

**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) 00089822	2 Total pages filed: 23		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Ronald S.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME Steve	LAST Sprwols	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 12650 N Beach St., Ste. 114 #109  Fort Worth, TX 76244			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ronald S.	MI			
	NICKNAME Steve	LAST Sprwols	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 12650 N Beach St., Ste. 114 #109  Fort Worth, TX 76244		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (940) 784-3228					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) Northwest ISD Trustee Place 5 Place 5 District Northwest I Denton			12 OFFICE SOUGHT (if known) State Representative District 93		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

2 of 23

13 C / OH NAME	Sprowls, Ronald S. (Mr.)		14 Filer ID (Ethics Commission Filers) 00089822
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,460.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 39,722.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 4,957.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 36,500.00

**17 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. Ronald S. Sprowls

\_\_\_\_\_  
Signature of Candidate or Officeholder

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

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 23

<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Sprowls, Ronald S. (Mr.)	00089822	
<b>20</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,460.36
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	31,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	36,158.26
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,782.25
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1,782.25
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biesinger, Matthew ..... Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$) \$104.10
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, David ..... Contributor address; City; State; Zip Code  Ft Worth, TX 76244	Amount of Contribution (\$) \$166.56
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boaz, Rachel ..... Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Barbara ..... Contributor address; City; State; Zip Code  Ft Worth, TX 76244	Amount of Contribution (\$) \$26.03
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Angela	<b>7</b> Amount of Contribution (\$) \$166.56
	<b>6</b> Contributor address; City; State; Zip Code  Trophy Club, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Angela	Amount of Contribution (\$) \$166.56
	Contributor address; City; State; Zip Code  Trophy Club, TX 76262	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Kimberly	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code  Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) HealthEquity
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabanski, Frank	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Ft Worth, TX 76108	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Curtis	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  Ft Worth , TX 76137	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheredge, Kimmie	<b>7</b> Amount of Contribution (\$) \$104.10
	<b>6</b> Contributor address; City; State; Zip Code  Grandview, TX 76050	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairchild, Cleta	<b>Amount of Contribution (\$)</b> \$16.66
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Edith	<b>Amount of Contribution (\$)</b> \$52.05
	<b>Contributor address; City; State; Zip Code</b>  Ft Worth , TX 76131	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Ruth	<b>Amount of Contribution (\$)</b> \$26.03
	<b>Contributor address; City; State; Zip Code</b>  Ft Worth, TX 76131	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, Georgia	<b>Amount of Contribution (\$)</b> \$26.03
	<b>Contributor address; City; State; Zip Code</b>  Paradise, TX 76073	
<b>Principal occupation / Job title (See Instructions)</b> Librarian		<b>Employer (See Instructions)</b> Northwest ISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Nikki	<b>7</b> Amount of Contribution (\$) \$26.03
	<b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76244	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatfield, Deanne	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Justin, TX 76247	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawless, Chris	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Keller, TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pry, Alyssa	Amount of Contribution (\$) \$166.56
	Contributor address; City; State; Zip Code  Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Director Of Communications		Employer (See Instructions) Northwest ISD Education Foundation
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puleo, Glennon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Maintenance		Employer (See Instructions) American Airlines

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 08/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauch, Christopher	<b>7</b> Amount of Contribution (\$) \$260.25
	<b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauch, Christopher	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raven, Matrice	Amount of Contribution (\$) \$166.56
	Contributor address; City; State; Zip Code  Fort Worth, TX 76177	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) NISD
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schimmel, Channing	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code  Haslet, TX 76052	
Principal occupation / Job title (See Instructions) Supply Chain		Employer (See Instructions) NA
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schluter, Mark	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Haslet, TX 76052	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 07/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasson, Sarah	<b>7</b> Amount of Contribution (\$) \$26.03
	<b>6</b> Contributor address; City; State; Zip Code  Ft Worth, TX 76244	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Sean	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code  Ft Worth, TX 76244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trzeciak, Nicholas	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code  Ft Worth, TX 76244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Ryder	Amount of Contribution (\$) \$520.51
	Contributor address; City; State; Zip Code  Eastland, TX 76448	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Rebecca	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Rhome, TX 76078	
Principal occupation / Job title (See Instructions) CTE Teacher		Employer (See Instructions) Northwest ISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/23
<b>2</b> FILER NAME Sprowls, Ronald S. (Mr.)			<b>3</b> Filer ID (Ethics Commission Filers) 00089822
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor Williams, Whitnye ..... <b>6</b> Contributor address; City; State; Zip Code  Ft Worth, TX 76244	<b>7</b> Amount of Contribution (\$)  \$260.25	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 07/09/2025	Full name of contributor Wilson, Gabrielle ..... Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$26.03	
Principal occupation / Job title (See Instructions) ISD		Employer (See Instructions) Northwest	

## LOANS

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 11/23	
<b>2</b> FILER NAME  Sprowls, Ronald S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers)  00089822	
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$	
<b>5</b> Date of loan  12/03/2025	<b>7</b> Name of lender  Sprowls, Steve	<input type="checkbox"/> out-of-state PAC (ID#:  )	
		<b>9</b> Loan Amount (\$)  \$31,000.00	
<b>6</b> Is lender a financial institution?  No	<b>8</b> Lender address; City; State; Zip Code  Ft Worth, TX 76244		
			<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)  Pilot		<b>13</b> Employer (See Instructions)  Southwest Airlines	
<b>14</b> Description of Collateral  <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions)  <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  .....  <b>18</b> Guarantor address; City; State; Zip Code		<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 12/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 10/16/2025	5 Payee name Axiom	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 4005 Golden Triangle Blvd  Ft Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense venue rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Google LLC	
Amount (\$) \$6.06	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Google LLC	
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 13/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 10/01/2025	5 Payee name Google LLC	
6 Amount (\$) \$13.73	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Google LLC	
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Google LLC	
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 14/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822	
4 Date 09/02/2025	5 Payee name KC Strategies, LLC		
6 Amount (\$) \$3,000.00	7 Payee address; City; 3571 Far West Blvd Ste 196 Austin, TX 78731	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/09/2025	Payee name KC Strategies, LLC		
Amount (\$) \$3,750.00	Payee address; City; 3571 Far West Blvd Ste 196 Austin, TX 78731	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/05/2025	Payee name KC Strategies, LLC		
Amount (\$) \$1,193.11	Payee address; City; 3571 Far West Blvd Ste 196 Austin, TX 78731	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcards & Voter Data	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 15/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 11/05/2025	5 Payee name KC Strategies, LLC	
6 Amount (\$) \$3,750.00	7 Payee address; City; 3571 Far West Blvd Ste 196 Austin, TX 78731	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name KC Strategies, LLC	
Amount (\$) \$3,750.00	Payee address; City; 3571 Far West Blvd Ste 196 Austin, TX 78731	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Leadership Institute	
Amount (\$) \$25.00	Payee address; City; 1101 N. HIGHLAND STREET  Arlington, VA 22201	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign training event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 16/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 09/25/2025	5 Payee name Maxwell, Shane	
6 Amount (\$) \$2,250.00	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Ft Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Maxwell, Shane	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Ft Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign manager
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name Maxwell, Shane	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Ft Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 17/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 12/09/2025	5 Payee name Maxwell, Shane	
6 Amount (\$) \$4,500.00	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Ft Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Tarrant County GOP	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 201 N Rupert St Suite 117 Ft Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Application filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name Third Spice Strategies, LLC	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 5900 Balcones Dr Ste 100 Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 18/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 09/03/2025	5 Payee name Third Spice Strategies, LLC	
6 Amount (\$) \$700.00	7 Payee address; City; 5900 Balcones Dr Ste 100 Austin, TX 78731	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Third Spice Strategies, LLC	
Amount (\$) \$500.00	Payee address; City; 5900 Balcones Dr Ste 100 Austin, TX 78731	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name Third Spice Strategies, LLC	
Amount (\$) \$1,250.00	Payee address; City; 5900 Balcones Dr Ste 100 Austin, TX 78731	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 19/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 11/24/2025	5 Payee name VFW Avondale Heights Post 10374	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 13825 US-287  Ft Worth, TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name VistaPrint	
Amount (\$) \$48.69	Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name VistaPrint	
Amount (\$) \$49.34	Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 20/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822
4 Date 11/20/2025	5 Payee name VistaPrint	
6 Amount (\$) \$51.06	7 Payee address; City; 275 Wyman St  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name WinRed	
Amount (\$) \$126.50	Payee address; City; 1776 Wilson Blvd Suite 503 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee 7/3/25 thru 11/26/25
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/2 Rpt: 21/23	2 FILER NAME Sprowls, Ronald S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089822
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$955.53	(b) Date of Charge 09/14/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Marriott Marquis Houston		(b) Payee address; City, State, Zip Code 1777 Walker St  Houston, TX 77010
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Meeting with potential donors  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$679.66	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holiday Inn Express		(b) Payee address; City, State, Zip Code 805 Neches St  Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		(b) Description Austin trip to meet with PACs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$13.25	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Park ATX		(b) Payee address; City, State, Zip Code P.O. Box 2135  Austin, TX 78768
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		(b) Description Parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/2 Rpt: 22/23	2 FILER NAME Sprowls, Ronald S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089822
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$33.34	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name QuickTrip		(b) Payee address; City, State, Zip Code 701 W Old Settlers  Round Rock, TX 78681
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description gas for trip
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$89.59	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Stubb's Bar-B-Q		(b) Payee address; City, State, Zip Code 801 Red River St  Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$10.88	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name QuickTrip		(b) Payee address; City, State, Zip Code 701 W Old Settlers  Round Rock, TX 78681
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description lunch
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 23/23	2 FILER NAME Sprowls, Ronald S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089822	
4 Date 10/19/2025	5 Payee name American Express		
6 Amount (\$) \$1,047.37  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 6031  Carol Stream, IL 60197		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense to pay expenses shown on Sch F4	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/19/2025	Payee name American Express		
Amount (\$) \$734.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6031  Carol Stream, IL 60197		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense to pay expenses shown on Sch F4	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held