

# 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: <u>3</u> |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS / MRS / MR <u>MR</u> FIRST <u>ROBERT</u> MI<br>NICKNAME LAST <u>AIRD</u> SUFFIX                                                                                                                                                                                                                                                                                                                                                   | OFFICE USE ONLY<br>Date Received<br><div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> <b>JUN 24 2026</b><br/>                 By <u>SCC</u> </div> Date Hand-delivered or Date Postmarked |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>BEECAVE TX 78738</u>                                                                                                                                                                                                                                                    | Receipt # Amount \$<br>Date Processed <u>6/24/26</u><br>Date Imaged <u>6/24/26</u>                                                                                                                                                   |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AREA CODE PHONE NUMBER EXTENSION<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MS / MRS / MR <u>MR</u> FIRST <u>ROBERT</u> MI<br>NICKNAME LAST <u>AIRD</u> SUFFIX                                                                                                                                                                                                                                                                                                                                                   | Date Received<br>Date Hand-delivered or Date Postmarked                                                                                                                                                                              |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>BEECAVE TX 78738</u>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AREA CODE PHONE NUMBER EXTENSION<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                  | Date Received<br>Date Hand-delivered or Date Postmarked                                                                                                                                                                              |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Month Day Year    Month Day Year<br><u>04 / 25 / 2026</u> THROUGH <u>06 / 30 / 2026</u>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>05 / 02 / 2026</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                   |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE HELD (if any)<br><u>TRUSTEE</u>                                                                                                                                                                                                                                                                                                                                                                                               | 13 OFFICE SOUGHT (if known)<br><u>TRUSTEE</u>                                                                                                                                                                                        |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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.                                              |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                               | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COMMITTEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |                               |                |                |                                  |                   |                                   |                                   |  |                                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                 |                                                                                                                                       |                                        |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <u>ROBERT AIRD</u> |                                                                                                                                       | 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) | \$ <u>0</u>                            |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE                                                                                             | \$ <u>0</u>                            |
|                                 | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>0</u>                            |
| CONTRIBUTION BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ <u>0</u>                            |

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.

Robert Aird  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is ROBERT AIRD, and my date of birth is [REDACTED]

My address is 11601 ASTORIA DR, BEE CAVE, TX, 78008, USA  
(street) (city) (state) (zip code) (country)

Executed in TRAVIS County, State of TEXAS, on the 24 day of JUNE, 2026  
(month) (year)

Robert Aird  
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

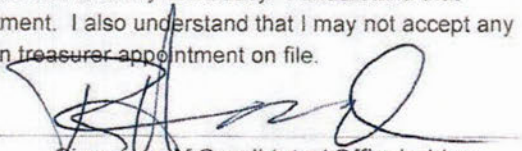
1 C/OH NAME

ROBERT AIRD

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

## A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

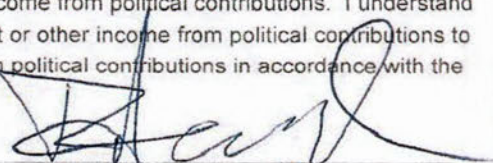
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder