

# 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: <span style="font-size: 2em; color: blue;">7</span>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John R. NICKNAME LAST SUFFIX Pollack		<b>OFFICE USE ONLY</b>  Date Received <b>FILED</b> at <b>8:15</b> o'clock <b>A</b> M  <b>JUL 10 2025</b>  ANNA L. SCHIELACK COUNTY CLERK, BURLESON CO., TEX. By <i>[Signature]</i> Deputy  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 400 Sweet TX 77878										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 595-6351										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Donald NICKNAME LAST SUFFIX Donnie Cook										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1606 Mattie Ln. Caldwell TX 77836										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 507-9555										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <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)         </div> <div> <input checked="" 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)         </div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year 06 / 09 / 2025 THROUGH 06 / 30 / 2025										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year            03 / 03 / 2026         </div> <div style="flex: 2;">           ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any) Alderman City of Sweet		13 OFFICE SOUGHT (if known) County Judge								
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			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

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME

John R. Pollock

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)

\$ 4.55

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,500.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 270.29

CONTRIBUTION  
BALANCE

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

\$ 1,234.26

OUTSTANDING  
LOAN TOTALS

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

\$ 0

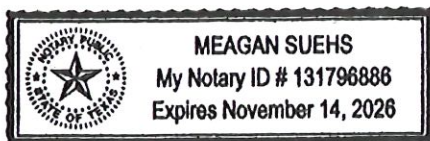
18 SIGNATURE

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.

John Pollock  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Pollock this the 3rd day of July.

20 25, to certify which, witness my hand and seal of office.

Meagan Suehs

Meagan Suehs

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

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

John R. Pollock

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 270. <sup>29</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:

1

2 FILER NAME

John R. Pollock

3 Filer ID (Ethics Commission Filers)

4 Date

06/11/25

5 Full name of contributor

☐ out-of-state PAC ID#:

John R. Pollock

6 Contributor address;

City;

State;

Zip Code

245 Rustic Trace Snook TX 77878

7 Amount of contribution (\$)

\$100.00

8 Contributor's principal occupation

Non-Ferrous Extrusions

9 Contributor's job title

Manager

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

12 If contributor is a child, law firm of parent(s) (if any)

N/A

Date

6/13/25

Full name of contributor

☐ out-of-state PAC ID#:

John R. Pollock

Contributor address;

City;

State;

Zip Code

245 Rustic Trace Snook TX 77878

Amount of contribution (\$)

\$400.00

Contributor's principal occupation

Non-Ferrous Extrusions

Contributor's job title

MANAGER

Contributor's employer/law firm

N/A

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

6/14/25

Full name of contributor

☐ out-of-state PAC ID#:

Kimball Meas

Contributor address;

City;

State;

Zip Code

512 Lakeview St Somerville TX 77879

Amount of contribution (\$)

\$1,000.00

Contributor's principal occupation

Retired

Contributor's job title

Retired

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

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**

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 F1: <b>2</b>	2 FILER NAME <b>John R. Pollock</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>06/16/2025</b>	5 Payee name <b>Campaign Partner</b>	
6 Amount (\$) <b>\$2.90</b>	7 Payee address; <b>16 Dudley St.</b>	City; State; Zip Code <b>Fitchburg MA 01420</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Email for Campaign Website</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <b>06/16/2025</b>	Payee name <b>Campaign Partner</b>		
Amount (\$) <b>\$49.00</b>	Payee address; <b>16 Dudley St.</b>	City; State; Zip Code <b>Fitchburg MA 01420</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Website</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date <b>06/17/2025</b>	Payee name <b>Vista Print</b>		
Amount (\$) <b>\$110.40</b>	Payee address; <b>275 Wyman St.</b>	City; State; Zip Code <b>Waltham MA 02451</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>CAMPAIGN Business Cards</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

Office held

Revised 1/1/2025





## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

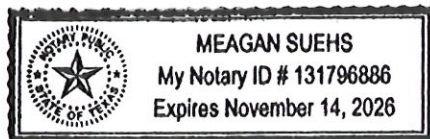
Filer name <u>John R. Pollock</u>	Filer ID #
--------------------------------------	------------

<b>OFFICE USE ONLY</b>	
Date Received <u>8:15</u> o'clock <u>A</u> M	
JUL 10 2025	
ANNA L. SCHIELACK COUNTY CLERK, BURLESON CO., TEX. By <u>[Signature]</u> Deputy	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 06/09/2025 - 06/30/2025 report due on 07/15/2025.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

[Signature]  
Signature of Filer

Sworn to and subscribed before me by John Pollock this the 3rd day of July, 2025, to certify which, witness my hand and seal of office.

<u>[Signature]</u> Signature of officer administering oath	<u>Megan Suehs</u> Printed name of officer administering oath	<u>Notary Public</u> Title of officer administering oath
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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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**