

# 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: **12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mrs. Veronica M  
NICKNAME LAST SUFFIX  
Ronni Cade

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
753 S Poydras St., Lewisville, Texas 75057

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214 ) 507-0854

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Terry G  
NICKNAME LAST SUFFIX  
Cade

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
753 S Poydras St, Lewisville Texas 75057

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214 ) 507-8489

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 Month Day Year  
3 / 23 / 21 THROUGH 4 / 21 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other Description  
5 / 1 / 21  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Lewisville City Council, Place 3

14 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        | COMMITTEE ADDRESS                    |
| SPECIFIC       | COMMITTEE CAMPAIGN TREASURER NAME    |
|                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

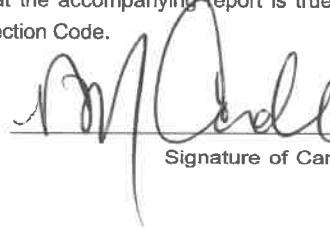
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                   |   |   |
|-----------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Ronni Cade |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>     | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 390.00                                     |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 3,194.00                                   |
| <b>EXPENDITURE TOTALS</b>         | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|                                   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,794.75                                   |
| <b>CONTRIBUTION BALANCE</b>       | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,000.49                                   |
| <b>OUTSTANDING LOAN TOTALS</b>    | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

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



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ronni Cade this the 23<sup>rd</sup> day of April,

2021, to certify which, witness my hand and seal of office.



Julie Worster

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Ronni Cade

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 3,194.00 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   | \$ 0.00     |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00     |
| 4.  | SCHEDULE E: LOANS   | \$ 0.00     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,794.95 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0.00     |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$ 0.00     |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$ 0.00     |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS   | \$ 0.00     |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                               | \$ 0.00     |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                  | \$ 0.00     |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                        | \$ 0.00     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

**Ronni Cadie**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/27/21**

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

**Allison Stamey**

7 Amount of contribution (\$)

**100<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**1132 Breezewood Lewisville TX 75077**

8 Principal occupation / Job title (See Instructions)

**Teacher**

9 Employer (See Instructions)

**LJSD**

Date

**3/30/21**

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

**Cindi Clarke**

Amount of contribution (\$)

**49<sup>00</sup>**

Contributor address; City; State; Zip Code

**2013 Vista Dr. Lewisville, TX 75067**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/6/21**

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

**Jim Stalcup**

Amount of contribution (\$)

**100<sup>00</sup>**

Contributor address; City; State; Zip Code

**313 E. Carruth Ln, Double Oak, TX 75077**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/12/21**

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

**Paul Glassman**

Amount of contribution (\$)

**50<sup>00</sup>**

Contributor address; City; State; Zip Code

**1144 Brittany Pl., Lewis TX. 75077**

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

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

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1 Total pages Schedule A1: **6**

2 FILER NAME

**Ronni Cade**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/15/21**

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

**Donna Hernandez**

7 Amount of contribution (\$)

**100<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**102 Lakehill Dr., Hickory Creek, TX 75065**

8 Principal occupation / Job title (See Instructions)

**Att'y**

9 Employer (See Instructions)

**Self**

Date

**4/16/21**

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

**Cam Reinhart**

Amount of contribution (\$)

**50<sup>00</sup>**

Contributor address; City; State; Zip Code

**1128 Kelly Ln, Lew. TX 75077**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/16/21**

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

**Glenna Metoyer**

Amount of contribution (\$)

**10<sup>00</sup>**

Contributor address; City; State; Zip Code

**7732 Windsor, The Colony, TX 75056**

Principal occupation / Job title (See Instructions)

**Nurse**

Employer (See Instructions)

Date

**4/16/21**

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

**Nika Reinecke**

Amount of contribution (\$)

**200<sup>00</sup>**

Contributor address; City; State; Zip Code

**3201 Lakewood Ln, FM, TX 75022**

Principal occupation / Job title (See Instructions)

**retired**

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME

**Ronni Cade**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/16/21**

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

**Patrick Riddle**

7 Amount of contribution (\$)

**100<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**315 Oak Trail Dr., Double Oak, TX 75077**

8 Principal occupation / Job title (See Instructions)

**Self employed**

9 Employer (See Instructions)

**Self**

Date

**4/16/21**

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

**Robby Cope**

Amount of contribution (\$)

**25<sup>00</sup>**

Contributor address; City; State; Zip Code

**1900 Vintage Dr., Corinth, TX 76210**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/17/21**

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

**Sheri Hoskins**

Amount of contribution (\$)

**20<sup>00</sup>**

Contributor address; City; State; Zip Code

**1427 Flamingo Dr. LV, TX 75077**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/25/21**

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

**Bill Ridinger**

Amount of contribution (\$)

**200<sup>00</sup>**

Contributor address; City; State; Zip Code

**446 Frankie Ln, New TX 75057**

Principal occupation / Job title (See Instructions)

**Tire/Auto repair**

Employer (See Instructions)

**self**

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **6**

2 FILER NAME

**Ronni Cadie**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/30/21**

5 Full name of contributor

**Beverly Killough**

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

7 Amount of contribution (\$)

**200<sup>00</sup>**

6 Contributor address;

**709 Juniper ~~Drive~~ LV TX 750**

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/30/21**

Full name of contributor

**Dean Heckert**

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

Amount of contribution (\$)

**100<sup>00</sup>**

Contributor address;

**2038 Dove Ct, LV, TX 75077**

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/5/21**

Full name of contributor

**AAGD**

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

Amount of contribution (\$)

**500<sup>00</sup>**

Contributor address;

**5728 LBJ Freeway #100, Dallas TX 75240**

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/6/21**

Full name of contributor

**Andy Eads**

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

Amount of contribution (\$)

**150<sup>00</sup>**

Contributor address;

**3425 Jameston, Dr  
3425 Jameston, Dr, FM, TX 75028**

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 6

2 FILER NAME

Ronni Cade

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/21

5 Full name of contributor

Cy + Prissy Yater

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

7 Amount of contribution (\$)

300<sup>00</sup>

6 Contributor address;

39116 Hide A Way Ln, FM, TX 75022

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/12/21

Full name of contributor

Dan Rochelle

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

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

P.O. Box 292522 LV TX 75029

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Denton Cnty Prot. 3 Constable

Employer (See Instructions)

Denton County

Date

4/12/21

Full name of contributor

Paige Shover

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

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

1268 Logan Dr., LV, TX 75077

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/21

Full name of contributor

Honnie Tipton

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

Amount of contribution (\$)

100<sup>00</sup>

Contributor address;

1896 Sinclair Ct., LV, TX 75067

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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1 Total pages Schedule A1: **6**

2 FILER NAME

**Ronni Cade**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/21/21**

5 Full name of contributor

**Rhonda Cain**

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

7 Amount of contribution (\$)

**150<sup>00</sup>**

6 Contributor address;

**9611 Blanco Dr., Lantana, TX 76226**

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

**President / Banking**

9 Employer (See Instructions)

**Ciera Bank, FM**

Date

**4/16/21**

Full name of contributor

**Rachel Smith**

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

Amount of contribution (\$)

**50<sup>00</sup>**

Contributor address;

**1606 Sunseapt. Terrace, LV, TX 75077**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/16/21**

Full name of contributor

**Dlan Taylor**

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

Amount of contribution (\$)

**50<sup>00</sup>**

Contributor address;

**1725 Juniper Ln, LV, TX 75077**

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**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

|                                     |   |   |
|-------------------------------------|---|---|
| 1 Total pages Schedule F1:<br>3     | 2 FILER NAME<br>Ronni Cade  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>3/25/21                   | 5 Payee name<br>Square Space  |   |
| 6 Amount (\$)<br>124. <sup>00</sup> | 7 Payee address;<br>225 Varick St., NY NY 10014   | City; State; Zip Code                   |
| 8 PURPOSE OF EXPENDITURE            | (a) Category (See Categories listed at the top of this schedule)<br>IT  | (b) Description<br>Internet Hosting Fee |
|                                     | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

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

|                        |   |                         |
|------------------------|---|-------------------------|
| Date<br>3/26/21        | Payee name<br>Old Town Sign Co  |                         |
| Amount (\$)<br>140.73  | Payee address;<br>112 Henrietta St, Ste B, LV, VA 75057   | City; State; Zip Code   |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Pol. Adv.   | Description<br>Magments |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                         |

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

|                        |   |  |
|------------------------|---|--|
| Date<br>4/21/21        | Payee name<br>Onedot  |  |
| Amount (\$)<br>40.06   | Payee address;<br>1340 Poydras St, Ste 1770, New Orleans, LA. 70112   | City; State; Zip Code                            |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>On line Fundraising Platform fees |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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 POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br><b>3</b> | 2 FILER NAME<br><b>Ronni Cade</b>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>4/12/21</b>               | 5 Payee name<br><b>Action Printing</b>  |   |
| 6 Amount (\$)<br><b>1614.96</b>        | 7 Payee address; City; State; Zip Code<br><b>2407 82<sup>nd</sup> St., Lubbock, TX 79422</b>  |   |
| 8 PURPOSE OF EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | (b) Description<br><b>Direct Mailer</b> |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

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

|  |  |  |  |
|--|--|--|--|
| Date<br><b>4/5/21</b>                  | Payee name<br><b>Sam's Club</b>  |  |  |
| Amount (\$)<br><b>115<sup>00</sup></b> | Payee address; City; State; Zip Code<br><b>751 W. Main St., LV, TX 75067</b> |  |  |

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

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

|  |  |  |  |
|--|--|--|--|
| Date<br><b>4/21/21</b>                 | Payee name<br><b>Perfect IT Solutions</b>  |  |  |
| Amount (\$)<br><b>433<sup>00</sup></b> | Payee address; City; State; Zip Code<br><b>1821 Meadow Ridge Dr., FM, TX 75028</b> |  |  |

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

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><span style="font-size: 2em;">3</span>     | <b>2</b> FILER NAME<br><span style="font-size: 1.5em;">Ronni Cole</span>   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br><span style="font-size: 1.5em;">4/21/21</span>                 | <b>5</b> Payee name<br><span style="font-size: 1.5em;">Taylor Williams</span>  |   |
| <b>6</b> Amount (\$)<br><span style="font-size: 1.5em;">327<sup>00</sup></span> | <b>7</b> Payee address; City; State; Zip Code<br><span style="font-size: 1.5em;">708 Cedaridge, Lake Dallas, TX</span>   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><span style="font-size: 1.5em;">advertising</span>  | <b>(b)</b> Description<br><span style="font-size: 1.5em;">T-shirts</span> |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH             | Candidate / Officeholder name  | Office sought   |
| <b>Date</b>   | <b>Payee name</b>  |   |
| <b>Amount (\$)</b>  | <b>Payee address;</b>  | <b>City; State; Zip Code</b>  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>  |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      | Candidate / Officeholder name  | Office sought   |
| <b>Date</b>   | <b>Payee name</b>  |   |
| <b>Amount (\$)</b>  | <b>Payee address;</b>  | <b>City; State; Zip Code</b>  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>  |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      | Candidate / Officeholder name  | Office sought   |

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