

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	FIRST <i>Jeffrey</i>	MI <i>W</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>TRIOBE</i>	SUFFIX	Date Received RECEIVED JAN 15 2026 AUSTIN COUNTY ELECTIONS Date Hand-delivered or Date Postmarked		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 266 WALLIS TX 77485</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(832)</i>	PHONE NUMBER <i>279-4404</i>	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Jeffrey</i>	MI	Date Processed		
	NICKNAME	LAST <i>TRIOBE</i>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>PO Box 266 WALLIS TX 77485</i>				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(832)</i>	PHONE NUMBER <i>279-4404</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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>12</i>	Day <i>2</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>25</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 26</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)			13 OFFICE SOUGHT (if known) <i>JUSTICE OF THE PEACE PCT 3</i>		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

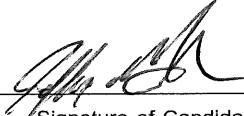
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	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)	\$ <i>0</i>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1689.94</i>
EXPENDITURE TOTALS	
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
CONTRIBUTION BALANCE	
4. TOTAL POLITICAL EXPENDITURES	\$ <i>1689.94</i>
OUTSTANDING LOAN TOTALS	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

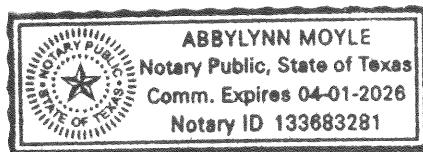
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Known this the 15 day of January,

20 26, to certify which, witness my hand and seal of office.

Abbylynn Moyle Signature of officer administering oath

Abbylynn Moyle Printed name of officer administering oath

Notary 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 - JC/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>1689.94</u>
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	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u>1689.94</u>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>1689.94</u>
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
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: <i>1</i></p>																									
<p>2 FILER NAME <i>JEFFREY GROBE</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>																									
<p>4 Date <i>12/10/25</i></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JEFFREY GROBE</i></p>			<p>7 Amount of contribution (\$) <i>98.00</i></p>																									
	<p>6 Contributor address; <i>PO Box 266</i></p>	<p>City; <i>WALLS</i></p>	<p>State; Zip Code <i>TX 77485</i></p>																										
<p>8 Contributor's principal occupation <i>SPECIAL INVESTIGATOR</i></p>		<p>9 Contributor's job title <i>SPECIAL INVESTIGATOR</i></p>																											
<p>10 Contributor's employer/law firm <i>TX DEPT OF Family & PROTECTIVE SER</i></p>		<p>11 Law firm of contributor's spouse (if any)</p>																											
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <i>12/29/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JEFFREY GROBE</i></p> </td> <td> <p>Amount of contribution (\$) <i>724.73</i></p> </td> </tr> <tr> <td></td> <td> <p>Contributor address; <i>PO Box 266</i></p> </td> <td> <p>City; <i>WALLS</i></p> </td> <td> <p>State; Zip Code <i>TX 77485</i></p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>SPECIAL INVESTIGATOR</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>SPECIAL INVESTIGATOR</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>TX DEPT OF Family & PROTECTIVE SER</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>12/29/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JEFFREY GROBE</i></p>			<p>Amount of contribution (\$) <i>724.73</i></p>		<p>Contributor address; <i>PO Box 266</i></p>	<p>City; <i>WALLS</i></p>	<p>State; Zip Code <i>TX 77485</i></p>		<p>Contributor's principal occupation <i>SPECIAL INVESTIGATOR</i></p>		<p>Contributor's job title <i>SPECIAL INVESTIGATOR</i></p>			<p>Contributor's employer/law firm <i>TX DEPT OF Family & PROTECTIVE SER</i></p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date <i>12/29/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JEFFREY GROBE</i></p>			<p>Amount of contribution (\$) <i>724.73</i></p>																									
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<table border="1"> <tr> <td> <p>Date <i>12/31/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JEFFREY GROBE</i></p> </td> <td> <p>Amount of contribution (\$) <i>868.16</i></p> </td> </tr> <tr> <td></td> <td> <p>Contributor address; <i>PO Box 266</i></p> </td> <td> <p>City; <i>WALLS</i></p> </td> <td> <p>State; Zip Code <i>TX 77485</i></p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>SPECIAL INVESTIGATOR</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>SPECIAL INVESTIGATOR</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>TX DEPT OF Family & PROTECTIVE SER</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>12/31/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JEFFREY GROBE</i></p>			<p>Amount of contribution (\$) <i>868.16</i></p>		<p>Contributor address; <i>PO Box 266</i></p>	<p>City; <i>WALLS</i></p>	<p>State; Zip Code <i>TX 77485</i></p>		<p>Contributor's principal occupation <i>SPECIAL INVESTIGATOR</i></p>		<p>Contributor's job title <i>SPECIAL INVESTIGATOR</i></p>			<p>Contributor's employer/law firm <i>TX DEPT OF Family & PROTECTIVE SER</i></p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
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<p>If contributor is a child, law firm of parent(s) (if any)</p>																													
<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>																													

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME JEFFREY GROBRE	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution CITIBANK	
6 PAYMENT	(a) Amount Charged \$ 868.16	(b) Date Expenditure Charged 12/31/25
7 PAYEE	(a) Payee name VISTA PRINT	(b) Payee address; City, State, Zip Code 275 WYMAN ST. WALTHAM MA 02451 Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JEFFREY GROBRE	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 98.05	(b) Date Expenditure Charged 12/10/25
PAYEE	(a) Payee name VISTA PRINT	(b) Payee address; City, State, Zip Code 275 WYMAN ST. WALTHAM MA 02451 Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN CARDS
	(c) <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 JEFFREY GROBRE	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 724.73	(b) Date Expenditure Charged 12/29/25
PAYEE	(a) Payee name VISTA PRINT	(b) Payee address; City, State, Zip Code 275 WYMAN ST. WALTHAM MA 02451 Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN SIGNS
	(c) <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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	JEFFREY GROUSE	
4 Date	5 Payee name	
12/10/25	VISTA PRINT	
6 Amount (\$) 98.05 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 275 WYMAN ST., WALTHAM MA 02451 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description CAMPAIGN CARDS
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
JEFFREY GROUSE	JP3	
Date 12/09/25	Payee name VISTA PRINT	
Amount (\$) 724.73 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 275 WYMAN ST. WALTHAM MA 02451 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Description CAMPAIGN SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
JEFFREY GROUSE	JP3	
Date 12/30/25	Payee name VISTA PRINT	
Amount (\$) 868.16 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 275 WYMAN ST. WALTHAM MA 02451 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Description CAMPAIGN SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
JEFFREY GROUSE	JP3	

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