# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR	Ronnie		H	OFFICE	USEONLY
NAME	NICKNAME	Clark		SUFFIX	Date Received	Co Floringo
4 CANDIDATE/	ADDRESS / PO BOX;		CITY; STATE;	ZIP CODE	Guadalupe	Co Elections
OFFICEHOLDER MAILING ADDRESS	POBOX	203 Sta	uples TX	78670	DEC	3 2025
Change of Address					Red	ceived W
5 CANDIDATE/ OFFICEHOLDER PHONE	(5b)	465-2581	EXTENS	SION		d on Date Postmarked
6 CAMPAIGN TREASURER NAME	MS /MRS MR	Carol		МІ	Receipt #  Date Processed	Amount \$
NAIVIE	NICKNAME	LAST		SUFFIX	B-t- tt	,
		Wester			Date Imaged	
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SI	AND COLOR OF SHEET		STATE;	ZIP CODE
TREASURER ADDRESS	388 80	erk Ave	Sta	aples	TX	78670
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	SION		
TREASURER PHONE	(512)	138 1187				
9 REPORT TYPE	January 15	30th day before e	election Ru	unoff		fter campaign ppointment er Only)
	July 15	8th day before ele	CLIOIT	cceeded Modified eporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	г
	11 /	15/2025	THROUGH	01#	415/ 8	1026
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/4/	2024 General	Special	- The state of the		II. A
12 OFFICE	OFFICE HELD (if any)	11) ((()	13 OFFICE	SOUGHT (if known	Preg	n <del>d 2</del> Dumissione
	mayor.	City of Stap	les Gua	dalupe	County	Dimissione
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICA S MAY HAVE BEEN MADE	L EXPENDITURES N	MADE BY POLITICAL CO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
e e		COMMITTEE ADDRESS				
Additional Pages	GENERAL	1 (1995)				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			9
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ronnie Clark	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)	\$ <b>Ø</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$\phi\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>Q</i>
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	ST DAY \$ Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ <b>Ø</b>
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
		110
	flow	1/100
	Signature of Ca	ndidate or Officeholder
	Diagon assemblate sither aution halou	
	Please complete either option below	<i>r</i> :
A A ST I I I STUM	MARILYN DEVERE	
(1) Affidavit	Notary Public, State of Texas Comm. Expires 02-16-2029	
The state of the s	OF Notary ID 126773525	
NOTARY STAMP/SEA	AL	
0.4545450000,4009105 5865448108000 A00968004		154
	before me by Tonnie Clark this the	day of <u>locember</u> ,
20 25, to certify	which, witness my hand and seal of office.	ALL PIL
- (arily) A	tellere Marilyn Dellere	Notary Cablie
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
<b>有限的</b>	OR	The second of th
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
iviy dudiess is	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on the day of(month	
LACCULED III	, on the day of(month	), 20 (year)
	Cionatura of Condi	date/Officeholder (Declarant)
I .	Signature of Candid	ate/Officerolder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Ronnie Clark 20 Filer ID (Ethics Com				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	-	\$	Ø	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>69</b>	Ф	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>6</b>	0	
4.	SCHEDULE E: LOANS		69	ø	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ф	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	Ø	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	ø	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	Ø	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	φ	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ø	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	ф	

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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 A1:	
2	FILER NAME	Ronnic Clark		-	3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
		6 Contributor address;	City;	State; Zip Code		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Iristruc	tions)	
	Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
	Date	Full name of contributor		> (ID#:)	Amount of contribution (\$)	
				State; Zip Code		
-	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
•						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if traval outsi	      de of Texas. Complete Schedule T.	
10 Principal occ	Lupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Chook if travel outside	  - 	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	de of Texas. Complete Schedule T. AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			<del></del>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

## **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	The Instruction Guide explains how to complete this form.	1 Total pages Schee	Total pages Schedule B:     Filer ID (Ethics Commission Filers)		
2 FILER I	AME	3 Filer ID (Ethics (			
TOTA	OF UNITEMIZED PLEDGES	\$			
5 Date	6 Full name of pledgor	_) 8 Amount of Pledge \$	9 In-kind contribution description		
	7 Pledgor address; City; State; Zip Code		I I		
-		Check if travel out	I. side of Texas. Complete Schedule T		
10 Principa	l occupation / Job title (See Instructions)  11 Employer (See Instructions)	ee Instructions)			
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip Code		] [		
		Check if travel outs	[. side of Texas. Complete Schedule T.		
Principal	occupation / Job title (See Instructions) Employer (Se	ee Instructions)			
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip Code		i I I		
		Check if travel outs	  -  ide of Texas. Complete Schedule T.		
Principa	occupation / Job title (See Instructions) Employer (See	ee Instructions)			
	Full name of pledgor	Amount of Pledge \$	In-kind contribution description		
Date		!	[		
Date	Pledgor address; City; State; Zip Code		i I		
Date	Pledgor address; City; State; Zip Code	Check if travel outs	 		
		Check if travel outs	 		
			I I I ide of Texas. Complete Schedule T.		

#### **LOANS** SCHEDULE E

if the requeste	d information is not applicable, <b>D</b>	O NOT include this page in the I	report.
The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	TOTAL OF UNITEMIZED LOANS		
5 Date of loan	7 Name of lender	of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City	/; State; Zíp Code	10 Interest rate  11 Maturity date
12 Principal occupat	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	lateral	Check if personal for account (See Instru	unds were deposited into political uctions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City	/; State; Zip Code	
20 Principal Occupa	Lion (See Instructions)	21 Employer (See Instructions)	1
Date of loan	Name of lender	of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City	y; State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupat	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	ateral	Check if personal for account (See Instru	unds were deposited into political actions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City	y; State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
		L COPIES OF THIS SCHEDULE AS N	

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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		3 Filer ID (Ethics Commission	on Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	de
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Co	de
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Co	de
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 Austi	n, TX, officeholder living expense	•
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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 Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office held

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; City	; State; Zip Code
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; City;	State; Zip Code
		Description of investment	
		Amount of investment (\$)	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## **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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District

Contributions/Donations Made Candidate/Officeholder/Polit		s/Memorials Expense vices		Expense Wages/Contra		ravel Out Of Dist Other (enter a cate	rict gory not listed above)
The Instruction	Guide explains how to co	omplete this form.		USE A NEW	PAGE FOR EA	-	,
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME		-			3 FILER ID (Eth	ics Commission Filers)
4 TOTAL OF UNITEMIZED EXF	PENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institut	ion			<u></u>		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	are Charged	(c) Date(s) C	Credit Card Issue	Paid	
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, Sta	te, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Descripti	ion	_	
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin,	TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	fice Sought		Office H	eld
PAYMENT	(a) Amount Charged	(b) Date Expendite	re Charged	(c) Date(s) C	Credit Card Issue	Paid	
	\$						
PAYEE	(a) Payee name	-	(b) Payee ad	dress;	City	, Sta	te, Zîp Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Descripti	ion		
Political Non-Political	(c) Check if travel out	side of Texas, Complet	e Schedule T.		Check if Austin,	TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	ice Sought		Office H	eld
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) C	redit Card Issuer	Paid	
PAYEE	(a) Payee name		(b) Payee ad	l dress;	City	, Stat	e, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Descripti	ion	_	
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austi	n, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office H	eid
	ATTACH ADDIT	FIONAL COPIE	S OF THIS	SCHEDUL	E AS NEED	ED	

## 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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
political contributions intended		<b>,</b>	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	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	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
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  OH	Office sought	Office held
Date	Payee name		1
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
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 NEED	ED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel II
Printing Expense Travel C
Salaries/Wages/Contract Labor Other (e

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services , Salaries  The Instruction Guide explains how to	s/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
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, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
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, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regarding type of	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec	e instructions regarding type	of information
Date	Payee name			<u> </u>
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec	e instructions regarding type	of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	<del></del>

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; Stat	te; Zip Code		
		7 Purpose for which amount is received Check if	political contribution	returned to filer	
-	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ite; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Stat	te; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ite; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

			<u> </u>		
The Instruction G	ide explains how to complete th	is form.	1 Total pages Schedule T:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporat	ion or Labor Organization / Pledgor /	Payee			
5 Contribution / Expenditure repo	rted on:	-	,		
	_	Schedule C2			
		☐ Schedule C2	Schedule D Schedule F1		
	Schedule F4	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Nam	tes of travel 7 Name of person(s) traveling				
8 Dep	arture city or name of departure locati	ion			
9 Dest	nation city or name of destination loc	cation	•		
10 Means of transportation	11 Purpose of travel (including r	name of conference, se	eminar, or other event)		
Name of Contributor / Corpora	ion or Labor Organization / Pledgor /	Payee			
Contribution / Expenditure repo	rted on:				
Schedule A2	Schedule B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
		Scriedule C2	Schedule D Schedule F1		
	Schedule F4	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Nan	Dates of travel Name of person(s) traveling				
Dep	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportation	Purpose of travel (including	name of conference, se	eminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Scl	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Des	Destination city or name of destination location				
Means of transportation	Purpose of travel (including	name of conference, se	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
l					

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for		
		<ul> <li>Complete only if "Report Type" on page 1 is marked "Final</li> </ul>	ıl Report" ••	
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)	
3	SIGNA	TURE	L	
	designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also u gn contributions or make any campaign expenditures without a campaign treasurer appointment.	nderstand that I may not accept any pointment on file.	
		Signatur	re of Candidate / Officeholder	
4		WHO IS NOT AN OFFICEHOLDER splete A & B below o <i>nly</i> if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS		
	Check	k only one:		
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.	
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.			
	В.	ASSETS		
	Check only one:			
	I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to	
			ignature of Candidate	
			Mary	
5		EHOLDER  oplete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as	
		Si	gnature of Officeholder	



## 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 <u>any</u> calendar year must file all subsequent reports electronically.

more than \$33,910 in political expenditures in a calendar year.

OFFICE U	JSE ONLY			
Date Received				
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
- 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.

Filer ID #

- 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 appointment of treatport due on \_\_\_\_\_.

  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			17		/
Notary Public Comm. Exp	/N DEVERE c, State of Texas pires 02-16-2029 D 126773525		Signature	of Filer	
Sworn to and subscribed before me by _	Ronnie Clar	K	this the 15+	day of De	cembe,
20 25 to certify which, witness marking the state of officer administering oath		Devere r administering oath		Worke (y	Public dministering oath
· · · · · · · · · · · · · · · · · · ·	OR	1420	Selection of the	San Artist	September 1
(2) Unsworn Declaration					
My name is		, and my date	of birth is		
My address is	(street)	(city)	'(state)_'	(zip code)	(country)
Executed in Count	y, State of,	on the day	of(month)	, 20 (year)	
			Signature of File	er (Declarant)	

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