CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY				
Date Reverse Supposed				
Date Imaged				

1 ACCOUNT NUMBER	2 TYPE OF FILER	
(Ethics Commission Filers)	CANDIDATE 🔀	POLITICAL COMMITTEE
	If filing as a candidate, complete boxes then read and sign page 2.	3 - 6, If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	Mi
(PLEASE TYPE OR PRINT)	MR RONNIE	F
	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	GRIF	FIN
4 TELEPHONE NUMBER	AREA CODE PHONE NU	JMBER EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(281) 7487494	
5 ADDRESS OF CANDIDATE	STREET / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE
(PLEASE TYPE OR PRINT)	218 N. FRONT S	T CATSPRENG TX 78933
6 OFFICE SOUGHT BY CANDIDATE		
(PLEASE TYPE OR PRINT)	CONSTABLE	
7 NAME OF COMMITTEE		
(PLEASE TYPE OR PRINT)	9 / 4	
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.) FIRST	Mi
TREASURER	MR ROWNIE	F
(PLEASE TYPE OR PRINT)	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	GRIFF:	T.J

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Mr Ronnie F NICKNAME LAST SUFFIX Griffin	Filer ID # Date Received S 3 2
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 218 N Front St Catspring TX78933	Date Hand derivered or Postmarke
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 7487494	Receipt # Amount \$ Date Processed
5 OFFICE HELD (If any)	Constable	Date Imaged
6 OFFICE SOUGHT (if known)	Constable	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME Ronnie Griffin	LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT/SUITE #; CITY; 218 N Front St Catspring TX 78933	STATE; ZIP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 7487494	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tell am aware of my responsibility to file timely reports a the Election Code. I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations. Signature of Candidate	s required by title 15 of
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr	FIRST Ronnie	, мі F	OFFICE USE ONLY
NAME	NICKNAME	LAST Griffin	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 218 N Front S	APT / SUITE #; C St Catspring Tx 78	CITY: STATE; ZIP CODE 1933	CE 13 20
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	7487494	EXTENSION	Date Hand delivered or Calc Pestmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mr	FIRST Ronnie	мı F	Date Processed
TAPAINEL	NICKNAME	LAST Griffin	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)			-	
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 7487494	EXTENSION	
9 REPORT TYPE	January 15	30lh day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year / 1 / 23	THROUGH 1	Day Year / 1 / 24
11 ELECTION	- ELECTION DA	ME	ELECTION TYPE	
		Vana ■ Primary	Runoff Other	
	Month Day	Year	Description	
	3 / 5 /	24 General	Special	
12 OFFICE	OFFICE HELD (if any) Constable		13 OFFICE SOUGHT (If known	n)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
,	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ronnie Griffin		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)	\$	0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	577.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
	signature of Control Signature		fficeholder
NO SEA NOTE OF SEA	EPHANIE SHADDOX ary Public, State of Texas pm. Expires 01-25-2027 otary ID 13166073-6 before me by	<u>1</u> 2 da	ay of <u>Decembor</u>
- / typholle	MNUMBER Stephane Shada	$\Delta \times \Delta C$	OTHIN PUDIC
Signature of officer administe		Title	e of officer administering oath
(2) Unsworn Declarati	ion		
My name is	, and my date of birth is	5	·
My address is	,	1	t
		(state) (zip	code) (country)
Executed in	County, State of, on the day of(mont	, 2 h)	20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ER NAME 20 Filer ID (Ethics Connie Griffin	mmissio	n Filers)	
	HEDULE SUBTOTALS ME OF SCHEDULE		UBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	577.07	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	577.07	
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

			,				,	
		EXPENDITURE	CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Overt Food/Beverage Expense Polling Expense Glift/Awards/Memorials Expense Printing Exp		rerhead/Rental Expense Tra xpense Tra Expense Tra		iolicitation/Fundraising Expense fransportation Equipment & Related Expen fravel In District fravel Out Of District Ulter (enter a category not listed above)			
		The Instruction Guide	explains	s how to co	mplete this form.			
1 Total pages Schedule F4: 2	2 FILER Ronnie C					3 FII	ler ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	IZED EXF	ENDITURES CHAF	RGED	TOACRI	EDIT CARD	\$	577.07	7
5 Date	6 Payee	name	-					
12/07/2023	Visti Pri	isti Print						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
70.67	275 Wy	man St Waltham,	, MA 0	2451				
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10	1	ry (See Categories listed at the	top of this s	chedule)	(b) Description			
PURPOSE	Advert	ising			Business Ca	rds		
OF Expenditure								
	(c)	Check if travel outside of Texas.	Complete S	chedule T.	Check if Au	ustin, TX	, afficeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder na	ame	Of	fice sought		Office h	eld
Date	Pavee	name						
12/08/2023	1	urg Printing						
Amount (\$)	 	address;	· · · · · · · · · · · · · · · · · · ·		City;		State;	Zip Code
396.20		yey St Sealy, Tx	77474	1	Oily,		Sidito,	Lip Gode
TYPE OF EXPENDITURE		Political	loares	Non-Po	litical			
	Catego	ory (See Categories listed at the	top of this	schedule)	Description	, , .		
PURPOSE OF Expenditure	Advert	ising			Political Sign	าร		
		Check if travel outside of Texas	. Complete S	Schedule T.	Check if A	ustin, T	X, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Са	ndidate / Officeholder n	ame ,	Ol	ffice sought		Office h	eld

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 CAT	EGORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donallons Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Foodt/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services 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)			
		The Instruction Guide exp	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4: 2	2 FILER Ronnie G				3 Filer 1D (Ethics	Commission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACR	EDIT CARD	\$ 577.0	7	
5 Date	6 Payee	name	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
12/09/2023	Tractor -	Supply					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
110.20	2340 Hv	vy 36 S, Sealy, Tx 7	7474				
9 TYPE OF EXPENDITURE	(A. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Political	Non-Po	itical			
10	' ' -	y (See Categories listed at the top of	this schedule)	(b) Description			
PURPOSE	Adverti	sing		Sign Post			
OF Expenditure							
	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if A	ustin, TX, officeholder liv	ng expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	O	fice sought	Office	held	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	Slate;	Zip Code	
TYPE OF EXPENDITURE	Tancere Land	Political	Non-Po	litical			
PURPOSE OF Expenditure	Calego	ry (See Categories listed at the top o	(this schedule)	Description			
		Check if travel outside of Texas. Comp	olele Schedule T.	Check if A	tustin, TX, officeholder ilv	ring expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	0	ffice sought	Office	held	
	ΑΤΤΔ	CH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NE	EEDED		

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 (Candidate/Officeholder/Politic Credit Card Payment		eyment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor complete this form.	Solicitation/Fundraisi Transportation Equipr Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense				
1 Total pages Schedule G:	2 FILER NA Ronnie	_{ме} e Griffin			3 Filer ID (Ethics	Commission Filers)		
4 Date 12/07/2023	5 Payee nar Visti Pr							
6 Amount (\$) 70.67 Relimbursement from political contributions intended	7 Payee add	_{dress;} vman St Waltham, MA	\ 0245°	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category Advertisi	(See Categories listed at the top of this s	chedule)	(b) Description Business Card	s			
	(c)	Check if travel outside of Texas. Complete So	hedule T.	Check if Austin	, TX, officeholder living e	xpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
Date	Payee nar	ne						
12/08/2023	Wittenl	ourg Printing						
Amount (\$) 396.20 Reimbursement from political contributions intended	Payee add	_{dress;} eyer St Sealy Tx 7747	4	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category Advertisi	(See Categories listed at the top of this s	schedule)	Description Political Signs				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austii	n, TX, officeholder living e	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held		
Date	Payee nar	me						
12/09/2023	1 -	Supply						
Amount (\$) 110.20 Reimbursement from political contributions intended	Payee add	_{dress;} wy 36 South Sealy, T	× 7747	City; '4	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category Advertis	(See Categories listed at the top of this s	schedule)	Political Signs				
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austin	n, TX, officeholder living e	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	ATTA	CH ADDITIONAL COPIES C	F THIS S	CHEDULE AS NEED	ED			

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed; The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** KONNIÓ MP. NAME GRIFTIN NICKNAME FEB 08 2024 4 CANDIDATE/ ADDRESS / PO BOX: STATE: ZIP CODE OFFICEHOLDER 218 N. FRONT ST MAILING **USTIN COUNTY ADDRESS ELECTIONS** CAT SPRING TX 78933 Change of Address 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER ADDRESS** SAMO (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE EXTENSION **TREASURER PHONE** SAME 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 02/05/2024 01 /14 /24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE ON-STABLE 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	NNIE GRIFFIN	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)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 167,79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	\$ 167.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	a and correct and includes all information
	R4)	1//
	Signature of Ca	polidate or Officeholder
	, and the second se	
	Please complete either option below	<i>y</i> :
(1) Affidavit	TIFFANY NINO NOTARY PUBLIC STATE OF TEXAS ID # 13216965-0 My Comm. Expires 09-12-2027	
NOTARY STAMP/SEA Sworn to and subscribed	before me by RONNIE GYIHIN this the	5th day or February.
	which, witness my hand and seal of office.	Notaru
Signature of officer administr		Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (: County, State of, on the day of(month	state) (zip code) (country) , 20 n) (year)
		date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
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 FU	NDS	\$ /67.79			
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$			

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting 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 Salarles/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER MAME KONNIG GRIFFIN 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date WITTENBURG 7 Payee address; City: State; Zip Code 210 MEYER Reimbursement from political contributions intended SEALY TX 77474 8 (b) Description **PURPOSE** OF SIGNS ADVERTISING EXPENSE **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS / MR FIRST М CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER RONNIE** F mr NAME SUFFIX NICKNAME LAST GRIFFIN ADDRESS / PO BOX; APT / SUITE #; STATE: CITY ZIP CODE CANDIDATE / FEB 28 2024 **OFFICEHOLDER** 218 N. FRONT ST CATSPRING TX 78933 MAILING **ADDRESS** AUSTIN CO. TAX Change of Address BESSOR-COLLECTOR AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281 7487494 PHONE Receipt # Amount \$ FIRST CAMPAIGN MS / MRS / MR **TREASURER** SAME Date Processed NAME LAST SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN **TREASURER** SAME **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE SAME 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Month Dav Year COVERED 16 / 2 24 THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Runoff Primary Other Month Day Year Descriotion General Special 5 3 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE CONSTABLE CONSTABLE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

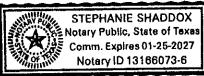
FORM C/OH COVER SHEET PG 2

		MITOLICE			
15 C/OH NAME RONNIE GRIFFIN		1	 6 Filer 0) (Ethles Co	mmission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3,	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
		affirm, under penalty of perjury, that the accompanying report is true be reported by me under Title 15, Election Code.	,	ect and incl	udes all information

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



- Millian	Notat In 19 100012-0	╝					
NOTARY STAMP/SEAL Sworn to and subscribed before to certify which	re me by <u>Rownis (</u>		ti	his the ∂U	0 day of \overline{Y}	ebruar	
	hadder Stor		addex	(Wto	in	
Signature of officer administering o	Oct 1				Title of officer administering o		
		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	(month)	, 20 (year)	<u>.</u>	
					ficeholder (Dec	slarant)	