#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY MR. Ronald **OFFICEHOLDER** NAME Date Received JAN 13 2022 4 CANDIDATE/ ADDRESS / PO BOX; 9458 Floyd LAne SAN Angelo, TexHS 7690/ **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325) 234-0493 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** MRS. Vivian Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE **CAMPAIGN** 9458 Floyd LAME TREASURER SAN Angelo, TexAS 76901 ADDRESS (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE (325) 656-6580 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 06 /30/2021 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Month Day General Special 13 OFFICE SOUGHT (if known) Justige of Pence OFFICE HELD (if any) 12 OFFICE 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	1 2	$\supset A$		16 Filer ID (Ethics Commission Filers)
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17 CONTRIBUTION TOTALS	PLEDGE	NITEMIZED POLITICAL S, LOANS, OR GUARAN BUTIONS MADE ELECT	CONTRIBUTIONS (OTHER THAN IZEES OF LOANS, OR RONICALLY)	\$500 XX
	1	OLITICAL CONTRIBI	UTIONS S, OR GUARANTEES OF LOANS)	\$500 20
EXPENDITURE TOTALS	3. TOTAL U	NITEMIZED POLITICAL	EXPENDITURE.	\$ 1,985,55
	4. TOTAL P	OLITICAL EXPENDIT	URES	\$ 1985,55
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OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$
18 SIGNATURE I S	swear, or affirm, under	penalty of periury, that	at the accompanying report is true	and correct and includes all information
		y me under Title 15, Ele		_ 1
			100	1019
			Karle	VI-
			Signature of Ca	ndidate or Officeholder
		Please comple	ete either option below	<b>'</b> -
(1) Affidavit				
NOTARY STAMP/SEA	ı			
	_			
Sworn to and subscribed	before me by		this the	, day of,
20, to certify	which, witness my han	ed and seal of office.		
Signature of officer administe		Printed name of office	er administering oath	Title of officer administering oath
Signature of officer administe			er administering oath	Title of officer administering oath
	ering oath			Title of officer administering oath
Signature of officer administer  (2) Unsworn Declarati	ering oath			Title of officer administering oath
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(2) Unsworn Declarati	ering oath		OR .	Title of officer administering oath  6 - 7 - 45  X. 76 90 70 Magaz
(2) Unsworn Declarati	ering oath	Perry Laye	and my date of birth is	Title of officer administering oath  6 - 7 - 45  X. 76 90 70 Mayes  tate) (zip code) (country)
(2) Unsworn Declarati	ering oath  Id (Ron)  8 Floyd (stree	Perry Laye	, and my date of birth is(city) (s	6-7-45 X. 7690170164ea tate) (zip code) (country)
(2) Unsworn Declaration  My name is <u>Rong</u> My address is <u>945</u>	on  Roy Street	Perry Laye	and my date of birth is  Shu Huge (c), (city) (s	6-7-45 X. 7690170164ea tate) (zip code) (country)

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

### FORM C/OH COVER SHEET PG 3

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19 F	19 FILER NAME  20 Filer ID (Ethics Commission Filers)						
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### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

т	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:						
2 FILER NAMES	nald "Ron" Ferry		3 Filer ID (Ethics Commission Filers)				
4 Date 4//5/21	5 Full name of contributor   out-of-state PAC   ORIGE   NEA   6 Contributor address; City; State 20   OH SettleRS CT. WAXAHACRIC	7 Amount of contribution (\$)					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
Date . 5 / 12/2/	Full name of contributor   out-of-state PAC VIENORE (BROWN Contributor address; City; State 644/ Goodland Ly Sun Argelo	,	Amount of contribution (\$)				
	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date 8/15/21	Full name of contributor out-of-state PAC  JCAMS BARNES  Contributor address: City: State  75743:1057 Sun Angels 14		Amount of contribution (\$)				
Principal occur ReTin	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date 8/3/21	Full name of contributor out-of-state PAC Brich HRA Wilson  Contributor address; City; State  7320 Spurgeon North Rich H	1	Amount of contribution (\$)				
Principal occu Reti	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
	ATTACH ADDITIONAL COPIES O  If contributor is out-of-state PAC, please see inst						

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

Т	ne Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	Ponald"Ron" Verry		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
7/2/21	Johnny COATS 6 Contributor address; City; State; 3429 S:/Ver Spue SANHIGE	Zip Code 10 TX 769 d	\$5000
		9 Employer (See Instruc	ions)
Ret	iked		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/9/21	G.L. CAEPENTER  Contributor address; City; State, POBOX 61725 Smn Angelo, 7.	; Zip Code 476906	4500
	nation / Job title (See Instructions)	Employer (See Instruct	ions)
ReT	Red		
Date (4/18/21	Full name of contributor out-of-state PAC  Bob Hurdy  Contributor address; City; State:	Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Ketin	ed		
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
6/18/21	Contributor address; City; State	Zip Code	50-
	Austin	1, Tx	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retir	وط		
	· ·		
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

### **MONETARY POLITICAL CONTRIBUTIONS** SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Date 5 Full name of contributor out-of-state 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (HDH: | State | St Contributor address; City; State: Zin Code, 20784 Private Rd 1775 Poumt-Rock IX. Employer (See Instructions) Principal occupation / Job title (See Instructions) House wife Full name of contributor | out-of-state PAC (fD#: Amount of contribution (\$) Jans Contributor address: City: State: Zip Code 2022 Po Box 55 Christopal TX 76935 100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Hauseurfe Lan 1 Vera Kirk Patrick 2022 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.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Date | 5 Full name of contributor | out-of-state PAC (ID#: | | 10-1-21 | Richard Jones | | 6 Contributor address; City; State; Zip Code 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 9 Employer (See Instructions) Deplantment of Public 54 8 Principal occupation / Job title (See Instructions) STATE of TEXAS Employee STATE OF TEXAS Date Full name of contributor Delocate Ferre Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributori out-of-state PAC (ID#: 11-24-21 Bar Dara Hageus Contributor address; City; State; Zip Code 6226 STHGE Coach TRail 544 Anyelo TX 7690( Principal occupation / Job title (See Instructions) Retired Amount of contribution (\$) 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

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule E:						
2 FILER NAME ROMAL	O. C. Con Perr,	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UN	NITEMIZED LOANS		\$				
5 Date of loan 8-//-2/	7 Name of lender Out-of-state F	/)	9 Koan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City; 9459 Floy Chane Sun	State; Zip Code	11 Maturity date				
12 Principal occupation ReTi	on / Job title (See Instructions)	13 Employer (See Instructions)	7				
14 Description of Col	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)					
Date of loan	Name of lender out-of-state Ronald N. (Rou)	//	Koan Amount (\$)				
Is lender a financial Institution?	Lender address; City;  9458 Sloyd LN, SiANH	State: Zip Code	Interest rate  (3)  Maturity date				
	on / Job title (See Instructions)	Employer (See Instructions)	1 18/11				
Description of Col	aterał	Check if personal fun account (See Instruc	ds were deposited into political tions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
¹♥ not applicable	Guarantor address; City;	State; Zip Code					
Principal Occupat	ion (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.							

#### SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME RONALD Per	64	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/29/21 6 Amount (\$)	Signs on the	Cheap	
	7 Payee address;	City;	State; Zip Code
295=	11550 STON- hollow	o Dr Austria	TX 78758
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	1
PURPOSE OF EXPENDITURE	advartising	easton 251ded	1519N 18X24
	(C) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name RONCOLD Perry	Office sought	Office held N/A
Date	Payee name		V
11/6/2021	FedX		
Amount (\$)	Payee address;	City;	State; Zip Code
51.36	4532 Shorwood	dway SanA	Ingelo TX 76901
	Category (See Categories listed at the top of this so		,
PURPOSE OF EXPENDITURE	Advertising	Hondo	ats/don-hangers
	Check if travel outside of Texas, Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Ronald O (Ron) KK	4 JP3	
Date	Payee name		-
1-6-22	Conexion Sa Payee address;	nllage o	
Amount (\$)	Pavee address:	' Citv:	State; Zip Code
1,512	315W. RVE () SA	n Angelo, TX >	6903
	Category (See Categories listed at the top of this so		±
PURPOSE OF EXPENDITURE	Adversing	Addin	News Jayle 12
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Ron 4 (10 (Ron) Ke	Office sought	Office held
	ATTACH ADDITIONAL COPIES		EDED

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	2 FILER NAME 50 Nald (RON)	Perry	3 Filer ID (Ethics Commission Filers)
4 Date 10)19/2/	5 Payee name Q'S Printing +	Desig N	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,252.18	20 N Howard	San Ango	lo Tx 76901
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description 2	5
PURPOSE OF EXPENDITURE	Advertising Expense	4 ×4 51ng	le sidel signs
	(c) Check if travel outside of Texas, Complete So	chedule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate) Officeholder name  Rolugid D Perry	Office sought	Office held N/A-Poace, Prect 3
Date	Payee name		•
8-20	Concho Valley Con	unsil of Govern	ment
Amount (\$)	Payee address;	City;	State; Zip Code
50.2	200p 306	San an	9elo TX 76904
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	map.	map	of Precinct 3
	Check if travel outside of Texas. Complete Se	chedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held N
expenditure to benefit C/OF	Ronald (Ron)	Perry Justice of	Peace Pct 3
Date	Payee name	•	
	. 1		

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

**PURPOSE** OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

27.04

Hobby Lobby San angle Tx 7690/
Payee address; City, State; Zip Code 2701 South west Blud San Anglo Tx 76901
Category (See Categories listed at the top of this schedule)

Description Table Cloth For display

Advertising Expense

Pods For displaya

Candidate / Officeholder name	Office sought
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held N

#### SCHEDULE F1

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

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

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

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

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name San Angelo TX City State; 11/11/2 6 Amount (\$) 2701 South west Blud 32,43 Sawangelo Tx 76901 (b) Description MINature + 1295 8 multiple PK95 of grommets **PURPOSE** OF Advertising EXPENDITURE For Signs Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Justice of Peace expenditure to benefit C/OH Rowald D Penny Payee name 11/29/21 Amount (\$) 623.99 San Angelo, Tx 20 N How or Description Category (See Categories listed at the top of this schedule) 1,000 Republican Stickers **PURPOSE** OF 50 Yard SIgNS Advertising EXPENDITURE k if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held N A Complete ONLY if direct expenditure to benefit C/OH 6-10-21 Amount (\$) City: Zip Code 610 W. 29th 106.31 SAN ANGELO Description PURPOSE Printing ex penses office supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held V/F Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Kopald Yell"

#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gulde expl	Office Overl Polling Exp Printing Exp Salaries/Wa	eense nges/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N		RY		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
8-12-21 6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
68.73	453	25herwood	eal	Sanon	gelo Tx	76901
8	(a) Categor	y (See Categories listed at the top of	this schedule)	(b) Description	,	
PURPOSE OF EXPENDITURE	Ado	ertising Ex	Pen sa	Justice	e of Peac	e Courds
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate/Officeholder name Nold DPerry	Ju	Office sought	Peace	Office held N/A
Date	Payee na	nme				
9-29-21	Lo	wes				
Amount (\$)	Payee ac	ddress;		City;	State;	Zip Code
37.19	530	1 Sherwood	Way	SAN Angelo	TX	76904
	Category	(See Categories listed at the top of t	his schedule)	Description Materie	1 500 6	o Dair
PURPOSE OF EXPENDITURE	Adv	entising Ex	pense	of 4X4		270.7
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct		ate / Officeholder name		Office sought	***************************************	Office held N/A
expenditure to benefit C/OF	KON	Peld DPenry	7,	15tice of	Peace	
Date	Рауее па	ame				,
5-13-21	40	wes				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
16.04	530	1 Sherwood	5	AN Angelo	> Tx	76904
	Category	(See Categories listed at the top of the	his schedule)	Description  Mater 1	al for	SIPN
PURPOSE OF EXPENDITURE	Ado	untising Expen	s se	repeir		1
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	1	ate / Officeholder name		Office sought	)	Office held
	1) 01	vald Uterr	7	ustice of	THE CEE	

### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Over Polling Exp pense Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment	The Instruction Guid	te explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethic	es Commission Filers)
4 Date 9 -4 -21	5 Payee name				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
13, 95	52015 Herwood	Jway 5	ian angel	o TX,	76904
8	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising		Lan	ber for	SIGNS
	(C) Check if travel outside of Texas	. Complete Schedule T,	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder pam	• • • •	Office sought ustice of	Peace	Office held NJA
Date	Payee name			,	
9-9-21	Lowes				
Amount (\$)	Payee address;		City;	State;	Zip Code
31.99	53015Herw	ood was	1 San An	09elo T	176904
	Category (See Categories listed at the	top of this schedule)	Description		,
PURPOSE OF EXPENDITURE	Adventising		Lumbei	for s	1949
	Check if travel outside of Texas	. Complete Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder nam	е	Office sought		Office held
expenditure to benefit C/OF	Kowald U Pe	יחת ד	Tustice of	Peace	
Date	Payee name				
5-25-21	Walmart		7.1		All
Amount (\$)	Payee address;		City;	State;	Zip Code
47.48	610 w 29t	h 5	AN ANG	Elo TX	76903
PURPOSE OF EXPENDITURE	Category (See Categories listed at the		Description (OP	y Pape	h
	Check if travel outside of Texas	. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder nar		Office sought		Office held V A
expenditure to benefit C/Oh	Ronald D	Perry -	Sustice	of Peace	
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NEI	EDED	

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	RONald D PRONY		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
3-31-21	Walmart				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
13.88	610 w 29th	SAN AN	19elo Tx	76903	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description B			
PURPOSE OF EXPENDITURE	office overhead + expense	4 Column			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Ropald Denry J	Office sought		Office held N/A	
Date	Payee name				
10/8/21	Qs Printing				
Amount (\$)	Payee address;	City;	State;	Zip Code	
45.47	20 N Howard	PAR UAC	elo Tx	76901	
	Category (See Cetegories listed at the top of this schedule)	Description		10×24	
PURPOSE OF EXPENDITURE	Adoertising	magnet	1C 519N	s	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	/	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name  RoNald DPaRRY	Office sought Tiestice of		Office held N/A	
Date	Payee name				
7-6-21	Clemmens + assa	clates so	en angelo	Tx 7696)	
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 1000	3115 W Loof 306 STR11 Category (See Categories listed at the top of this schedule)	O San an	gulo Tx	76904	
	Category (See Categories listed at the top of this schedule)	Description Facebook	k hasane	se pago	
PURPOSE OF EXPENDITURE	Advertising expense	set up		<i></i>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ехрепsе	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				