

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00089138	<b>2 Total pages filed:</b> 5				
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 12/05/2024 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #                      Amount <hr/> Date Processed <hr/> Date Imaged			
	Mr.	Ronnie					
NICKNAME		LAST	SUFFIX				
		Lewis					
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	P. O. Box 13474  Odessa, TX 79768						
<input type="checkbox"/> Change of Address							
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	(432)	257-9235					
<b>6 REPORT TYPE</b>	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election				
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election				
		<input type="checkbox"/> Runoff					
<b>7 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year	
	01	26	2024	THROUGH	02	24	2024
<b>8 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		03/05/2024		<input type="checkbox"/> General	<input type="checkbox"/> Special		
<b>9 FILER ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported    Mr. Carlos Chavez Ector County JP Precinct 1				
			B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported				
		B. Opposed					
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

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# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Lewis, Ronnie (Mr.)		<b>11 Filer ID</b> (Ethics Commission Filers) 00089138
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 743.10

**13 AFFIDAVIT**

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.

Mr. Ronnie Lewis

\_\_\_\_\_  
Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

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<b>10 FILER NAME</b> Lewis, Ronnie (Mr.)	<b>11 Filer ID</b> (Ethics Commission Filers) 00089138
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<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	<b>A. Supported</b> Commissioner Don Stringer Ector County Comm. Pct. 3
		<b>B. Opposed</b>
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	<b>A. Supported</b>
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	<b>B. Opposed</b>

<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	<b>A. Supported</b> Rep. Brooks Landgraf State Representative
		<b>B. Opposed</b>
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	<b>A. Supported</b>
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	<b>B. Opposed</b>

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
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<b>14 FILER NAME</b> Lewis, Ronnie (Mr.)		<b>15 Filer ID</b> (Ethics Commission Filers) 00089138
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 743.10
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

# SCHEDULE F1

### 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: Sch: 1/1 Rpt: 5/5	<b>2</b> FILER NAME Lewis, Ronnie (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089138
<b>4</b> Date 02/21/2024	<b>5</b> Payee name AlphaGraphics Permian Basin	
<b>6</b> Amount (\$) \$743.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1333 E 5th Street  Odessa, TX 79761	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Portion of Campaign Signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Stringer, Don (Commissioner)	Office sought Ector County Comm. Pct. 3
		Office held Ector County Comm. Pct. 3
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Chavez, Carlos (Mr.)	Office sought Ector County JP Precinct 1
		Office held Ector County JP Precinct 1
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Landgraf, Brooks (Rep.)	Office sought State Representative District 81
		Office held State Representative District 81