

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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR <u>MR</u> NICKNAME <u>Ronny</u> | FIRST <u>Ronald</u> LAST <u>Best</u> | MI <u>W</u> SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX: <u>1904 Holloman Dr.</u> APT / SUITE #: <u></u> CITY: <u>Port Lavaca, TX</u> STATE: <u>TX</u> ZIP CODE <u>77979</u> | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | AREA CODE <u>(361)</u> | PHONE NUMBER <u>660-5867</u> | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR <u>MR</u> NICKNAME <u>Ronny</u> | FIRST <u>Ronald</u> LAST <u>Best</u> | MI <u>W</u> SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>1904 Holloman Dr.</u> CITY: <u>Port Lavaca, TX</u> STATE: <u>TX</u> ZIP CODE <u>77979</u> | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE <u>(361)</u> | PHONE NUMBER <u>660-5867</u> | EXTENSION |
| 9 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) | | |
| 10 PERIOD COVERED | | Month <u>9</u> Day <u>26</u> Year <u>2025</u> | THROUGH | Month <u>12</u> Day <u>31</u> Year <u>2025</u> |
| 11 ELECTION | | ELECTION DATE Month <u>3</u> Day <u>3</u> Year <u>2026</u> | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____ | |
| 12 OFFICE | | OFFICE HELD (if any) <u>County Commissioner Pt 2</u> | 13 OFFICE SOUGHT (if known) <u>County Commissioner Pt. 2</u> | |
| 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. | | |
| <input type="checkbox"/> Additional Pages | | COMMITTEE TYPE | COMMITTEE NAME | |
| | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 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) | \$ <i>9,200</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>9,200</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>2,691.21</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>2,691.21</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>6,508.79</i> |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> |

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 Bess, and my date of birth is 11/16/1976.
My address is 1904 Holloman Dr, Port Lavaca, TX, 77979, U.S.

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

Executed in Calhoun County, State of Texas, on the 9th day of January, 20 26.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE**

| | | SUBTOTAL AMOUNT |
|-----|--|----------------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 9,200.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,691.71 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | | | |
|--|---|---|--------------------------------------|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Ronald Best</i> | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9-19-25</i> | 5 Full name of contributor <i>Ronald William Best</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | | 7 Amount of contribution (\$) <i>\$200.00</i> |
| | 6 Contributor address; <i>1904 Holloman Dr. Port Lavaca</i> | City: <i>TX</i> | State: <i>77979</i> | |
| 8 Principal occupation / Job title (See Instructions) | | | 9 Employer (See Instructions) | |
| Date <i>9-22-25</i> | Full name of contributor <i>Ronald William Best</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | | Amount of contribution (\$) <i>\$3,000.00</i> |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |
| Date <i>9-23-25</i> | Full name of contributor <i>Misty Dawn Best</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | | Amount of contribution (\$) <i>\$6,000.00</i> |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |
| Date | Full name of contributor | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | | Amount of contribution (\$) |
| | Contributor address; <i>1904 Holloman Dr. Port Lavaca</i> | City: <i>TX</i> | State: <i>77979</i> | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |

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

If the requested information is not applicable, DO NOT include this page in the report.

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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| 3 | Ronald Best | | | | |
| 4 Date | 5 Payee name | | | | |
| 9-29-25 | Camie Marie Photography | | | | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code | | | |
| \$100.00 | 1018 N. San Antonio St. | Port Lavaca. TX 77979 | | | |
| <input checked="" type="checkbox"/> Check if individual's residence address. | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| | Printing Expense | Personalized Campaign Magnets | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date | Payee name | | | | |
| 10-6-25 | Rapid Printing LLC | | | | |
| Amount (\$) | Payee address: | City; State; Zip Code | | | |
| 919.19 | 1708 N Navarro Suite 300 | Victoria TX 77901 | | | |
| <input type="checkbox"/> Check if individual's residence address. | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | |
| | Printing Expense | Political Signs | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date | Payee name | | | | |
| 10-7-25 | Kellie Houseworth | | | | |
| Amount (\$) | Payee address: | City; State; Zip Code | | | |
| \$100.00 | 502 Sunnydale | Port Lavaca. TX 77979 | | | |
| <input checked="" type="checkbox"/> Check if individual's residence address. | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | |
| | Other Printing Expense | Artwork for magnets | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: <i>3</i> | 2 FILER NAME <i>Ronald Best</i> | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10-10-25</i> | 5 Payee name <i>Lowe's</i> | | |
| 6 Amount (\$) <i>\$55.23</i> | 7 Payee address; <i>8602 N. Navarro St.</i> | City: <i>Victoria</i> State: <i>TX</i> Zip Code <i>77904</i> | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Other</i> | (b) Description <i>Materials to build sign frame</i> | |
| | <input type="checkbox"/> <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 |
| Date <i>10-10-25</i> | Payee name <i>Hobby Lobby</i> | | |
| Amount (\$) <i>\$21.21</i> | Payee address; <i>8404 N Navarro</i> | City: <i>Victoria</i> State: <i>TX</i> Zip Code <i>77904</i> | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | Description <i>Decorations to parade float</i> | |
| | <input type="checkbox"/> <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 |
| Date <i>10-27-25</i> | Payee name <i>Haley Harper</i> | | |
| Amount (\$) <i>\$30.00</i> | Payee address; <i>552 Eastview Drive</i> | City: <i>Georgetown</i> State: <i>TX</i> Zip Code <i>77979</i> | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Other</i> | Description <i>Digital artwork for Newspaper add</i> | |
| | <input type="checkbox"/> <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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 3 | Ronald Best | | |
| 4 Date | 5 Payee name | | |
| 11-4-25 | Calhoun County Republican Club | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zip Code | |
| \$25.00 | 2025 SH-35 North | Port Lavaca, TX 77979 | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Fees | Fee for joining Republican Club | |
| <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 |
| Date | Payee name | | |
| 11-8-25 | Calhoun County Republicans Party | | |
| Amount (\$) | Payee address: | City: State: Zip Code | |
| \$750.00 | 2025 SH-35 North | Port Lavaca | TX 77979 |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Fees | Filing fee for office sought | |
| <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 |
| Date | Payee name | | |
| 12-16-25 | Rapid Printing | | |
| Amount (\$) | Payee address: | City: State: Zip Code | |
| \$690.58 | 1708 N Navarro Suite 300 | Victorville | TX 77901 |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Printing Expenses | Political Signs | |
| <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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |