

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR.** FIRST **Ronny** MI **D.**  
NICKNAME LAST SUFFIX  
**Dodson**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**3201 N. Hwy 118, Box 1  
Alpine, TX 79830**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(432) 837-2551**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MRS.** FIRST **MARY** MI  
NICKNAME LAST SUFFIX  
**DODSON**

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**3201 N. Hwy 118 Box 1  
Alpine, TX 79830**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(432) 837-2551**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**07/16/2023 THROUGH 12/31/2023**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

**SHERIFF**

13 OFFICE SOUGHT (if known)

**SHERIFF**

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

BY **Rona J...**  
Date Received **1-9-2023** At **3:12** FILED  
BREWSTER COUNTY VOTER REGISTRATION  
Date Hand-Delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME \_\_\_\_\_ 16 Filer ID (Ethics Commission Filers) \_\_\_\_\_

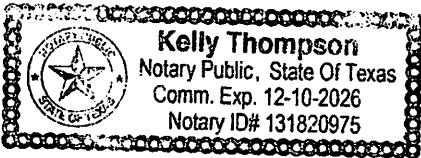
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2480.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2480.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ronny Dodson this the 9 day of January, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Kelly Thompson Notary Public, TX  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Ronny Dodson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 248.00
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <u>1</u>
2 FILER NAME <u>Ronny Dodson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/14/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Walter Pogley</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>3359 Chevy Chase Houston, TX 77019</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category, not listed above) |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>2</b>	2 FILER NAME <b>Phony Dodson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/24/23</b>	5 Payee name <b>Larry Cordova</b>
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6 Amount (\$) <b>\$1755.00</b>	7 Payee address <b> Hwy 90</b>	City <b>Alpine TX</b>	State	Zip Code <b>79830</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories statement on this schedule) <b>Shirts/merchandise</b>	(b) Description
	(c) <input type="checkbox"/> Check if made outside of Texas (Complete Schedule F)	<input type="checkbox"/> Check if August 1st to October 31st during election

9 Complete ONLY if direct expenditure to benefit C or C-	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/7/23</b>	Payee name <b>Alpine Allstars Boosters</b>
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Amount (\$) <b>\$150.00</b>	Payee address	City <b>Alpine TX</b>	State	Zip Code <b>79830</b>
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PURPOSE OF EXPENDITURE	Category (See Categories statement on this schedule) <b>Advertising</b>	Description
	<input type="checkbox"/> Check if made outside of Texas (Complete Schedule F)	<input type="checkbox"/> Check if August 1st to October 31st during election

Complete ONLY if direct expenditure to benefit C or C-	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/6/23</b>	Payee name <b>ATTS Band Boosters</b>
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Amount (\$) <b>300.00</b>	Payee address	City <b>Alpine, TX</b>	State	Zip Code <b>79830</b>
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PURPOSE OF EXPENDITURE	Category (See Categories statement on this schedule) <b>food/event</b>	Description
	<input type="checkbox"/> Check if made outside of Texas (Complete Schedule F)	<input type="checkbox"/> Check if August 1st to October 31st during election

Complete ONLY if direct expenditure to benefit C or C-	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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            | Gifts/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.

1 Total pages Schedule F1 <b>2</b>	2 FILER NAME <b>Ronny Dodson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/31/23</b>	5 Payee name <b>Alpine Avalanche</b>
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6 Amount (\$) <b>275.00</b>	7 Payee address <b>704 E. Holland Ave Alpine TX 79830</b>	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category See Categories listed in the top of this schedule <b>Advertising</b>	(b) Description
	(c) <input type="checkbox"/> Check if made outside of Texas. Complete Schedule " <input type="checkbox"/> Check if made in TX. Enter date of exp. expense	

9 Complete ONLY if direct expenditure to benefit C or CH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category See Categories listed in the top of this schedule	Description
	(c) <input type="checkbox"/> Check if made outside of Texas. Complete Schedule " <input type="checkbox"/> Check if made in TX. Enter date of exp. expense	

Complete ONLY if direct expenditure to benefit C or CH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category See Categories listed in the top of this schedule	Description
	(c) <input type="checkbox"/> Check if made outside of Texas. Complete Schedule " <input type="checkbox"/> Check if made in TX. Enter date of exp. expense	

Complete ONLY if direct expenditure to benefit C or CH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NB

Ronny D. Dodson 01-00  
Sheriff Account  
3201 N Highway 118 Box 1

# Statement

Alpine Avalanche  
704 E. Holland Ave  
P.O. BOX 719  
Alpine, TX 79831

Date
12/31/2023

To:
RONNY DODSON 3201 N HWY 118 BOX 1 ALPINE, TX 79830

Date	Transaction	Amount Due	Amount Enc.
		\$275.00	
		Amount	Balance
11/30/2023	Balance forward		0.00
12/01/2023	INV #92984. Due 01/10/2024. BASKETBALL POSTER - SIG PAGE -- 63 SIG PAGE \$275.00	275.00	275.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	0.00	0.00	0.00	\$275.00