

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: **4**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Ronald MI: D NICKNAME: _____ LAST: King SUFFIX: _____	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: _____ CITY: Cross Roads, TX STATE: _____ ZIP CODE: 76227	Date Received <div style="font-size: 2em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: blue; font-weight: bold; margin: 0 0 10px 0;">APR 10 2023</div>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: [REDACTED] PHONE NUMBER: [REDACTED] EXTENSION: _____	Date hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Ronald MI: D NICKNAME: _____ LAST: King SUFFIX: _____	Receipt # _____ Amount \$ _____ Date Processed: 04-10-2023 Date Imaged: 04-10-2023
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): [REDACTED] APT / SUITE #: _____ CITY: Cross Roads, TX STATE: _____ ZIP CODE: 76227	
8 CAMPAIGN TREASURER PHONE	AREA CODE: [REDACTED] PHONE NUMBER: [REDACTED] EXTENSION: _____	
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 9 / 23 4 / 6 / 23	
11 ELECTION	ELECTION DATE: Month Day Year 5 / 6 / 23	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff _____ <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____
12 OFFICE	OFFICE HELD (if any): Town Council	OFFICE SOUGHT (if known): Town Council
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.	
Additional Pages	COMMITTEE TYPE: <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME: Cross Roads First COMMITTEE ADDRESS: 2001 Oak View Ct Cross Roads, TX 76227 COMMITTEE CAMPAIGN TREASURER NAME: Shiryl L. Tompkins COMMITTEE CAMPAIGN TREASURER ADDRESS: 2001 Oak View Ct Cross Roads, TX 76227

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ron King		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)	\$ 1,436.32
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Ronald D King, and my date of birth is [REDACTED].

My address is [REDACTED], Cross Roads, TX, 76227, USA.
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 6th day of April, 2023.
(month) (year)

Ronald D King
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Ron King		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,436.32
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 1	
2 FILER NAME Ron King		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,436.32	
5 Date 04/04/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Roads First	8 Amount of Contribution \$ 689.31	9 In-kind contribution description flyers, cards, signs
7 Contributor address; City; State; Zip Code 2001 Oak View Ct Cross Roads TX 76227		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Marketing		11 Employer (FOR NON-JUDICIAL)(See Instructions) Circana	
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 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Roads First	Amount of Contribution \$ 747.01	In-kind contribution description signs, stakes, mailer
Contributor address; City; State; Zip Code 2001 Oak View Ct Cross Roads, TX 76227		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Marketing		Employer (FOR NON-JUDICIAL)(See Instructions) Circana	
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.