</u>		
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)
Date <u>10/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marie Durham</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>78 Adame Lane Port Lavaca, TX 77979</u> <u>PO Box 728</u>		
Principal occupation / Job title (See Instructions) <u>teacher</u>		Employer (See Instructions) <u>CCISD</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Bobbie J. Vickery		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Robert V. DeLeon 6 Contributor address; City; State; Zip Code 305 E Center St. Port Lavaca, TX 77977	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Janice Bradley Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Martin Diegel Contributor address; City; State; Zip Code 37 Bayshore Dr. Port Lavaca TX 77977	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) self - employed		Employer (See Instructions)
Date 12/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Maurice Buddy Kamin Contributor address; City; State; Zip Code 708 W. Commercial St. Port Lavaca, TX 77977	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Kamin Furniture
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 1	2 FILER NAME Bobbie J. Vickery	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/23	5 Payee name Eclipse Enterprises	
6 Amount (\$) 1000.00	7 Payee address; P.O. Box 1710	City; State; Zip Code Port Lavaca TX 77979
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political 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 Office sought Office held		

Date 11/11/23	Payee name Calhoun County Republican Club		
Amount (\$) 750.00	Payee address; 2025 SH-35 N.	City; State; Zip Code Port Lavaca TX 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling expense	Description application to be placed on primary election ballot	
	<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			

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED