

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F4:                                  | <b>2</b> FILER NAME<br>Sonny R. Atchley  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  | \$  |
| <b>5</b> Date<br>10-09-2019  | <b>6</b> Payee name<br>Vista Print   |   |
| <b>7</b> Amount (\$)<br>147.21                                     | <b>8</b> Payee address; City; State; Zip Code<br>295 Wyman St. Waltham MA 02451  |   |
| <b>9</b> TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>10</b> PURPOSE OF EXPENDITURE                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>MAGNETIC AUTO SIGNS |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>11</b><br>Complete ONLY 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 type="checkbox"/> Political <input type="checkbox"/> Non-Political  |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description                                   |
|  | <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                   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>         |  |   |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|                                       |  |  |
|---------------------------------------|--|--|
| <b>1</b> Total pages Schedule G:<br>3 | <b>2</b> FILER NAME<br>Sonny Ray Atchley | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|--|--|

|                           |  |
|---------------------------|--|
| <b>4</b> Date<br>08/28/19 | <b>5</b> Payee name<br>San Jacinto County Election Admin |
|---------------------------|--|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| <b>6</b> Amount (\$) 8.50<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;<br>51 E Pine Avz<br>Cold Spring TX 77331 | City; | State; | Zip Code |
|---|--|-------|--------|----------|

|                                 |  |                                      |
|---------------------------------|--|--------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br>Voter List |
|                                 | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                      |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                  |                                     |
|------------------|-------------------------------------|
| Date<br>11/09/19 | Payee name<br>San Jacinto County RP |
|------------------|-------------------------------------|

|  |   |       |        |          |
|--|---|-------|--------|----------|
| Amount (\$) 375.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address;<br>201 Hwy 150<br>Cold Spring TX 77331 | City; | State; | Zip Code |
|--|---|-------|--------|----------|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>FEES  | Description<br>Application for Place on Ballot |
|                                 | <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<br>12-03-19 | Payee name<br>Shepherd Chamber of Commerce |
|------------------|--|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| Amount (\$) 10.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address;<br>10251 Hwy 150<br>Shepherd TX 77371 | City; | State; | Zip Code |
|---|--|-------|--------|----------|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>FEES  | Description<br>Parade Float Entrance Fee |
|                                 | <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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                       |   |  |
|---------------------------------------|---|--|
| <b>1</b> Total pages Schedule G:<br>3 | <b>2</b> FILER NAME<br>SONNY R. ATCHLEY | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|---|--|

|  |  |
|--|--|
| <b>4</b> Date<br>11-14-19<br><del>10-09-19</del> | <b>5</b> Payee name<br>VistaPrint Discover |
|--|--|

|   |  |
|---|--|
| <b>6</b> Amount (\$) 147.21<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address:<br>P.O. Box 790213<br>City: St. Louis State: MO Zip Code: 63179-0213 |
|---|--|

|                                    |   |   |
|------------------------------------|---|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br>MAGNETIC AUTO SIGNS                                    |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b><br>Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                  |                           |
|------------------|---------------------------|
| Date<br>09-18-19 | Payee name<br>VISTA Print |
|------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$) 31.38<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address:<br>275 Wyman St.<br>City: Waltham State: MA Zip Code: 02451 |
|---|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br>Campaign Business Cards                                    |
|                               | <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<br>11-08-19 | Payee name<br>J and R Signs |
|------------------|-----------------------------|

|  |  |
|--|--|
| Amount (\$) 643.26<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address:<br>11345 Crossno<br>City: Cleveland State: TX Zip Code: 77328 |
|--|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br>YARD CAMPAIGN 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br>3  | <b>2</b> FILER NAME<br>Sonny R. Atchley  | <b>3</b> Filer ID (Ethics Commission Filers)         |
| <b>4</b> Date<br>12-05-19  | <b>5</b> Payee name<br>Walmart Supercenter   |  |
| <b>6</b> Amount (\$) 51.07<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>Walmart Super<br>1620 West Church St. Livingston TX 77351   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Campaign Float Decorations |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held                            |
| Date   | Payee name   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended                   | Payee address; City; State; Zip Code   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description  |
|  | <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   | Payee name   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended                   | Payee address; City; State; Zip Code   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description  |
|  | <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                            |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

COPY

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE NAME

MS / MRS / MR FIRST MI  
 Mr. Sonny R.  
 NICKNAME LAST SUFFIX  
 "Ray" Atchley

OFFICE USE ONLY

Filer ID #

Date Received

SAN JACINTO COUNTY  
 ELECTION ADMINISTRATION

RECEIVED  
 JUL 1 6 2019

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 2211 Fm 1127 Shepherd TX 71371

4 CANDIDATE PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (281) 761-8011

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

Constable Pet. 2 San Jacinto Co.

7 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX  
 Mr. Sonny R "Ray" Atchley

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 2211 Fm 1127 Shepherd TX 71371

9 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (281) 761-8011

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.

*Sonny Ray Atchley*  
 Signature of Candidate

07  
 07/16/19  
 Date Signed

GO TO PAGE 2

# 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          | OFFICE USE ONLY |  |                                   |
|                             | MR.               | Sonny          | R           | Filer ID #      |  |                                   |
|                             | NICKNAME          | LAST           | SUFFIX      | Date Received   |  |                                   |
|                             | -                 | Atchley        | -           | NOV 13 2023     | SAN JACINTO COUNTY<br>ELECTION ADMINISTRATOR |                                   |
| 3 CANDIDATE MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY;       | STATE;          | ZIP CODE                                     | Date Hand-Delivered or Postmarked |
|                             | 2211 Fm 1127      |                | Shepherd TX |                 | 77371  | Receipt #                         |
| 4 CANDIDATE PHONE           | AREA CODE         | PHONE NUMBER   | EXTENSION   | Date Processed  |  |                                   |
|                             | (281)             | 761-9006       | -           |                 |  |                                   |
| 5 OFFICE HELD (if any)      | Constable         |                |             |                 |  | Date Imaged                       |
| 6 OFFICE SOUGHT (if known)  | PCT. 2 Constable  |                |             |                 |  |                                   |

|   |                 |                |             |               |          |        |
|---|-----------------|----------------|-------------|---------------|----------|--------|
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR       | FIRST          | MI          | NICKNAME      | LAST     | SUFFIX |
|   | MR.             | SONNY          | R.          | <del>MR</del> | Atchley  |        |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS; | APT / SUITE #; | CITY;       | STATE;        | ZIP CODE |        |
|   | 2211 Fm 1127    |                | Shepherd TX |               | 77371    |        |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE       | PHONE NUMBER   | EXTENSION   |               |          |        |
|   | 281             | (900) 761-9006 |             |               |          |        |

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

11/03/2023  
Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

*Sonny R. Atchley*

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

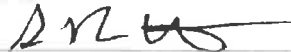
**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,010 in political contributions or  
make more than \$1,010 in political expenditures (excluding filing fees)  
in connection with any future election within the election cycle. I  
understand that if either one of those limits is exceeded, I will be  
required to file pre-election reports and, if necessary, a runoff  
report.

*2024*

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR: MR. FIRST: SONNY MI: R  
NICKNAME: LAST: ATCHLEY SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #: 2211 FM 1127 CITY: SHEPHERD STATE: TX ZIP CODE: 77371

Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE: (281) PHONE NUMBER: 761-9006 EXTENSION:

Date Hand-Delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR: MR. FIRST: SONNY MI: R  
NICKNAME: LAST: ATCHLEY SUFFIX:

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 2211 FM 1127 CITY: SHEPHERD STATE: TX ZIP CODE: 77371

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE: (281) PHONE NUMBER: 761-9006 EXTENSION:

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)
- July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year: 7 / 01 / 2020 THROUGH Month Day Year: 12 / 31 / 2020

11 ELECTION

ELECTION DATE

Month Day Year: 11 / 03 / 2020

ELECTION TYPE

- Primary     Runoff     Other Description
- General     Special

12 OFFICE

OFFICE HELD (if any)  
Pet. 2 Constable  
San Jacinto County

13 OFFICE SOUGHT (if known)

Pet. 2 Constable  
San Jacinto County

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Sonny R. Atchley 15 Filer ID (Ethics Commission Filers)


16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |      |
|-------------------------|---|------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ 0 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0 |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0 |

18 AFFIDAVIT



JENNIFER ELLEN GREEN  
Notary Public, State of Texas  
Comm. Expires 02-23-2022  
Notary ID 131983607

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, Ejection Code

Sonny Ray Atchley  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Ellen Green, this the 7<sup>th</sup> day of December, 2020, to certify which, witness my hand and seal of office.

Jennifer Ellen Green Signature of officer administering oath      Jennifer Ellen Green Printed name of officer administering oath      Court Clerk Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --


1 C/OH NAME

Sonny R. Archley

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

**1 COPY**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Sonny

R

NICKNAME

LAST

SUFFIX

Ray

Atchley

**OFFICE USE ONLY**

Date Received

SAN JACINTO COUNTY  
ELECTION ADMINISTRATION

JUL 14 2021

RECEIVED

Date Hand Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2211 Fm 1127

Shepherd

TX 77371

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

761-9006

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Sonny

R

NICKNAME

LAST

SUFFIX

Ray

Atchley

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2211 Fm 1127

Shepherd

TX 77371

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

761-9006

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01

01 / 20

THROUGH

Month

Day

Year

07 / 15 / 20

11 ELECTION

ELECTION DATE

Month Day Year

11 / 03 / 20

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Constable Appointed  
01/04/20

13 OFFICE SOUGHT (if known)

Constable

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Atchley Sonny Ray 15 Filer ID (Ethics Commission Filers)

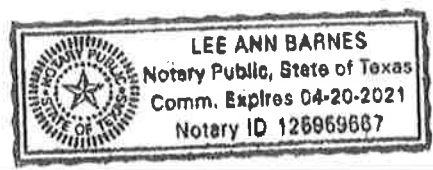
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|                                      |                |
|--------------------------------------|----------------|
| COMMITTEE TYPE                       | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL     |                |
| <input type="checkbox"/> SPECIFIC    |                |
| COMMITTEE ADDRESS                    |                |
| COMMITTEE CAMPAIGN TREASURER NAME    |                |
| COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

Additional Pages

|                         |   |    |
|-------------------------|---|----|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ |

18 AFFIDAVIT



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.

Sonny Ray Atchley  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Ann Barnes, this the 14 day of July, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.

2 FILER NAME

Atchley Sonny Ray

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

1 Total pages Schedule A2:

1

3 Filer ID (Ethics Commission Filers)

\$ 0

5 Date

6 Full name of contributor  out-of-state PAC (ID#)

8 Amount of Contribution \$ 9 In-kind contribution description

7 Contributor address;

City;

State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of Contribution \$ In-kind contribution description

Contributor address;

City;

State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

Atchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 2 FILER NAME Atchley Sonny Ray 3 Filer ID (Ethics Commission Filers) —  
4 Date 0 5 Payee name Atchley Sonny Ray

6 Amount (\$) 0 7 Payee address; \_\_\_\_\_ City; \_\_\_\_\_ State; \_\_\_\_\_ Zip Code

8 **PURPOSE OF EXPENDITURE**  
(a) Category (See Categories listed at the top of this schedule) (b) Description  
(c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date \_\_\_\_\_ Payee name \_\_\_\_\_  
Amount (\$) \_\_\_\_\_ Payee address; \_\_\_\_\_ City; \_\_\_\_\_ State; \_\_\_\_\_ Zip Code

**PURPOSE OF EXPENDITURE**  
Category (See Categories listed at the top of this schedule) Description  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date \_\_\_\_\_ Payee name \_\_\_\_\_  
Amount (\$) \_\_\_\_\_ Payee address; \_\_\_\_\_ City; \_\_\_\_\_ State; \_\_\_\_\_ Zip Code

**PURPOSE OF EXPENDITURE**  
Category (See Categories listed at the top of this schedule) Description  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Atchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

0

6 Is lender a financial institution?

8 Lender address;

City;

State;

Zip Code

10 Interest rate

0

11 Maturity date

Y N

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address;

City;

State;

Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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



# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages Schedule F2: 1 2 FILER NAME Atchley Sonny Ray 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0

5 Date \_\_\_\_\_ 6 Payee name \_\_\_\_\_  
7 Amount (\$) \_\_\_\_\_ 8 Payee address; \_\_\_\_\_ City; \_\_\_\_\_ State; \_\_\_\_\_ Zip Code \_\_\_\_\_

9 TYPE OF EXPENDITURE  Political  Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
(c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

11 Complete ONLY 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  Political  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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1

2 FILER NAME

Atchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages Schedule F4:

1

2 FILER NAME

Atchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 0

5 Date

6 Payee name

7 Amount (\$)

8 Payee address;

City;

State;

Zip Code

9 TYPE OF EXPENDITURE

Political

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c)  Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

11 Complete ONLY 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

Political

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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **1** 2 FILER NAME: **Atchley Sonny Ray** 3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description

(c)  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: **1**      2 FILER NAME: **Atchley Sonny Ray**      3 Filer ID (Ethics Commission Filers)

4 Date      5 Business name

6 Amount (\$)      7 Business address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE  
(a) Category (See Categories listed at the top of this schedule)      (b) Description  
(c)  Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name      Office sought      Office held

Date      Business name

Amount (\$)      Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE  
Category (See Categories listed at the top of this schedule)      Description  
 Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name      Office sought      Office held

Date      Business name

Amount (\$)      Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE  
Category (See Categories listed at the top of this schedule)      Description  
 Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

|                                      |  |                                       |
|--------------------------------------|--|---------------------------------------|
| 1 Total pages Schedule I<br><b>1</b> | 2 FILER NAME<br><b>Atchley Sonny Ray</b> | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|--|---------------------------------------|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|                           |                                      |
|---------------------------|--------------------------------------|
| 6 Amount (\$)<br><b>0</b> | 7 Payee address; City State Zip Code |
|---------------------------|--------------------------------------|

|                                    |  |  |
|------------------------------------|--|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
|                                    | Date   | Payee name   |

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|                               | Date   | Payee name   |

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|                               | Date   | Payee name   |

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|                               | Date   | Payee name   |

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|                               | Date   | Payee name   |

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

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Atchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**SCHEDULE T**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

Atchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

1

2 FILER NAME

Aitchley Sonny Ray

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

0

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME *Atchley Sonny Ray* 20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|--|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 0               |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 0               |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0               |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0               |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 0               |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0               |
| 7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0               |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0               |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 0               |
| 10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0               |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0               |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**COPY** FORM C/OH  
COVER SHEET PG 1

|  |   |  |                          |
|--|---|--|--------------------------|
| The C/OH Instruction Guide explains how to complete this form. |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:     |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br><b>Mr.</b><br>NICKNAME   | FIRST<br><b>Sonny</b><br>LAST  | MI<br><b>R</b><br>SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>2211 Fm 1127 Shepherd TX 77371</b>   |  |                          |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br><b>(281) 761 9006</b>   |  |                          |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br><b>Mr.</b><br>NICKNAME   | FIRST<br><b>Sonny</b><br>LAST  | MI<br><b>R</b><br>SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>2211 Fm 1127 Shepherd TX 77371</b>  |  |                          |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br><b>(281) 761 - 9006</b>   |  |                          |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                          |
| 10 PERIOD COVERED  | Month Day Year    Month Day Year<br><b>07 / 01 / 19</b> THROUGH <b>12 / 31 / 19</b>   |  |                          |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>03 / 03 / 20</b>  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special    Description<br><b>County</b> |                          |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>NONE</b>   | 13 OFFICE BOUGHT (if known)<br><b>Pct 2 Constable</b>  |                          |

**OFFICE USE ONLY**

Date Received: **JAN 08 2020**

Date Hand-delivered or Date Postmarked:

Receipt #    Amount \$

Date Processed

Date Imaged

RECEIVED  
 JAN 08 2020  
 TARRANT COUNTY  
 ELECTION ADMINISTRATION

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Sonny Ray Atchley 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) 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.

*N/A*

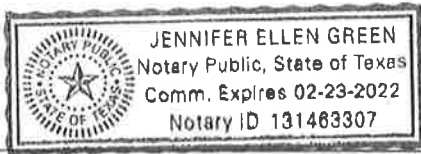
|                                      |                |
|--------------------------------------|----------------|
| COMMITTEE TYPE                       | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL     |                |
| <input type="checkbox"/> SPECIFIC    |                |
| COMMITTEE ADDRESS                    |                |
| COMMITTEE CAMPAIGN TREASURER NAME    |                |
| COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

Additional Pages

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>0</u> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>0</u> |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>0</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>0</u> |

18 AFFIDAVIT

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.



Sonny Ray Atchley  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Ellen Green, this the 8<sup>th</sup> day of January, 20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Sonny Ray Hitchley*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |            |
|-----|---|------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | \$ 0       |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 | \$ 0       |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0       |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0       |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS       | \$ 0       |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                    | \$ 0       |
| 7.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS      | \$ 0       |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$ 147.21  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <i>X3 Pages</i> | \$ 1272.42 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH            | \$ 0       |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$ 0       |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER     | \$ 0       |

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

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |  |   |                                       |                 |
|---|---|--|---|---------------------------------------|-----------------|
| 1 Total pages Schedule H:                             |   | 2 FILER NAME<br><i>Sonny Ray Atchley</i> |   | 3 Filer ID (Ethics Commission Filers) |                 |
| 4 Date  |   | 5 Business name                          |   |                                       |                 |
| 6 Amount (\$)   |   | 7 Business address;                      |   | City;                                 | State; Zip Code |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)                    |  | (b) Description   |                                       |                 |
|   | (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  |   | Business name                            |   |                                       |                 |
| Amount (\$)   |   | Business address;                        |   | City                                  | State; Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)                        |  | Description   |                                       |                 |
|   | <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  |   | Business name                            |   |                                       |                 |
| Amount (\$)   |   | Business address;                        |   | City;                                 | State; Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)                        |  | Description   |                                       |                 |
|   | <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     |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

|                                      |  |  |  |                |  |
|--------------------------------------|--|--|--|----------------|--|
| 1 Total pages Schedule I<br><i>1</i> | 2 FILER NAME<br><i>Sonny Ray Atchley</i>                               |  | 3 Filer ID (Ethics Commission Filers)                                      |                |  |
| 4 Date                               | 5 Payee name   |  |  |                |  |
| 6 Amount (\$)                        | 7 Payee address;   |  | City   | State Zip Code |  |
| 8 PURPOSE OF EXPENDITURE             | (a) Category (See instructions for examples of acceptable categories.) |  | (b) Description (See instructions regarding type of information required.) |                |  |
| Date                                 | Payee name   |  |  |                |  |
| Amount (\$)                          | Payee address;   |  | City   | State Zip Code |  |
| PURPOSE OF EXPENDITURE               | (a) Category (See instructions for examples of acceptable categories.) |  | (b) Description (See instructions regarding type of information required.) |                |  |
| Date                                 | Payee name   |  |  |                |  |
| Amount (\$)                          | Payee address;   |  | City   | State Zip Code |  |
| PURPOSE OF EXPENDITURE               | (a) Category (See instructions for examples of acceptable categories.) |  | (b) Description (See instructions regarding type of information required.) |                |  |
| Date                                 | Payee name   |  |  |                |  |
| Amount (\$)                          | Payee address;   |  | City   | State Zip Code |  |
| PURPOSE OF EXPENDITURE               | (a) Category (See instructions for examples of acceptable categories.) |  | (b) Description (See instructions regarding type of information required.) |                |  |
| Date                                 | Payee name   |  |  |                |  |
| Amount (\$)                          | Payee address;   |  | City   | State Zip Code |  |
| PURPOSE OF EXPENDITURE               | (a) Category (See instructions for examples of acceptable categories.) |  | (b) Description (See instructions regarding type of information required.) |                |  |

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

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Sonny Ray Attorney

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

N/A

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

N/A

N/A

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

## SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:

2 FILER NAME Sonny Ray Atchley 3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:  
 Schedule A2    Schedule B    Schedule B(J)    Schedule C2    Schedule D    Schedule F1  
 Schedule F2    Schedule F4    Schedule G    Schedule H    Schedule COH-UC    Schedule B-SS

6 Dates of travel      7 Name of person(s) traveling NR  
 8 Departure city or name of departure location  
 9 Destination city or name of destination location

10 Means of transportation      11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A2    Schedule B    Schedule B(J)    Schedule C2    Schedule D    Schedule F1  
 Schedule F2    Schedule F4    Schedule G    Schedule H    Schedule COH-UC    Schedule B-SS

Dates of travel NR      Name of person(s) traveling NR  
 Departure city or name of departure location  
 Destination city or name of destination location

Means of transportation      Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A2    Schedule B    Schedule B(J)    Schedule C2    Schedule D    Schedule F1  
 Schedule F2    Schedule F4    Schedule G    Schedule H    Schedule COH-UC    Schedule B-SS

Dates of travel      Name of person(s) traveling NR  
 Departure city or name of departure location  
 Destination city or name of destination location

Means of transportation      Purpose of travel (including name of conference, seminar, or other event)

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
|--|--|---|--|--|---|--|--|--|--|---|--|--|-------|-----------|-----------|----------------|--|-------------|--|
| The C/OH Instruction Guide explains how to complete this form. |  | 1 Filer ID (Ethics Commission Filers)         | 2 Total pages filed:   |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                         | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR<br/>NICKNAME</td> <td style="width:40%; font-size: small;">FIRST<br/>LAST</td> <td style="width:30%; font-size: small;">MI<br/>SUFFIX</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">SUNNY<br/>ATCHLEY</td> <td style="text-align: center;">R.</td> </tr> </table>  | MS / MRS / MR<br>NICKNAME                     | FIRST<br>LAST  | MI<br>SUFFIX                                   | MR.   | SUNNY<br>ATCHLEY                       | R.   | <b>OFFICE USE ONLY</b>   |  |   |  |  |       |           |           |                |  |             |  |
| MS / MRS / MR<br>NICKNAME                                      | FIRST<br>LAST  | MI<br>SUFFIX                                  |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| MR.  | SUNNY<br>ATCHLEY   | R.  |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>2211 Fm 1127</td> <td></td> <td>SHEPHERD TX</td> <td></td> <td>77371</td> </tr> </table> <input type="checkbox"/> Change of Address  |   |  | ADDRESS / PO BOX;                              | APT / SUITE #;  | CITY;                                  | STATE;   | ZIP CODE   | 2211 Fm 1127                                     |   | SHEPHERD TX  |  | 77371 |           |           |                |  |             |  |
| ADDRESS / PO BOX;  | APT / SUITE #;   | CITY;   | STATE;   | ZIP CODE                                       |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| 2211 Fm 1127   |  | SHEPHERD TX                                   |  | 77371  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                        | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:30%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(281)</td> <td>761-9006</td> <td></td> </tr> </table>  |   |  | AREA CODE                                      | PHONE NUMBER  | EXTENSION                              | (281)  | 761-9006   |  |   |  |  |       |           |           |                |  |             |  |
| AREA CODE  | PHONE NUMBER   | EXTENSION                                     |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| (281)  | 761-9006   |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>6 CAMPAIGN TREASURER NAME</b>                               | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR<br/>NICKNAME</td> <td style="width:40%; font-size: small;">FIRST<br/>LAST</td> <td style="width:30%; font-size: small;">MI<br/>SUFFIX</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">SONNY<br/>ATCHLEY</td> <td style="text-align: center;">R.</td> </tr> </table>  | MS / MRS / MR<br>NICKNAME                     | FIRST<br>LAST  | MI<br>SUFFIX                                   | MR.   | SONNY<br>ATCHLEY                       | R.   | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; font-size: small;">Date Received</td> <td style="width:30%;"></td> </tr> <tr> <td style="font-size: small;">Date Hand-delivered or Date Postmarked</td> <td></td> </tr> <tr> <td style="font-size: small;">Receipt #</td> <td style="font-size: small;">Amount \$</td> </tr> <tr> <td style="font-size: small;">Date Processed</td> <td></td> </tr> <tr> <td style="font-size: small;">Date Imaged</td> <td></td> </tr> </table> |  | Date Received                                 |  | Date Hand-delivered or Date Postmarked |       | Receipt # | Amount \$ | Date Processed |  | Date Imaged |  |
| MS / MRS / MR<br>NICKNAME                                      | FIRST<br>LAST  | MI<br>SUFFIX                                  |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| MR.  | SONNY<br>ATCHLEY   | R.  |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Date Received  |  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Date Hand-delivered or Date Postmarked                         |  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Receipt #  | Amount \$  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Date Processed   |  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Date Imaged  |  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>    | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>2211 Fm 1127</td> <td></td> <td>SHEPHERD TX</td> <td></td> <td>77371</td> </tr> </table>  |   |  | STREET ADDRESS (NO PO BOX PLEASE);             | APT / SUITE #;  | CITY;                                  | STATE;   | ZIP CODE   | 2211 Fm 1127                                     |   | SHEPHERD TX  |  | 77371 |           |           |                |  |             |  |
| STREET ADDRESS (NO PO BOX PLEASE);                             | APT / SUITE #;   | CITY;   | STATE;   | ZIP CODE                                       |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| 2211 Fm 1127   |  | SHEPHERD TX                                   |  | 77371  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>                              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:30%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(281)</td> <td>761-9006</td> <td></td> </tr> </table>  |   |  | AREA CODE                                      | PHONE NUMBER  | EXTENSION                              | (281)  | 761-9006   |  |   |  |  |       |           |           |                |  |             |  |
| AREA CODE  | PHONE NUMBER   | EXTENSION                                     |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| (281)  | 761-9006   |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>9 REPORT TYPE</b>   | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |   |  | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> Runoff        | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15   | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |       |           |           |                |  |             |  |
| <input checked="" type="checkbox"/> January 15                 | <input type="checkbox"/> 30th day before election  | <input type="checkbox"/> Runoff               | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <input type="checkbox"/> July 15                               | <input type="checkbox"/> 8th day before election   | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                   |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>10 PERIOD COVERED</b>                                       | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">           Month    Day    Year<br/>           09 / 01 / 2019         </td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:40%; text-align: center;">           Month    Day    Year<br/>           12 / 31 / 2019         </td> </tr> </table>   |   |  | Month    Day    Year<br>09 / 01 / 2019         | THROUGH   | Month    Day    Year<br>12 / 31 / 2019 |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Month    Day    Year<br>09 / 01 / 2019                         | THROUGH  | Month    Day    Year<br>12 / 31 / 2019        |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>11 ELECTION</b>   | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month    Day    Year</td> <td> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special         </td> </tr> <tr> <td>03 / 03 / 2020</td> <td></td> </tr> </table>                                     | ELECTION DATE                                 | ELECTION TYPE  | Month    Day    Year                           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special | 03 / 03 / 2020                         |  |  |  |   |  |  |       |           |           |                |  |             |  |
| ELECTION DATE  | ELECTION TYPE  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| Month    Day    Year   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| 03 / 03 / 2020   |  |   |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)   | <b>13 OFFICE SOUGHT (if known)</b>            |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |
|  |  | Presinct 2 Constable SSC                      |  |  |   |  |  |  |  |   |  |  |       |           |           |                |  |             |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

SONNY R. ATCHLEY

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

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

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

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

\$

OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Sonny Ray Atchey

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |   |                                    |
|---|---|---|------------------------------------|
| The Instruction Guide explains how to complete this form.                   |   | 1 Total pages Schedule A2:  |                                    |
| 2 FILER NAME<br><i>Sonny Ray Atchley</i>                                    |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Contribution \$   | 9 In-kind contribution description |
| 7 Contributor address; City; State; Zip Code                                |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |   |                                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Contribution \$   | In-kind contribution description   |
| Contributor address; City; State; Zip Code                                  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)      |   | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                    |
| Contributor's principal occupation (FOR JUDICIAL)                           |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                    |
| Contributor's employer/law firm (FOR JUDICIAL)                              |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |   |   |                                    |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

2 FILER NAME

Sonny Ray Atchley

1 Total pages Schedule B:

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Sonny Ray Atchley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address;

City;

State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

N/A

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City;

State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1; 2 FILER NAME; 3 Filer ID (Ethics Commission Filers)

4 Date; 5 Payee name

6 Amount (\$); 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE  
(a) Category (See Categories listed at the top of this schedule); (b) Description  
(c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name; Office sought; Office held

Date; Payee name

Amount (\$); Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE  
Category (See Categories listed at the top of this schedule); Description  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name; Office sought; Office held

Date; Payee name

Amount (\$); Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE  
Category (See Categories listed at the top of this schedule); Description  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages Schedule F2: 2. FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE  Political  Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c)  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense

11 Complete ONLY 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  Political  Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description (c)  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F3:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased  
*N/A*

6 Address of person from whom investment is purchased; City: State: Zip Code

7 Description of investment  
*N/A*

8 Amount of investment (\$)  
*N/A*

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City: State: Zip Code

Description of investment

Amount of investment (\$)  
*N/A*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED