## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. N/A 3 CANDIDATE/ MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Ronda S. NAME Date Received LAST NICKNAME SUFFIX Harris County MUD No. 248 Shepherd CANDIDATE / APT / SUITE #: ADDRESS / PO BOX: CITY: STATE; ZIP CODE OFFICEHOLDER 10847 White Oak Trace Ct., Cypress, TX 77429 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (281 236-0856 PHONE FIRST MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Ronda S. NAME NICKNAME LAST SUFFIX Date Imaged Shepherd STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN **TREASURER** 10847 White Oak Trace Ct., Cypress, TX 77429 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER PHONE** (281 236-0856 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Day COVERED 30 24 24 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Other Primary Runoff Month Day Year Description Special 24 -General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Director Director 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Ronda S. Shepherd  |  | 16 Filer ID (Ethics Commission Filers) N/A |  |  |  |
|--|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS   | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$ (                                       |  |  |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ ()                                      |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ ()                                      |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 6                                       |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | ST DAY \$                                  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  | * THE                                      |  |  |  |
| 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.  |  |  |  |  |  |
| lande Shelul   |  |  |  |  |  |
|  | Signature of Ca  | ndidate or Officeholder                    |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Please complete either option below:   |  |  |  |  |  |
|  |  |  |  |  |  |
| (1) Affidavit  MELISSA J PARKS MY COMMISSION EXPIRES September 25, 2027 NOTARY ID: 567949-2  |  |  |  |  |  |
| NOTARY STAMP/SEAL  |  |  |  |  |  |
| Sworn to and subscribed before me by Randa Suphul this the Z day of Tune,  |  |  |  |  |  |
| 20 T, to certify which witness my hand and seal of office.  No 1988 Notary   |  |  |  |  |  |
| Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath   |  |  |  |  |  |
| Constitution of the state of th |  |  |  |  |  |
| (2) Unsworn Declaration  |  |  |  |  |  |
| My name is   | , and my date of birth is  |  |  |  |  |
| My address is,,,,,   |  |  |  |  |  |
|  |  | state) (zip code) (country)                |  |  |  |
| Executed in  | County, State of , on the day of(month   | ) 20 <u>(year)</u> .                       |  |  |  |
|  | Signature of Candid  | late/Officeholder (Declarant)              |  |  |  |

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| The Instruction Guide explains how to complete this form.   |   |   |                             |  |  |
|---|---|---|-----------------------------|--|--|
| •• Complete only if "Report Type" on page 1 is marked "Final Report" ••   |   |   |                             |  |  |
| 1   | 1 C/OH NAME 2 Filer ID (Ethics Commission Filers)   |   |                             |  |  |
| Ronda S. Shepherd   |   |   | N/A                         |  |  |
| 3   | 3 SIGNATURE   |   |                             |  |  |
| I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder |   |   |                             |  |  |
| 4   | 4 FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below only if you are not an officeholder. ••   |   |                             |  |  |
|   | A.  | CAMPAIGN FUNDS  |                             |  |  |
|   | Check only one:   |   |                             |  |  |
|   |   | I do not have unexpended contributions or unexpended interest or income earned from   | om political contributions. |  |  |
|   |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |                             |  |  |
|   | В.  | ASSETS  |                             |  |  |
|   | Check only one:   |   |                             |  |  |
|   | I do not retain assets purchased with political contributions or interest or other income from political contributions.   |   |                             |  |  |
|   | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.   |   |                             |  |  |
|   |   | 5   | Signature of Candidate      |  |  |
| 5   |   | EHOLDER uplete this section <i>only</i> if you are an officeholder ••   |                             |  |  |
|   | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. |   |                             |  |  |
|   |   |   | ignature of Office holder   |  |  |