

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST Ronald MI W
NICKNAME Ronny LAST Best SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
MAY 18 2026
BT: [Signature]

Date Hand-Delivered or Date Resubmitted

Receipt #

Amount \$

Date Processed

Date Imaged

STATE: ZIP CODE

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1904 Holloman Dr. Port Lavaca, TX 77979

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 660-5867

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
Same
Same

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
Same

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
() Same

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 THROUGH Month Day Year
2 / 22 / 2024 THROUGH 5 / 16 / 2026

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 26 / 26 General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Commissioner Calhoun County Pct. 2 Commissioner Pct. 2

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 COMMITTEE NAME
 GENERAL
 SPECIFIC
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>704.32</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>704.32</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,619.69</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

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.

Ronald Beas
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 Beas, and my date of birth is 11/16/1976.
My address is 1904 Holloman Dr., Port Lavaca, TX, 77979 Calhoun.
(street) (city) (state) (zip code) (country)
Executed in Calhoun County, State of Texas, on the 18th day of May, 20 26.
(month) (year)

Ronald Beas
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)

19 FILER NAME

Ronald Best

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>704.32</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 2 FILER NAME Ronald Best 3 Filer ID (Ethics Commission Filers)

4 Date 3-26-26 5 Payee name McCoy's City: State: Zip Code

6 Amount (\$) \$192.57 7 Payee address: 5803 NE Zachenz Pkwy Victoria TX 77904

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) Other (b) Description Material for sign frames
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date 3-27-26 Payee name Harbor Freight City: State: Zip Code

Amount (\$) \$11.60 Payee address: 329 Calhoun Plaza #19 Port Lavaca, TX 77979

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Other Description Material for sign frames
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 3-27-26 Payee name ACE Hardware City: State: Zip Code

Amount (\$) \$40.01 Payee address: 301 Calhoun Plaza Port Lavaca TX 77979

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Other Description Materials for sign frames
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 2 FILER NAME Ronald Best 3 Filer ID (Ethics Commission Filers)

4 Date 4-6-26 5 Payee name Rapid Printing City: State: Zip Code

6 Amount (\$) \$67.66 7 Payee address: 1708 N Navarro Suite 300 Victoria TX 77901

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) Other (b) Description H Stands for small signs
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name

Date 5-13-26 Payee name Rapid Printing City: State: Zip Code

Amount (\$) \$392.48 Payee address: 1708 N Navarro Suite 300 Victoria TX 77901

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Advertising Expense Description Mailouts
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name

Date Payee name City: State: Zip Code

Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/2026