

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Judge</i> NICKNAME	FIRST <i>Penny</i> LAST <i>Roberts</i>	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>122 W. Harris San Angelo, Tx</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(325)</i>	PHONE NUMBER <i>658 - 2495</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR NICKNAME	FIRST <i>Beth</i> LAST <i>Stringer</i>	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2620 Live Oak San Angelo, Tx 76901</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(325)</i>	PHONE NUMBER <i>6 374 - 1204</i>	EXTENSION
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 THROUGH Month Day Year <i>7 / 1 / 17</i> <i>12 / 31 / 17</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 6 / 18</i>	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) <i>County Court at Law Judge</i>	13 OFFICE SOUGHT (if known) <i>Same</i>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Penny Roberts 15 Filer ID (Ethics Commission Filers)

16 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 450 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,200 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 100 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,039 ²⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2067. ⁴⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

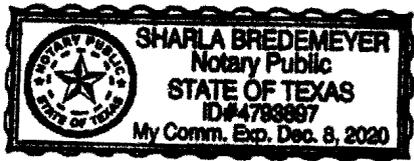
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Penny Roberts
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Penny Roberts, this the 16th day of January, 2016, to certify which, witness my hand and seal of office.

Sharla Bredemeyer Signature of officer administering oath
 Sharla Bredemeyer Printed name of officer administering oath
 Notary Title of officer administering oath



**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Penny Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 11-28-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Elizabeth Stringer	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code 2620 Live Oak, San Angelo, Tx 76901		
8 Contributor's principal occupation Oil/gas operator		9 Contributor's job title owner
10 Contributor's employer/law firm N/A - self		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rick Roberts	Amount of contribution (\$) \$ 300
Contributor address; City; State; Zip Code		
Contributor's principal occupation Dentist		Contributor's job title Doctor
Contributor's employer/law firm N/A - self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Candy Duncan	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 11427 Wake Robin, San Antonio, Tx 78253		
Contributor's principal occupation Hospital Billing Company		Contributor's job title mgr.
Contributor's employer/law firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME <i>Penny Roberts</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 4,200 ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ ϕ
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ ϕ
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ ϕ
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,139 ²⁰
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ϕ
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ϕ
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ϕ
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ϕ
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ϕ

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Penny Roberts</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Cookie Roberts</i>	7 Amount of contribution (\$) <i>\$250</i>
6 Contributor address; City; State; Zip Code <i>2204 Douglas, San Angelo, Tx 76903</i>		
8 Contributor's principal occupation <i>retired</i>		9 Contributor's job title <i>none</i>
10 Contributor's employer/law firm <i>none</i>		11 Law firm of contributor's spouse (if any) <i>none</i>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/29/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jason Helfer</i>	Amount of contribution (\$) <i>\$500.</i>
Contributor address; City; State; Zip Code <i>23 S. Park, San Angelo, Tx 76901</i>		
Contributor's principal occupation <i>Chef</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>Peasant Village Restaurant</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/30/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Charles Koontz</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1917 Beatty Rd, San Angelo, Tx 76904</i>		
Contributor's principal occupation <i>oil/gas</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>self employed</i>		Law firm of contributor's spouse (if any) <i>-</i>
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Penny Roberts</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/8/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Louis Koontz + Evelyn Koontz</i>	7 Amount of contribution (\$) <i>\$ 500</i>
6 Contributor address; City; State; Zip Code <i>1621 S. Concho Dr, San Angelo, TX 76904</i>		
8 Contributor's principal occupation <i>oil/gas</i>		9 Contributor's job title <i>owner/investor</i>
10 Contributor's employer/law firm <i>self employed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/8/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kim Koontz</i>	Amount of contribution (\$) <i>\$ 500</i>
Contributor address; City; State; Zip Code <i>1620 S. Concho Dr, San Angelo, TX 76901</i>		
Contributor's principal occupation <i>realtor</i>		Contributor's job title <i>realtor</i>
Contributor's employer/law firm <i>Scott Allison Realty</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>11/28/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Fred Brigman</i>	Amount of contribution (\$) <i>\$ 200</i>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <i>attorney</i>		Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>Gray + Brigman</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Penny Roberts		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shon and Melissa Jones	7 Amount of contribution (\$) \$ 150
6 Contributor address; City; State; Zip Code 5609 Imperial Ct, San Angelo, Tx 76904		
8 Contributor's principal occupation General Mgr Car Sales		9 Contributor's job title General Mgr
10 Contributor's employer/law firm Mitchell Auto Dealership		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael Brinlee	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 5517 Bentwood Dr. San Angelo, Tx 76904		
Contributor's principal occupation Sales		Contributor's job title Dist. Mgr.
Contributor's employer/law firm Medway Medical		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

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:	2 FILER NAME <i>Penny Roberts</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-30-17</i>	5 Payee name <i>Republican Party - Tom Green County</i>	
6 Amount (\$) <i>\$ 1500</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>filing fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12-7-17</i>	Payee name <i>Republican Women of Concho Valley</i>	
Amount (\$) <i>\$ 225⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense fundraiser</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>12/2/17</i>	Payee name <i>Specs</i>	
Amount (\$) <i>314²⁰</i>	Payee address; City; State; Zip Code <i>Loop 1604, San Antonio, Tx 78253</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food / beverage event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		