# 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 Hand of Housed or Postma And Date Probabel |  |
| Date Imaged                                     |  |

| 1 ACCOUNT NUMBER                    | 2 TYPE OF FIL                            | ER                                |           |   |                            |  |
|-------------------------------------|--|-----------------------------------|-----------|---|----------------------------|--|
| (Ethics Commission Filers)          | CANDIDATE                                | $\boxtimes$                       |           | POLITICAL COMMITTEE   |                            |  |
|                                     | If filing as a cand<br>then read and sig | idale, complete boxe<br>n page 2. | es 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                             |           | М   |                            |  |
| (PLEASE TYPE OR PRINT)              | MR ?                                     | Ronnie                            |           | <i>/</i>  |                            |  |
| ·                                   | NICKNAME                                 | LAST                              |           | su  | FFIX (SR., JR., III, etc.) |  |
|                                     |  | GRIA                              | デエル       |   |                            |  |
| 4 TELEPHONE NUMBER                  | AREA CODE                                | PHONE I                           | NUMBER    | ЕХТЕ  | NSION                      |  |
| OF CANDIDATE (PLEASE TYPE OR PRINT) | (281) 7                                  | 487494                            |           |   |                            |  |
| 5 ADDRESS OF CANDIDATE              | STREET / PO BOX;                         | APT/SUITE#;                       | (         | CITY; STATE   | E; ZIP CODE                |  |
| (PLEASE TYPE OR PRINT)              | 2, 11, 2                                 | متعوب                             |           |   |                            |  |
|                                     | dio N.                                   | MRUNT                             | ST ,      | CAT SPRENG  | TX 78933                   |  |
| 6 OFFICE SOUGHT BY CANDIDATE        |  |                                   |           |   |                            |  |
| (PLEASE TYPE OR PRINT)              | CONST                                    | ABLE .                            |           |   |                            |  |
| 7 NAME OF COMMITTEE                 |  |                                   |           |   |                            |  |
| (PLEASE TYPE OR PRINT)              |  |                                   |           |   |                            |  |
|                                     | N/A                                      |                                   |           |   |                            |  |
| 8 NAME OF CAMPAIGN<br>TREASURER     | TITLE (Dr., Mr., Ms., etc.)              | _                                 |           | MI  |                            |  |
| (PLEASE TYPE OR PRINT)              | MR                                       | RUNNIÉ                            |           | F   |                            |  |
|                                     | NICKNAME                                 | LAST                              |           | su  | FFIX (SR., JR., III, etc.) |  |
|                                     |  | GRIFF                             | 51        |   |                            |  |
|                                     |  |                                   |           |   |                            |  |

**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.

Ĺ

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

## FORM CTA

|    | _                          |  | 1 Total pages filed:   |  |  |  |  |
|----|----------------------------|--|--|--|--|--|--|
|    | See                        | CTA Instruction Guide for detailed instructions.   |  |  |  |  |  |
| 2  | CANDIDATE                  | MS / MRS / MR FIRST MI   | OFFICE USE ONLY  |  |  |  |  |
|    | NAME                       | Mr Ronnie F  | Filer ID #   |  |  |  |  |
|    |                            | NICKNAME LAST SUFFIX   | Cale Received.   |  |  |  |  |
|    |                            | Griffin  | 2 8 35   |  |  |  |  |
| 3  | CANDIDATE                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |  |  |  |  |  |
|    | MAILING<br>ADDRESS         | 218 N Front St Catspring TX78933   |  |  |  |  |  |
|    | ADDRESS                    |  | Date Hand denvered or Postmarker   |  |  |  |  |
|    |                            |  | C <  |  |  |  |  |
| 4  | CANDIDATE<br>PHONE         | AREA CODE PHONE NUMBER EXTENSION   | Receipt # Amount \$  |  |  |  |  |
|    | TIONL                      | ( 281 )7487494   | Date Processed   |  |  |  |  |
| Ļ  |                            |  |  |  |  |  |  |
| 5  | OFFICE<br>HELD<br>(if any) | Constable  | Date Imaged  |  |  |  |  |
| 6  | OFFICE<br>SOUGHT           |  |  |  |  |  |  |
|    | (if known)                 | Constable  |  |  |  |  |  |
| 7  | CAMPAIGN<br>TREASURER      | MS/MRS/MR FIRST MI NICKNAME  | LAST SUFFIX  |  |  |  |  |
|    | NAME                       | Ronnie Griffin   |  |  |  |  |  |
|    |                            |  |  |  |  |  |  |
| 8  | CAMPAIGN                   | STREET ADDRESS; APT/SUITE#; CITY;  | STATE; ZIP CODE  |  |  |  |  |
|    | TREASURER<br>STREET        | 218 N Front St Catspring TX 78933  |  |  |  |  |  |
|    | ADDRESS                    |  |  |  |  |  |  |
| (  | residence or business)     |  |  |  |  |  |  |
| 9  | CAMPAIGN                   | AREA CODE PHONE NUMBER EXTENSION   | The state of the s |  |  |  |  |
|    | TREASURER<br>PHONE         | ( 281 ) 7487494  |  |  |  |  |  |
|    |                            | 201 / 1701777  |  |  |  |  |  |
| 10 | CANDIDATE                  |  |  |  |  |  |  |
|    | SIGNATURE                  | I am aware of the Nepotism Law, Chapter 573 of the Te  | exas Government Code.  |  |  |  |  |
|    |                            | I am aware of my responsibility to file timely reports a   | s required by title 15 of  |  |  |  |  |
|    |                            | the Election Code.   |  |  |  |  |  |
|    |                            | I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations. | Code on contributions  |  |  |  |  |
|    |                            | JANI   | . 1 1  |  |  |  |  |
|    |                            | 1  | 2/1/23   |  |  |  |  |
|    |                            | Signature of Candidate   | Date Signed  |  |  |  |  |
|    | GO TO PAGE 2               |  |  |  |  |  |  |

| The C/OH Instruction G                              | Buide explains how               | to complete this form.            | 1 Filer ID (Ethics Commission Filers)    | 2 Total pages filed:  |
|---|----------------------------------|-----------------------------------|--|---|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | Ms/MRs/MR<br>Mr                  | FIRST<br>Ronnie                   | мі<br>F                                  | OFFICE USE ONLY   |
| NAME  | NICKNAME                         | LAST<br>Griffin                   | SUFFIX                                   | Date Received   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX;<br>218 N Front | APT / SUITE #; St Catspring Tx 78 | CITY: STATE; ZIP CODE<br>1933            | CE 13 28  |
| Change of Address                                   |                                  |                                   |  |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | (281 )                           | PHONE NUMBER 7487494              | EXTENSION                                | Date Haur delivered or Date Hestmarked  |
| 6 CAMPAIGN  | MS / MRS / MR                    | FIRST                             | MI                                       | Medelpt # Missourit \$  |
| TREASURER<br>NAME                                   | Mr                               | Ronnie                            | F  | Date Processed  |
|   | NICKNAME                         | LAST                              | SUFFIX                                   | Date Imaged   |
|   |                                  | Griffin                           |  |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (                 | NO PO BOX PLEASE); APT / S        | SUITE #; CITY;                           | STATE; ZIP CODE   |
| (Residence or Business)                             |                                  |                                   |  |   |
| 8 CAMPAIGN<br>TREASURER                             | AREA CODE                        | PHONE NUMBER                      | EXTENSION                                |   |
| PHONE   | (281)                            | 7487494                           |  |   |
| 9 REPORT TYPE                                       | January 15                       | 30th day before o                 | election Runoff                          | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)   |
|   | July 15                          | 8th day before el                 | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH • FR)   |
| 10 PERIOD<br>COVERED                                | Month                            | Day Year                          | Month                                    | Day Year  |
| 00127420  | 12                               | / 1 / 23                          | THROUGH 1                                | / 1 / 24  |
| 11 ELECTION   | · ELECTION DA                    | те ]                              | ELECTION TYPE                            |   |
|   | Month Day                        | Year Primary                      | Runoff Other<br>Description              |   |
| ·   | 3 / 5 /                          | Z4 General                        | · ·                                      |   |
| 12 OFFICE   | OFFICE HELD (If any) Constable   |                                   | 13 OFFICE SOUGHT (if known               | n)  |
| 14 NOTICE FROM<br>POLITICAL                         | THE CANDIDATE / OFFIC            | CEHOLDER. THESE EXPENDITURE       | S MAY HAVE BEEN MADE WITHOUT THE CAN     | MADE BY POLITICAL COMMITTEES TO SUPPORT<br>DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE                   | COMMITTEE NAME                    |  | ·   |
| Additional December                                 | GENERAL                          | COMMITTEE ADDRESS                 |  |   |
| Additional Pages                                    | SPECIFIC                         | COMMITTEE CAMPAIGN TRI            | EASURER NAME                             |   |
|   |                                  | COMMITTEE CAMPAIGN TR             | REASURER ADDRESS                         |   |
|   |                                  | GO TO                             | PAGE 2                                   |   |

# **CANDIDATE / OFFICEHOLDER**

### FORM C/OH

|  | FINANCE REPORT   |                 |  |
|--|--|-----------------|--|
| 15 C/OH NAME<br>Ronnie Griffin   |  | 16 Filer ID     | (Ethics Commission Filers)   |
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  | HAN \$          | 0.00   |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD   | NS) \$          | 0.00   |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,   | \$              | 0.00   |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$              | 577.07   |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD  | LAST DAY \$     | 0.00   |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>LAST DAY OF THE REPORTING PERIOD  | S OF THE \$     | 0.00   |
|  | Please complete either option bel  | Candidate or C  | Officeholder   |
|  |  |                 |  |
| NO ARY SEALE / SEAL NO Sworn to and subscribed   | PHANIE SHADDOX by Public, State of Texas by Public, State of Texas complete St | the <u>12</u> d | lay of <u>Decembo</u>  |
| NO NO SEAME / SEAM No Sworn to and subscribed 20 3 to certify when the subscribed subscr | this which, witness my hand and seal of office.  | X xcrl          | 10tary Public  |
| NO ARY STAME SEAL NO Sworn to and subscribed   | this which, witness my hand and seal of office.  | X xcrl          | lay of <u>DCCM/DC</u><br>OHUM PUOLIC<br>le of officer administering oath |
| NOTE STEEN NOTE NOTE NOTE NOTE NOTE NOTE NOTE  | this which, witness my hand and seal of office.  Printed name of officer administering oath  OR  | X xcrl          | 10tary Public  |
| NO REPORT NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT   | this which, witness my hand and seal of office.  Printed name of officer administering oath  OR  and my date of bird.  | <u>A</u> XCN    | OHUM PUBLIC<br>le of officer administering oath                          |
| NO REPORT NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT   | this which, witness my hand and seal of office.  Printed name of officer administering oath  OR  | <u>A</u> XCN    | OHUM PUBLIC<br>le of officer administering oath                          |

Signature of Candidate/Officeholder (Declarant)

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

| 19 FILE | 19 FILER NAME 20 Filer ID (Ethics Com                                     |                    |             |                   |
|---------|---|--------------------|-------------|-------------------|
| Ronr    | nie Griffin   |                    |             |                   |
|         | HEDULE SUBTOTALS<br>ME OF SCHEDULE  |                    | _           | UBTOTAL<br>AMOUNT |
| 1.      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |                    |             |                   |
| 2.      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                    | <b>(</b> \$ | 0.00              |
| 3.      | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                      |                    |             |                   |
| 4.      | 4. SCHEDULE E: LOANS  |                    |             |                   |
| 5.      | 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  |                    |             |                   |
| 6.      | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                               |                    |             |                   |
| 7.      | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS |                    |             |                   |
| 8.      | 3. ■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                        |                    |             |                   |
| 9.      | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS               |                    |             |                   |
| 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 CO             | ONTRIBUTIONS       | \$          | 0.00              |
| 12.     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU<br>TO FILER   | TIONS RETURNED     | \$          | 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 CATE  | GORIES FO  | OR BOX 10(a)      |   |                      |                    |
|--|---|---|--|-------------------|---|----------------------|--------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee |   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/ReImbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor |                   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Exp<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |                      |                    |
|  |   | The Instruction Guide explai  | ns how to co   | mplete this form. |   |                      |                    |
| 1 Total pages Schedule F4:<br>2  | 2 FILER<br>Ronnie G                     |   |  |                   | 3 File  | er ID (Ethics (      | Commission Filers) |
| 4 TOTAL OF UNITEM  | IZED EXP                                | ENDITURES CHARGED   | TOACRI   | EDIT CARD         | \$  | 577.07               | 7                  |
| 5 Date   | 6 Payee                                 | name  |  |                   | •   |                      |                    |
| 12/07/2023   | Visti Pri                               | nt  |  |                   |   |                      |                    |
| 7 Amount (\$)  | 8 Payee                                 | address;  |  | City;             |   | State;               | Zip Code           |
| 70.67  | 275 Wyı                                 | man St Waltham, MA  | 02451  |                   |   |                      |                    |
| 9 TYPE OF EXPENDITURE  |   | Political   | Non-Pol  | itical            |   |                      |                    |
| 10   | (a) Catego                              | y (See Categories listed at the top of this   | s schedule)  | (b) Description   |   |                      |                    |
| PURPOSE  | Adverti                                 | sing  |  | Business Ca       | rds   |                      |                    |
| OF<br>Expenditure  |   |   |  |                   |   |                      |                    |
|  | (c)                                     | Check if travel outside of Texas, Complete  | Schedule T.  | Check if A        | ustin, TX,  | officeholder living  | g expense          |
| 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH                       |   |   |  |                   |   |                      |                    |
| Date   | Payee                                   | name  |  |                   |   |                      |                    |
| 12/08/2023   | Wittenb                                 | urg Printing  |  |                   |   |                      |                    |
| Amount (\$)  | Payee                                   | address;  |  | City;             |   | State;               | Zip Code           |
| 396.20   | 210 Me                                  | yey St Sealy, Tx 7747   | 74   |                   |   |                      |                    |
| TYPE OF<br>EXPENDITURE   |   | Political   | Non-Po   | litical           |   |                      |                    |
|  | Catego                                  | ry (See Calegories listed at the top of th  | is schadule)   | Description       |   |                      |                    |
| PURPOSE  | Adverti                                 | sing  |  | Political Sign    | าร  |                      |                    |
| OF<br>Expenditure  |   |   |  |                   |   |                      |                    |
| <b>_</b>   | *************************************** | Check if travel outside of Texas. Complet   | e Schedule T.  | Check if A        | wstin, TX   | , officeholder livin | g expense          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Сан                                     | ndidate / Officeholder name   | O  | ffice sought      |   | Office h             | eld                |
|  |   |   |  |                   |   |                      |                    |
|  |   |   |  |                   |   |                      |                    |
|  | ATTA                                    | CH ADDITIONAL COPIES  | OF THIS S  | CHEDULE AS N      | EEDED   | )                    |                    |
|  |   |   |  |                   |   |                      |                    |

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

|  |                       | EXPENDI  | TURE CATEG               | ORIES FO  | OR BOX 10(a)                 |             |                     |                   |
|--|-----------------------|--|--------------------------|---|------------------------------|-------------|---------------------|-------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee |                       | Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor |                          | nead/Rental Expense<br>onse<br>ense<br>ges/Contract Labor |                              |             |                     |                   |
|  |                       | The Instruction  | on Guide explain         | s how to co   | mplete this form.            |             |                     |                   |
| 1 Total pages Schedule F4:<br>2  | 2 FILER<br>Ronnie G   |  |                          |   |                              | 3 File      | r ID (Ethics C      | ommission Filers) |
| 4 TOTAL OF UNITEM  | IZED EXP              | ENDITURES  | CHARGED                  | TOACRE  | EDIT CARD                    | \$          | 577.07              | 7                 |
| 5 Date   | 6 Payee               | name   |                          |   |                              |             |                     |                   |
| 12/09/2023   | Tractor               |  |                          |   |                              |             |                     |                   |
| 7 Amount (\$)  | 8 Payee               | address;   |                          |   | City;                        |             | State;              | Zip Code          |
| 110.20   | 2340 Hv               | vy 36 S, Se  | aly, Tx 774              | 74  |                              |             |                     |                   |
| 9 TYPE OF<br>EXPENDITURE   | III                   | Political  |                          | Non-Pol   | itical                       |             |                     |                   |
| 10 PURPOSE OF EXPENDITURE  | (a) Catego<br>Adverti | ry (See Categories II<br>Sing  | sted at the top of this  | schedule)   | (b) Description<br>Sign Post |             |                     |                   |
|  | (c)                   | Check if travel outsid   | le of Texas, Complete :  | Schedule T.   | Check if A                   | ustin, TX,  | officeholder living | expense           |
| 11 Complete ONLY if direct expenditure to benefit C/OH   | Car                   | ndldate / Officeh  | older name               | Of  | fice sought                  |             | Office h            | eld               |
| Date   | Payee                 | name   |                          |   |                              |             |                     |                   |
| Amount (\$)  | Payee                 | address;   |                          |   | City;                        |             | State;              | Zip Code          |
| TYPE OF<br>EXPENDITURE   |                       | Political  | Γ                        | Non-Po  | litical                      |             |                     |                   |
| PURPOSE<br>OF<br>EXPENDITURE   | Catego                | ry (See Categories I   | isted at the top of this | schedule)   | Description                  |             |                     |                   |
|  |                       | Check if travel outsi  | de of Texas. Complete    | Schedule T.   | Check if A                   | lustin, TX, | officeholder living | g expense         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Ca                    | ndidate / Officel  | older name               | OI  | ffice sought                 |             | Office h            | eld               |
|  | ATTA                  | CH ADDITION  | AL COPIES C              | OF THIS S   | CHEDULE AS NI                | 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 | Fees Food/Beverage Expense By Gift/Awards/Memorials Expense               | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |  |  |  |
| 1 Total pages Schedule G:   | 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |  |  |  |
| 1   | Ronnie Griffin  |   | THE TO LETTER COMMISSION ( NOTS)  |  |  |  |
| <sup>4</sup> Date 12/07/2023  | 5 Payee name<br>Visti Print   |   |   |  |  |  |
| 6 Amount (\$) 70.67 Reimbursement from political contributions intended   | 7 Payee address;<br>275 Wyman St Waltham, MA (                            | City;<br>02451  | State; Zip Code   |  |  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this school Advertising | Business Card   | ls  |  |  |  |
|   | (c) Check if travel outside of Texas. Complete Scheo                      | dute T. Check if Austin   | n, TX, officeholder living expense  |  |  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought   | Office held   |  |  |  |
| Date  | Payee name  |   |   |  |  |  |
| 12/08/2023  | Wittenburg Printing   |   |   |  |  |  |
| Amount (\$) 396.20 Reimbursement from political contributions intended  | Payee address;<br>210 Meyer St Sealy Tx 77474                             | City;   | State; Zip Code   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this sch<br>Advertising     | Description Political Signs   |   |  |  |  |
|   | Check if travel outside of Texas, Complete Sche                           | dule T. Check if Austin   | n, TX, officeholder living expense  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/  | Candidate / Officeholder name   | Office sought   | Office held   |  |  |  |
| Date  | Payee name  |   |   |  |  |  |
| 12/09/2023  | Tractor Supply  |   |   |  |  |  |
| Amount (\$) 110.20 Reimbursement from political contributions Intended  | Payee address;<br>2340 Hwy 36 South Sealy, Tx                             | City;<br>77474  | State; Zip Code   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this sch<br>Advertising     | Political Signs   | ;   |  |  |  |
|   | Check if travel outside of Texas. Complete Sche                           | dule T. Check if Austic   | n, 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   | DED   |  |  |  |

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filler 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 KONNIÓ **OFFICEHOLDER** MP. NAME NICKNAME SUFFIX FEB 08 2024 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE **OFFICEHOLDER** 218 N. FRONT ST **USTIN COUNTY** MAILING **ADDRESS ELECTIONS** PHONE NUMBER E Change of Address AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281) 748 7494 **PHONE** Receipt # Amount \$ CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** SAMO (Residence or Business) PHONE NUMBER 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) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day COVERED 02/05/2024 01 /14 /24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE ON-STABLE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

SPECIFIC

Additional Pages

| 15 C/OH NAME                    |  | 16 Filer ID (Ethics Commission Filers)     |
|---------------------------------|--|--|
| 1 7/                            | VNIE GRIFFIN   | ,  |
| 17 CONTRIBUTION TOTALS          | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$ 6                                       |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 16779                                   |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 6                                       |
|                                 | 4. TOTAL POLITICAL EXPENDITURES  | \$ 164.79                                  |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD   | ST DAY \$                                  |
| OUTSTANDING<br>LOAN TOTALS      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | F THE \$                                   |
| I .                             | wear, or affirm, under penalty of perjury, that the accompanying report is tru ulred to be reported by me under Title 15, Election Code.                       | e and correct and includes all information |
|                                 | D1.  | M //                                       |
|                                 | Signature of Co  | andidate or Officeholder                   |
|                                 | Signature of Ca  | indidate of Officerolder                   |
|                                 |  |  |
|                                 | Please complete either option below  | v:   |
|                                 |  |  |
|                                 | <b></b>  |  |
| (1) Affidavit                   | TIFFANY NINO NOTARY PUBLIC STATE OF TEXAS ID # 13216965-0  |  |
| NOTARY STAMP/SEAL               | _  | ~ 1 f-                                     |
| 1 011                           |  | 5th day of February.                       |
| 20 <u>L</u> , to certify        | which, witness my hand and seal of office.<br>Description of the seal of office.   | Nntaru                                     |
| Signature of officer administer |  | Title of officer administering oath        |
|                                 | OR   |  |
| (2) Unsworn Declaration         | on   |  |
| My name is                      | , and my date of birth is  | •  |
| My address is                   |  | 1  |
|                                 |  | state) (zip code) (country)                |
| Executed in                     | County, State of, on the day of(month  | n) , 20<br>(year)                          |
|                                 | Signature of Candi   | date/Officeholder (Declarant)              |

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

| 19 FILER NAME                             | FILER NAME 20 Filer ID (Ethics Co                  |                       |           |  |  |
|---|--|-----------------------|-----------|--|--|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | SUBTOTAL<br>AMOUNT                                 |                       |           |  |  |
| 1. SCHEDULEA1: MO                         | NETARY POLITICAL CONTRIBUTIONS                     |                       | \$        |  |  |
| 2. SCHEDULE A2: NO                        | N-MONETARY (IN-KIND) POLITICAL CONTRIBUTION        | ıs                    | \$        |  |  |
| 3. SCHEDULE B: PLE                        | DGED CONTRIBUTIONS                                 |                       | \$        |  |  |
| 4. SCHEDULE E: LOA                        | NS   |                       | \$        |  |  |
| 5. SCHEDULE F1: PC                        | DLITICAL EXPENDITURES MADE FROM POLITICAL          | CONTRIBUTIONS         | \$        |  |  |
| 6. SCHEDULE F2: UN                        | PAID INCURRED OBLIGATIONS                          |                       | \$        |  |  |
| 7. SCHEDULE F3: PU                        | JRCHASE OF INVESTMENTS MADE FROM POLITIC           | CAL CONTRIBUTIONS     | \$        |  |  |
| 8. SCHEDULE F4: EX                        | KPENDITURES MADE BY CREDIT CARD                    |                       | \$        |  |  |
| 9. SCHEDULE G: PO                         | LITICAL EXPENDITURES MADE FROM PERSONAL            | FUNDS                 | \$ 167.79 |  |  |
| 10. SCHEDULE H: PAY                       | MENT MADE FROM POLITICAL CONTRIBUTIONS             | TO A BUSINESS OF C/OH | \$        |  |  |
| 11. SCHEDULE I: NON-                      | POLITICAL EXPENDITURES MADE FROM POLITICA          | LCONTRIBUTIONS        | \$        |  |  |
|   | EREST, CREDITS, GAINS, REFUNDS, AND CONTR<br>FILER | IBUTIONS 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 Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salarles/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME | KONNIG CRIFFIN 3 Filer ID (Ethics Commission Filers) 4 Date 1/14/24 WITTENBURG 6 Amount (\$ 7 Payee address; City; State: Zip Code 210 MEYER Reimbursement from political contributions intended (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: City; State; Zip Code Relmbursement from political contributions Intended 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 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 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 FIRST CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** RONNIE mr NAME NICKNAME LAST SUFFIX **GRIFFIN** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE FEB 28 2024 **OFFICEHOLDER** 218 N. FRONT ST CATSPRING TX 78933 **MAILING ADDRESS** AUSTIN CO. TAX Change of Address ASBESSOR-COLLECTOR 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281 7487494 **PHONE** Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** SAME Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE: **ZIP CODE TREASURER** SAME **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER PHONE** SAME REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year **COVERED** 26 2 2 16 / THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Primary Other Day Description Special 24 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE CONSTABLE CONSTABLE 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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**

#### FORM C/OH COVER SHEET PG 2

| CAMPAIGN                       | 1 FIN     | ANCE REPORT  | CO         | /ER SH        | EET PG 2         |
|--------------------------------|-----------|--|------------|---------------|------------------|
| 15 C/OH NAME<br>RONNIE GRIFFIN |           | 1  | 6 Filer II | O (Ethics Cor | nmission Filers) |
| 17 CONTRIBUTION<br>TOTALS      | 1.        | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)         |            | \$            | 0.00             |
|                                | <b>2.</b> | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  |            | \$            | 0.00             |
| EXPENDITURE<br>TOTALS          | 3.        | TOTAL UNITEMIZED POLITICAL EXPENDITURE.  |            | \$            | 0.00             |
| :                              | 4.        | TOTAL POLITICAL EXPENDITURES   |            | \$            | 0.00             |
| CONTRIBUTION<br>BALANCE        | 5,        | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>OF REPORTING PERIOD   | DAY        | \$            | 0.00             |
| OUTSTANDING<br>LOAN TOTALS     | 6.        | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD   | THE        | \$            | 0.00             |
| 1                              |           | affirm, under penalty of perjury, that the accompanying report is true be reported by me under Title 15, Election Code.  Signature of Can- | /          |               |                  |

Please complete either option below:

(1) Affidavit



| NOTARY STAMP/SEAL  Sworn to and subscribed be | foro ma by Runn            | IE GREGGIA                      | thic             | the 21/          | 2 day of X      | שי <i>א</i> מל פ |
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| 0.1   |                            |                                 | (1)3             | uic <u>~ ~ ~</u> | <u> </u>        | <u> </u>         |
| <u> </u>                                      | ich, witness my hand and s | <b>-</b>                        | addox            |                  | Wito            | iny              |
| Signature of officer administering            | oath Prin                  | ted name of officer administeri | ng oath          |                  | Title of office | r adminhaterin   |
|   |                            |                                 |                  |                  |                 |                  |
|   |                            | OR                              |                  |                  |                 |                  |
|   |                            | OR                              |                  |                  |                 |                  |
| (2) Unsworn Declaration                       |                            |                                 | ad my data of hi | dh ic            |                 |                  |
| (2) Unsworn Declaration                       |                            |                                 | nd my date of bi | rth is           |                 |                  |
| (2) Unsworn Declaration                       |                            |                                 |                  | _11              | •               |                  |
| (2) Unsworn Declaration                       | (street)                   |                                 | (city)           | _,,<br>(state)   | (zip code)      | (country)        |

#### 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 MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** KONNE.... NAME NICKNAME SUFFIX OCT 07 2024 ADDRESS / PO BOX; STATE; 4 CANDIDATE / ZIP CODE OFFICEHOLDER 218 N. FRONTST **MAILING** AUSTIN COUNTY ELECTIONS **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281) 7487494 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 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 THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Other Description Primary Runoff General 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) ON STABLE 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

|                              |  | 1  |
|------------------------------|--|--|
| 15 C/OH NAME                 | w- Corect  | 16 Filer ID (Ethics Commission Filers)                 |
| <u> </u>                     | WIE GRIFFIN  |  |
| 17 CONTRIBUTION<br>TOTALS    | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | 1 G  |
|                              | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O   | DF LOANS) \$   |
| EXPENDITURE<br>TOTALS        | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ &   |
|                              | 4. TOTAL POLITICAL EXPENDITURES  | \$ 0   |
| CONTRIBUTION<br>BALANCE      | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD   | OF THE LAST DAY \$                                     |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO<br>LAST DAY OF THE REPORTING PERIOD  | DANS AS OF THE \$                                      |
|                              | swear, or affirm, under penalty of perjury, that the accompanying r  | eport is true and correct and includes all information |
| re                           | equired to be reported by me under Title 15, Election Code.  |  |
|                              |  |  |
|                              | $\nu_{\perp}$  | A //   |
|                              | トプス  | 4/4  |
|                              |  | Aller As Condition or Officeholder                     |
|                              | Sign   | ajure of Candidate or Officeholder                     |
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|                              | Please complete either option  | m below:   |
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| (1) Affidavit                |  |  |
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| NOTARY STAMP/SE              | ΔΙ   |  |
| NOTART START 7 SE            |  |  |
|                              | I to town one has  | thin the day of  |
| Sworn to and subscribe       | d before me by   | this the,  |
| 20 to certif                 | fy which, witness my hand and seal of office.  |  |
| , (O Certif                  | y Willon, Williess my hand and soul of onloc.  |  |
|                              |  |  |
| Signature of officer adminis | tering oath Printed name of officer administering oath   | Title of officer administering oath                    |
|                              | I tailed fighte of emort definitioning duti  |  |
|                              | OR   |  |
| (0) 11                       | 41   |  |
| (2) Unsworn Declara          | tion   |  |
| $\nabla$                     | 17-00  | 50/15/10/17  |
| My name is KON               |  | te of birth is 09/15/1949                              |
| My address is $218$          | N. FRONT ST CATSPEAN   |  |
|                              | (street) (city)  | (state) (zip code) (country)                           |
| Executed in AUST             | County, State of TEXMS , on the 5 da   | y of CCTORER, 20 24.                                   |
| LACOURGE III                 |  | (month) (year)   |
|                              |  | K7/1/h   |
|                              |  |  |
| 1                            |  | re of Candidate/Officeholder (Declarant)               |