

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

| | | |
|--|-------------|----------------------|
| 1 CANDIDATE NAME <i>Ronald A Landon</i> | 2 FILER ID# | 3 Total pages filed: |
|--|-------------|----------------------|

See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information only. Do not provide information previously disclosed.

| | | |
|-----------------------------|---|---|
| 4 CANDIDATE NAME | <input type="checkbox"/> NEW MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <i>Ronald A</i> NICKNAME LAST SUFFIX <i>Ronny Landon</i> | OFFICE USE ONLY RECEIVED Date Received JAN 16 2024 BOSQUE CO. ELECTIONS Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| 5 CANDIDATE MAILING ADDRESS | <input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1551 CR 4290 Clifton, TX 76634</i> | |
| 6 CANDIDATE PHONE | <input type="checkbox"/> NEW [REDACTED] SION | |


| | |
|------------------------|---|
| 7 OFFICE HELD (if any) | <input type="checkbox"/> NEW <i>Commissioner pct 4</i> |
|------------------------|---|

| | |
|----------------------------|------------------------------|
| 8 OFFICE SOUGHT (if known) | <input type="checkbox"/> NEW |
|----------------------------|------------------------------|

| | |
|---------------------------|--|
| 9 CAMPAIGN TREASURER NAME | <input checked="" type="checkbox"/> NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Lori A Proctor</i> |
|---------------------------|--|

| | |
|--|---|
| 10 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | <input type="checkbox"/> NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1551 CR 4290 Clifton, TX 76634</i> |
|--|---|

| | |
|-----------------------------|---|
| 11 CAMPAIGN TREASURER PHONE | <input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION [REDACTED] |
|-----------------------------|---|

| | |
|------------------------|---|
| 12 CANDIDATE SIGNATURE | I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ Signature of Candidate </div> <div style="text-align: center;"> <i>1/16/24</i> _____ Date Signed </div> </div> |
|------------------------|---|

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**AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION**

13 CANDIDATE
NAME

14 MODIFIED
REPORTING
DECLARATION

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••**

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,080 in political contributions
or make more than \$1,080 in political expenditures (excluding
filing fees) in connection with any future election within the election
cycle. I understand that if either one of those limits is exceeded, I
will be required to file pre-election reports and, if necessary, a
runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAREport.php>

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>0</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | <i>0</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | <i>0</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | <i>0</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | <i>344.01</i> |
| OUTSTANDING LOAN TOTALS | 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.

[Handwritten Signature]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ronnie Liardon this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Ashley Rupp Signature of officer administering oath
Ashley Rupp Printed name of officer administering oath
Elections Administrator 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)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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|--|--|--|-------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <u>2</u> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / <u>MR</u> FIRST <u>RONALD</u> MI <u>A</u> | OFFICE USE ONLY | |
| | NICKNAME LAST SUFFIX <u>Ronny</u> <u>Liander</u> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1557 CR 4290</u> <u>Clifton, TX 76631</u> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(254) 386 7527</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <u>MS</u> <u>LOKI</u> <u>A</u> | Date Received | |
| | NICKNAME LAST SUFFIX <u>Proctor</u> | Date Hand-delivered or Date Postmarked | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1557 CR 4290</u> <u>Clifton, TX 76631</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(254) 707 - 3022</u> | | |
| 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 Day Year Month Day Year <u>07 / 01 / 23</u> THROUGH <u>12 / 31 / 2023</u> | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input 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>Commissioner 4</u> | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

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