

# 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> 6	
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received ELECTRONICALLY FILED 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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election		
		<input type="checkbox"/> Runoff		
<b>7 PERIOD COVERED</b>	Month    Day    Year	THROUGH	Month    Day    Year	
	02/25/2024		06/30/2024	
<b>8 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
	Month    Day    Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <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    Commissioner Don Stringer    Ector County Comm. Pct. 3	
			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>	\$ 1,468.58

**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
<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)	A. Supported Mr. Carlos Chavez Ector County JP Pct. 1
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<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)	A. Supported Commissioner Linda Anglley Ector County Comm. Pct. 1
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<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)	A. Supported Rep. Brooks Landgraf State Representative
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
4 of 6

<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	\$ 1,468.58
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: 1/2 Rpt: 5/6	<b>2</b> FILER NAME Lewis, Ronnie (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089138
<b>4</b> Date 03/07/2024	<b>5</b> Payee name AlphaGraphics Permian Basin	
<b>6</b> Amount (\$) \$1,468.58  <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 Mailers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anglley, Linda (Ms.)	Office sought Ector County Comm. Pct. 1
		Office held None
Date	Payee name (see previous)	
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<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 Stringer, Don (Commissioner)	Office sought Ector County Comm. Pct. 3
		Office held Ector County Comm. Pct. 3
Date	Payee name (see previous)	
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<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 Pct. 1
		Office held Ector County JP Pct. 1

# POLITICAL EXPENDITURES

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 6/6	<b>2</b> FILER NAME Lewis, Ronnie (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089138
<b>4</b> Date	<b>5</b> Payee name (see previous)	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<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.
<b>9</b> Complete <u>ONLY</u> 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