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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

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

PHILIP

A.

NICKNAME

LAST

SUFFIX

PHIL

SHAFFER

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO Box 3126

BANDERA, TX 78003

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

PHILIP

A.

NICKNAME

LAST

SUFFIX

PHIL

SHAFFER

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

CITY:

STATE:

ZIP CODE

(Residence or Business)

BANDERA, TEXAS

78003

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

294-1527

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

Month

Day

Year

01 / 01 /

2026

THROUGH

06 / 30 /

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2024

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

BANDERA County Commissioners

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

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)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 1455.96/100

4. TOTAL POLITICAL EXPENDITURES

\$ 1455.96/100

CONTRIBUTION
BALANCE

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

\$ 200.00

OUTSTANDING
LOAN TOTALS

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

\$ 1655.96/100

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 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 PHILIP A. SHAFFER and my date of birth is 04-14-1961

My address is BANDERA, TX, 78003 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in BANDERA County, State of TX, on the 8 day of July, 20 26

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

3-5

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Philip A. Shaffer</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ <i>200.⁰⁰</i>
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1455.⁹⁶/₁₀₀</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

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 E:	
2 FILER NAME PHILIP A. SHAFFER				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 1655.94	
5 Date of loan 1.20.2024		7 Name of lender PHILIP A. SHAFFER		9 Loan Amount (\$) 200.00	
6 Is lender a financial institution? Y (N)		8 Lender address: City: State: Zip Code BANDERA, TX 78003		10 Interest rate N/A	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) RETIRED			13 Employer (See Instructions) N/A		
14 Description of Collateral ☒ none			15 ☒ Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION ☒ not applicable		17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address: City: State: Zip Code			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender ☐ out-of-state PAC (ID#:		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address: City: State: Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral ☐ none			☐ Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION ☐ not applicable		Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address: City: State: Zip Code			
Principal Occupation (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	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 G	2 FILER NAME PHILIP A. SHAFFER		3 Filer ID (Ethics Commission Filers)
4 Date 1.23.2026	5 Payee name MEGONE BANDERA SIGNS		
6 Amount (\$)	7 Payee address: PO BOX 1984	City: BANDERA, TX	State: TX
☒ Reimbursement from political contributions intended	Zip Code: 78003		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description POLITICAL SIGNS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: PHILIP A. SHAFFER Office sought: BANDERA County Commissioner RET. Office held: 4		
Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
☐ Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
	10 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		
Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
☐ Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
	11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		
Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
☐ Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
	12 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

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