

7/15/24 @ 3:40pm

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R JUL 15 2024
BY: Shm Jeffer

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1		
The C/OH Instruction Guide explains how to complete this form. <input type="checkbox"/> Filer ID (Ethics Commission Filer) <input type="checkbox"/> Total pages filed:							
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR	FIRST Ron		MI		OFFICE USE ONLY Date Received		
	Nickname LAST DAVIS		SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 808 Brazos Dr		APT / SUITE #	CITY Mineral Wells	STATE TX	ZIP CODE 76067	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (303)		PHONE NUMBER 349-6121		EXTENSION		
6 CAMPAIGN TREASURER NAME MS / MRS / MR	FIRST Johanna		MI		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	Nickname LAST Miller		SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY Palo Pinto	STATE TX	ZIP CODE 76484	
	32 Long Drive						
8 CAMPAIGN TREASURER PHONE	AREA CODE (760)		PHONE NUMBER 310-0755		EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff		
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 10th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
10 PERIOD COVERED	Month	Day	Year	Month		Day	Year
	4 / 25 / 24			THROUGH		6 / 30 / 24	
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
	5 / 4 / 24						
12 OFFICE	OFFICE HELD (If any)				13 OFFICE SOLICIT (If known) City council		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Grass Roots Mineral Wells PAC COMMITTEE ADDRESS PO Box 284, Gordon TX 76453 COMMITTEE CAMPAIGN TREASURER NAME Johanna Miller COMMITTEE CAMPAIGN TREASURER ADDRESS 32 Long Drive, Palo Pinto, TX 76484					
GO TO PAGE 2							
Forms provided by Texas Ethics Commission www.ethics.state.tx.us				Revised: 1/1/2024			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 2						
15 C/OH NAME <i>Ron Davis</i>		16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ <i>1053.38</i>						
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <i>1053.38</i>						
CONTRIBUTION BALANCE		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ <i>0</i>						
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES \$ <i>0</i>						
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <i>0</i>		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ <i>0</i>						
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.								
<i>Ron Davis</i> <i>R. Davis</i> Signature of Candidate or Officeholder								
Please complete either option below:								
<p>(1) Affidavit</p> <p>NOTARY STAMP / SEAL</p> <p>Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: left; padding: 2px;">Signature of officer administering oath</td> <td style="width: 33%; text-align: left; padding: 2px;">Printed name of officer administering oath</td> <td style="width: 33%; text-align: left; padding: 2px;">Title of officer administering oath</td> </tr> <tr> <td colspan="3" style="text-align: center; background-color: black; color: white; padding: 2px;">OR</td> </tr> </table> <p>(2) Unsworn Declaration</p> <p>My name is <u><i>Ron Davis</i></u> and my date of birth is <u><i>5/3/49</i></u> My address is <u><i>808 Brazos Drive Mineral Wells, Tx 76067 USA</i></u> (street) (city) (state) (zip code) (country)</p> <p>Executed in <u><i>Palo Pinto</i></u> County, State of <u><i>Texas</i></u>, on the <u><i>15</i></u> day of <u><i>July</i></u> 20 <u><i>24</i></u> (month) (year)</p> <p><i>Ron Davis</i> Signature of Candidate/Officeholder (Declarant)</p>			Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath	OR		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath						
OR								
Forms provided by Texas Ethics Commission		www.ethics.state.tx.us						
		Revised 1/1/2024						

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19. FILER NAME <i>Ron Davis</i>	20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1053.33
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: INDIVIDUAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME <i>Ron Davis</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>31653.33</i>
5 Date <i>4/29/14</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Grass Roots Mineral Wells PAC</i>	8 Amount of Contribution \$ <i>1053.33</i> 9 In-kind contribution description <i>Electron expense</i>
7 Contributor address; City; State; Zip Code <i>PO Box 284 Gordon TX 76443</i>		<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#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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.

**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

Ron Davis

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.

Ron Davis, *Ron Davis*
Signature of Candidate / Officeholder
Treasurer

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.

J. M. Davis
Signature of Officeholder