

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 Received	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DEC 13 2023</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">AUSTIN COUNTY ELECTIONS</p>
Date Hand-delivered or Postmarked	
Date Processed	
Date Imaged	

<p>1 ACCOUNT NUMBER (Ethics Commission Filers)</p>	<p>2 TYPE OF FILER</p> <p>CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/></p> <p><i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i></p>															
<p>3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE (Dr., Mr., Ms., etc.)</td> <td style="width: 30%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>MR</td> <td>RONNIE</td> <td>F</td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX (SR., JR., III, etc.)</td> </tr> <tr> <td></td> <td>GRIFFIN</td> <td></td> </tr> </table>	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI	MR	RONNIE	F				NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)		GRIFFIN	
TITLE (Dr., Mr., Ms., etc.)	FIRST	MI														
MR	RONNIE	F														
NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)														
	GRIFFIN															
<p>4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 40%;">EXTENSION</td> </tr> <tr> <td>(281)</td> <td>7487494</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(281)	7487494										
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<p>5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">STREET / PO BOX;</td> <td style="width: 15%;">APT / SUITE #;</td> <td style="width: 15%;">CITY;</td> <td style="width: 15%;">STATE;</td> <td style="width: 25%;">ZIP CODE</td> </tr> <tr> <td colspan="5">214 N. FRONT ST CATSPRING TX 78933</td> </tr> </table>	STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	214 N. FRONT ST CATSPRING TX 78933									
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<p>6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)</p>	<p>CONSTABLE</p>															
<p>7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)</p>	<p>N/A</p>															
<p>8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE (Dr., Mr., Ms., etc.)</td> <td style="width: 30%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>MR</td> <td>RONNIE</td> <td>F</td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX (SR., JR., III, etc.)</td> </tr> <tr> <td></td> <td>GRIFFIN</td> <td></td> </tr> </table>	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI	MR	RONNIE	F				NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)		GRIFFIN	
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NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)														
	GRIFFIN															

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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 NAME	MS / MRS / MR	FIRST	MI
	Mr Ronnie F		
	NICKNAME	LAST	SUFFIX
	Griffin		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE
	218 N Front St Catspring TX78933		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281) 7487494		
5 OFFICE HELD (if any)	Constable		
6 OFFICE SOUGHT (if known)	Constable		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI NICKNAME LAST SUFFIX
	Ronnie Griffin		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #;		CITY; STATE; ZIP CODE
	218 N Front St Catspring TX 78933		
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 Texas Government Code.		
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.		
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.		
	 _____ Signature of Candidate	12/1/23 _____ Date Signed	

OFFICE USE ONLY

Filer ID #

Date Received

Date Handled or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

RECEIVED
 DEC 13 2023
 AUSTIN COUNTY ELECTIONS

GO TO 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	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	\$	577.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

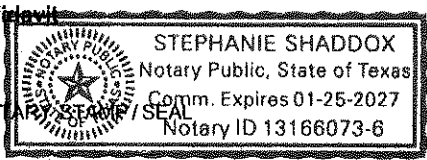
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

R. Griffin

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by RONNIE GRIFFIN this the 12 day of December 2003, to certify which, witness my hand and seal of office.
Stephanie Shaddox Stephanie Shaddox Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
19 FILER NAME Ronnie Griffin	20 Filer ID (Ethics Commission Filers)	
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. SCHEDULE E: LOANS		\$ 0.00
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		\$ 0.00
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 CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Ronnie Griffin	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 577.07
5 Date 12/07/2023	6 Payee name Visti Print	
7 Amount (\$) 70.67	8 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Business Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Wittenburg Printing	
Amount (\$) 396.20	Payee address; City; State; Zip Code 210 Meyey St Sealy, Tx 77474	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political Signs
	(c) 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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials 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 F4: 2	2 FILER NAME Ronnie Griffin	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 577.07
5 Date 12/09/2023	6 Payee name Tractor Supply	
7 Amount (\$) 110.20	8 Payee address; City; State; Zip Code 2340 Hwy 36 S, Sealy, Tx 77474	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign Post
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Ronnie Griffin	3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2023	5 Payee name Visti Print	
6 Amount (\$) 70.67 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Business Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/08/2023	Payee name Wittenburg Printing	
Amount (\$) 396.20 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 210 Meyer St Sealy Tx 77474	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/09/2023	Payee name Tractor Supply	
Amount (\$) 110.20 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 2340 Hwy 36 South Sealy, Tx 77474	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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