# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY				
Date Rockey  Date Hand dilibred of Postman  Date Professor  Da				
Date Imaged				

1 ACCOUNT NUMBER	2 TYPE OF FILER	•
(Ethics Commission Filers)	CANDIDATE 🔀	POLITICAL COMMITTEE
	If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	МІ
(PLEASE TYPE OR PRINT)	MR RONNIE	F
·	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	GRIFFIN	
4 TELEPHONE NUMBER	AREA CODE PHONE NUMBER	EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(281) 7487494	
5 ADDRESS OF CANDIDATE	STREET/PO BOX; APT/SUITE #;	CITY; STATE; ZIP CODE
(PLEASE TYPE OR PRINT)		
	218 N. FRONT ST	CATSPRENG TX 78933
6 OFFICE SOUGHT BY CANDIDATE		
(PLEASE TYPE OR PRINT)	CONSTABLE	
7 NAME OF COMMITTEE		
(PLEASE TYPE OR PRINT)		
	N/A	
8 NAME OF CAMPAIGN TREASURER	TITLE (Dr., Mr., Ms., etc.) FIRST	MI 
(PLEASE TYPE OR PRINT)	MR RONNIE	<i>F</i>
	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	GRIFFTS	
	THE RESERVE THE PROPERTY OF TH	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -

**GO TO PAGE 2** 

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

## FORM CTA

s	1 Total pages filed:					
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY				
NAME	Mr Ronnie F	Filer ID #				
	NICKNAME LAST SUFFIX	<u> </u>				
	Griffin	Date Received \$ 52				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 218 N Front St Catspring TX78933	Date Hand attended or Postmarke				
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$				
PHONE	( 281 )7487494	Date Processed				
5 OFFICE HELD (if any)	Constable	Oale Imaged				
6 OFFICE SOUGHT (if known)	Constable					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME  Ronnie Griffin	LAST SUFFIX				
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business	STREET ADDRESS; APT / SUITE #; CITY; 218 N Front St Catspring TX 78933	STATE; ZIP CODE				
(residence of business	,					
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 281 ) 7487494					
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the To					
	I am aware of my responsibility to file timely reports a the Election Code.					
	I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.				
	X+1/1	2/1/23				
	Signaturé of Candidate	/ Date Signed				
	GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr	FIRST Ronnie	мı F	OFFICE USE ONLY
NAME	NICKNAME	LAST Griffin	SUFFI)	Date Recoved
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 218 N Front St	APT / SUITE #; C Catspring Tx 78	CITY; STATE; ZIP CC 3933	CHOUSE 13 28, COURS ECTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	7487494	EXTENSION	Date Handdelivered or De Hostmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Ronnie	MI	Receipt # Amount \$
NAME	NICKNAME	LAST Griffin	SUFFI	• • • • • • • • • • • • • • • • • • • •
7 CAMPAIGN TREASURER ADDRESS	street address (NO Same		UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 281 )	PHONE NUMBER 7487494	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	ection Exceeded Mo	That troport princers every 114
10 PERIOD	Month	Day Year	Reporting Lim	it I !  Month Day Year
COVERED	12 /	Day Year 1 / 23	THROUGH	1 / 1 / 24
11 ELECTION	· ELECTION DATE		ELECTIO	ON TYPE
	Month Day	Year Primary  24 General	Runoff Othe Desi	r rription
40 055105	OFFICE HELD (if any)		13 OFFICE SOUGHT	(if known)
12 OFFICE	Constable		Constable	(a money
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEH	OLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT	TURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE N	OMMITTEE NAME		
Additional Pages	GENERAL	OMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
	C	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

OAIIII AIOI	TENTANOE ILEI OILI		
15 C/OH NAME Ronnie Griffin		16 Filer ID (Ethics Commissio	n Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 57	7.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	Signature of Con	ndidghe or Officeholder	
NO Season to and subscribed	TEPHANIE SHADDOX ary Public, State of Texas pm. Expires 01-25-2027 otary ID 13166073-6 i before me by	13 day of Decen	Noc
Aphelee		DX NOTUN PI	<del>Whic</del>
Signature of officer administr	¥	Title of officer admini	stering oath
(2) Unsworn Declarat	ion		
My name is	, and my date of birth is		•
My address is			•
Executed in	(street) (city) (s	, , , , , , ,	ntry)
Executed III	County, State of, on theday of(month	, 20 <u>(year)</u> .	

Signature of Candidate/Officeholder (Declarant)

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

### FORM C/OH COVER SHEET PG 3

19 FILER NAME  Ronnie Griffin	:ommisslo	n Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. SCHEDULE E: LOANS	\$	0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	577.07
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	577.07
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

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

### SCHEDULE F4

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

		EXPENDITURE CAT	EGORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Tran Trav Trav	el in District el Out Of District	nent & Related Expense
		The Instruction Guide expl	ains how to co	mplete this form.			
1 Total pages Schedule F4: 2	2 FILER Ronnie G				3 File	er ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGE	DTOACR	EDIT CARD	\$	577.07	7
5 Date	6 Payee	name					
12/07/2023	Visti Pri	nt					
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
70.67	275 Wyr	man St Waltham, MA	02451				
9 TYPE OF EXPENDITURE		Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Categor Adverti	y (See Categories listed at the top of t Sing	his schedule)	(b) Description Business Cal	rds		
	(c)	Check if Iravel outside of Texas. Compl	ete Schedule T.	Check if Au	ustin, TX,	officeholder living	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ididate / Officeholder name	0	ffice sought		Office h	eld
Date	Payee	name					
12/08/2023	Wittenb	urg Printing					
Amount (\$)	Payee	address;		Cily;		State;	Zip Code
396.20	210 Me	yey St Sealy, Tx 774	174				
TYPE OF EXPENDITURE		Political	Non-Po	olitical			
PURPOSE OF EXPENDITURE	Catego Adverti	ry (See Categories listed at the top of Sing	this schedule)	Description Political Sign	าธ		
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if A	ustin, TX	, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Са	ndidate / Officeholder name	0	ffice sought		Office h	neld
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NI	EEDE		

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

### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overt Polling Expo Printing Exp Salaries/Wa	oense ages/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 F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
2	Ronnie G				,
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGED	TOACR	EDIT CARD	\$ 577.07
5 Date	6 Payee	name			5
12/09/2023	Tractor	Supply		÷	
7 Amount (\$)	8 Payee	address;		City;	State; Zip Code
110.20	2340 Hv	vy 36 S, Sealy, Tx 774	474 		
9 TYPE OF EXPENDITURE	The state of the s	Political	Non-Pol	litical	
10	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description	
PURPOSE	Adverti	sing		Sign Post	
OF Expenditure					
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if At	ostin, TX, afficeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Ol	ffice sought	Office held
Date	Payee	name			
Amount (\$)	Payee	address;		City;	State; Zip Code
TYPE OF EXPENDITURE		Political [	Non-Po	blitical	
PURPOSE OF EXPENDITURE	Catego	ry (See Calegories listed at the top of th	is schedule)	Description	
EXPERIENCE		Check if travel outside of Texas, Complet	e Schedule T.	Check If A	ustin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Саг	ndidate / Officeholder name		ffice sought	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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)

Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Ronnie Griffin		3 Filer ID (Ethics	Commission Filers)		
<sup>4</sup> Date 12/07/2023	5 Payee name Visti Print					
6 Amount (\$) 70.67 Reimbursement from political contributions intended	7 Payee address; 275 Wyman St Waltham, MA 02451	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Business Card	S			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date 12/08/2023	Payee name Wittenburg Printing					
Amount (\$) 396.20  Reimbursement from political contributions intended	Payee address; 210 Meyer St Sealy Tx 77474	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Political Signs				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held				
Date 12/09/2023	Payee name Tractor Supply					
Amount (\$) 110.20 Reimbursement from political contributions intended	Payee address; 2340 Hwy 36 South Sealy, Tx 7747	City; 4	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Political Signs				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED			