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 _Ronald_ MI _W._	**OFFICE USE ONLY**
	NICKNAME _Ron_ LAST _Perry_ SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE _9458 Floyd Lane San Angelo, TX. 76901_	**JUN 30 2021**

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE _(325)_ PHONE NUMBER _234 0493_ EXTENSION	Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR _MRS._ FIRST _Vivian_ MI _L._	Receipt # Amount $
	NICKNAME LAST _Perry_ SUFFIX	Date Processed
		Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE _9458 Floyd Lane San Angelo, TX 76901_

8 CAMPAIGN TREASURER PHONE	AREA CODE _(325)_ PHONE NUMBER _656-6580_ 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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month _3_ / Day _30_ / Year _2021_ THROUGH Month _6_ / Day _30_ / Year _2021_

11 ELECTION

ELECTION DATE
Month _/_ Day _/_ Year

ELECTION TYPE
☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) _Justice of the Peace PCT. #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

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Ronald D. "Ron" Errr	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 524.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 524.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 378.11
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 378.11
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 870.71
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 780.00

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 _____ 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

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 524.00
2.	☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☑ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☑ SCHEDULE E: LOANS	$ 780.00
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 328.40
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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:

2 FILER NAME Ronald O. "Ron" Perry	**3** Filer ID (Ethics Commission Filers)

4 Date 4/2/2021	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) Robert Schneider	**7** Amount of contribution ($) $40.00
	6 Contributor address; City; State; Zip Code 206 Honey DR. Joshua TX 76058	
8 Principal occupation / Job title (See Instructions) Mechanic	**9** Employer (See Instructions) Dodge Corp.	

Date 4/2/2021	Full name of contributor ☐ out-of-state PAC (ID#:_____) Ian Harper	Amount of contribution ($) $45.00
	Contributor address; City; State; Zip Code 206 Honey Bee DR Joshua TX 76058	
Principal occupation / Job title (See Instructions) Student	Employer (See Instructions)	

Date 4/2/2021	Full name of contributor ☐ out-of-state PAC (ID#:_____) Sari Schneider	Amount of contribution ($) $49.00
	Contributor address; City; State; Zip Code 206 Honey Bee DR Joshua TX 76058	
Principal occupation / Job title (See Instructions) Office Manager	Employer (See Instructions) Tel PRO	

Date 4/2/2021	Full name of contributor ☐ out-of-state PAC (ID#:_____) Melissa Hicks	Amount of contribution ($) $48.00
	Contributor address; City; State; Zip Code 1867 W Towhig San Angelo TX 76901	
Principal occupation / Job title (See Instructions) Office Manager	Employer (See Instructions) Work Force Comm.	

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME Ronald D. "Ron" Perry

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
4/2/2021	Dustin Schneider	$40.00
	6 Contributor address; City; State; Zip Code	
	1865 W. Towhig San Angelo TX 76901	

8 Principal occupation / Job title (See Instructions) Labor

9 Employer (See Instructions) Dodge Corp.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/2/2021	Amanda Schneider	$49.01
	Contributor address; City; State; Zip Code	
	1865 W. Towhig San Angelo TX 76901	

Principal occupation / Job title (See Instructions) House Wife

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/2/2021	Michael Hicks	48.00
	Contributor address; City; State; Zip Code	
	1867 W. Towhig San Angelo TX 76901	

Principal occupation / Job title (See Instructions) Labor

Employer (See Instructions) Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/19/2021	Ms. Gloria Neal	50.00
	Contributor address; City; State; Zip Code	
	201 Old Settlers Trl Waxahachie TX	

Principal occupation / Job title (See Instructions) Retired

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.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
5/11/21	MR. GARY CARPENTER	$45.00
	6 Contributor address; City; State; Zip Code	
	P.O. Box 6125 San Angelo, TX 76906	
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	
Retired Law Enforcement		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
5/12/21	Vanera Brown	$10.00
	Contributor address; City; State; Zip Code	
	6441 Goodland Coop San Angelo, TX 76901	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Retired Homemaker		

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:
2 FILER NAME Ron Perry	**3** Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
June 18 2021	Bob HARdy	$50.00
	6 Contributor address; City; State; Zip Code	
	6301 manchaca Austi Austin TX 78745	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ReTiRed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
June 18 2021	PHm HARdy	$50.00
	Contributor address; City; State; Zip Code	
	6301 manchaca Austin TX 78745	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ReTired TeacheR	

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)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME Ronald D. Ron Perry	3 Filer ID (Ethics Commission Filers)
4 Date 6-10-21	**5 Payee name** HACO Guato Media	
6 Amount ($) 50.00	**7 Payee address; City; State; Zip Code** 620 Rust San Angelo, Tx 76903	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Photos	(b) Description ☐ 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 Ronald "Ron" Perry	Office sought Justice of Peace #3	Office held N/A

Date 6-10-21	**Payee name** WalMart North		
Amount ($) 106.31	**Payee address; City; State; Zip Code** 610 W 29th San Angelo, TX 76903		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Supplies office Supplies	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 Ronald "Ron" Perry	Office sought Justice of Peace #3	Office held N/A

Date 6-9-21	**Payee name** Angelo Awards		
Amount ($) 27.06	**Payee address; City; State; Zip Code** 1605 W Ave. N San Angelo, TX 76904		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Name Tag	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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1:	2 FILER NAME Ronald D. Lou Perry	3 Filer ID (Ethics Commission Filers)
4 Date 6-3-21	**5 Payee name** TomGreen County Elections Administration	
6 Amount ($) $4.88	**7 Payee address; City; State; Zip Code** 113 W. Beauregard San Angelo, TX 76903-5834	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ 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 5-13-21	**Payee name** Lowe's Hardware	
Amount ($) $16.00	**Payee address; City; State; Zip Code** 5301 Sherwood-Way San Angelo TX 76904	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Lumber 4' 2x4x4s	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 6-29-21	**Payee name** G Printing & Design	
Amount ($) 173.86/XX	**Payee address; City; State; Zip Code** 20 N. Howard St, San Angelo, TX 76901	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Business Cards	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

1 Total pages Schedule E:
/

2 FILER NAME
Ronald D. "Ron" Perry

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 ($)
4-5-21	Ronald D. Ron Perry	461 00

6 Is lender a financial Institution?
Y (N)

8 Lender address; City; State; Zip Code
9458 Floyd Lane San Angelo, Tx 76901

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Retired

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

18 Guarantor address; City; State; Zip Code

☒ not applicable

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
4-15-21	Ronald D. "Ron" Perry	$319 00

Is lender a financial Institution?
Y (N)

Lender address; City; State; Zip Code
9458 Floyd Lane San Angelo, TX 76901

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Description of Collateral
☒ none

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

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

☒ not applicable

Amount Guaranteed ($)

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.