CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI **OFFICEHOLDER** OFFICE USE ONLY NAME NICKNAME SUFFIX Robby Thornton JR JAN 13 2025 4 CANDIDATE / OFFICEHOLDER MAILING LEE H. CHAMBERS **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** A NAME Date Processed LAST SUFFIX Date Imaged Thornton CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day COVERED 15/24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Month Day Year Description General Special 12 OFFICE 13 OFFICE SOUGHT (if known) Liberty Co. Constable Liberty Co. Constable 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		
Robert E. F	Robby Thornton, Jr.	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$	
EXPENDITURE TOTALS	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
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 Z. Robby Robert . Signature of Candidate or Officeholder		
of Sandidate of Officerolder		
Please complete either option below:		
riodoc complete eltrier option below:		
(1) Affidavit	ROBERT ADAMS Notary Public, State of Texas Comm. Expires 04-23-2025 Notary ID 133058670	
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by Robert Robby E. Thornton IR this the 13 day of January		
20 25 , to certify which, witness my hand and seal of office.		
Signature of officer administer	ing oath Printed name of officer administering oath	MoTARY
Printed name of officer administering oath Title of officer administering oath OR		
(2) Unsworn Declaration		
My name is		
My address is	, and my date of birth is _	
NA COUNTY BEAUTY OF THE PARTY O	(-hh)	ate) (zip code) (country)
Executed in	(city) (state of, on the day of (month)	ate) (zip code) (country), 20 (year)
	(month)	(year)
	Signature of Candida	te/Officeholder (Declarant)