

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b>	<b>2 Total pages filed:</b>  11
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u> FIRST MI	<b>OFFICE USE ONLY</b> <b>RECEIVED</b> Date Received <b>APR 6 2023</b> AS <del>NORTHWEST ISD</del> Superintendent's Office Receipt # _____ Amount _____ Date Processed <b>4-6-23</b> Date Imaged _____	
	NICKNAME LAST SUFFIX		
<u>Steve</u> <u>Ronald</u> <u>S.</u>			
<u>Sprouts</u>			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		
	<u>12650 N. Beach St</u> <u>Suite 114 #109</u> <u>Ft Worth, TX 76244</u>		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>MR</u> FIRST MI		
	NICKNAME LAST SUFFIX		
<u>Steve</u> <u>Ronald</u> <u>S.</u>	<u>Sprouts</u>		
<b>6 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>12650 N. Beach St</u> <u>Suite 114 #109</u> <u>Ft Worth, TX 76244</u>		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION		
	<u>(682) 207-5591</u>		
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>9 PERIOD COVERED</b>	Month Day Year	THROUGH	Month Day Year
	<u>02/19/2023</u>		<u>03/27/2023</u>
<b>10 ELECTION</b>	ELECTION DATE	ELECTION TYPE	
	Month Day Year <u>05/06/2023</u>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b>	
	<u>Northwest ISD Trustee Place 5</u>	<u>Northwest ISD Trustee Place 5</u>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C / OH NAME Ronald "Steve" Sprouls 14 Filer ID

15 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.

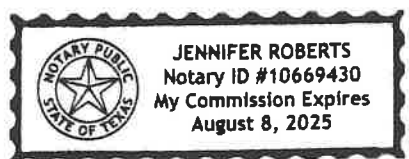
Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	915.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2139.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Sprouls, this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Signature of officer administering  
 Jennifer Roberts Printed name of officer administering  
 Executive Assistant Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> <span style="font-size: 1.2em; font-family: cursive;">Ronald "Steve" Sprauls</span>	<b>19 Filer ID</b> 
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	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 915.12
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 FROM POLITICAL CONTRIBUTIONS	\$ 198.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1940.40
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt:
<b>2</b> FILER NAME <i>Ronald "Steve" Sprouls</i>		<b>3</b> Filer ID
<b>4</b> Date 03/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Arena	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$52.45</span>
<b>6</b> Contributor address; City; State; Zip Code 3516 Caspian CV  Ft Worth, TX 76244		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Kimberly	Amount of Contribution (\$) <span style="float: right;">\$26.34</span>
Contributor address; City; State; Zip Code 12737 Outlook Ave  Ft Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Daniella	Amount of Contribution (\$) <span style="float: right;">\$104.42</span>
Contributor address; City; State; Zip Code 12740 Lizzie Pl  Ft Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churcj, Amy	Amount of Contribution (\$) <span style="float: right;">\$10.72</span>
Contributor address; City; State; Zip Code 12745 Welsh Walk  Ft Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettmer, Scott	Amount of Contribution (\$) <span style="float: right;">\$52.45</span>
Contributor address; City; State; Zip Code 12825 Gallant Court  Ft Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt:
<b>2</b> FILER NAME <i>Ronald "Steve" Sprouls</i>		<b>3</b> Filer ID
<b>4</b> Date 03/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Angelique	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code 3241 Outlook Ct  Ft Worth, TX 76244		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Sarah	Amount of Contribution (\$)  \$52.68
Contributor address; City; State; Zip Code 4065 Knighterrant  Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritz, Caleb	Amount of Contribution (\$)  \$26.34
Contributor address; City; State; Zip Code 16017 Pemberly Way  Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helmick, Casey	Amount of Contribution (\$)  \$26.34
Contributor address; City; State; Zip Code 13716 Alliance ct  Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Michael	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 325 Ash Lane  Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 3/5 Rpt:

2 FILER NAME

*Ronald "Steve" Sprouts*

3 Filer ID

4 Date  
03/25/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Legere, Caroline

7 Amount of Contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

12729 Connemara Lane

Ft Worth, TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/21/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lunday, Michelle

Amount of Contribution (\$)

\$26.34

Contributor address; City; State; Zip Code

2810 Castlereach St

Trophy Club, TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

McClain, Jennifer

Amount of Contribution (\$)

\$10.90

Contributor address; City; State; Zip Code

2720 Mountain Lion Dr

Ft Worth, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/23/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Meyers, Norma

Amount of Contribution (\$)

\$104.42

Contributor address; City; State; Zip Code

3500 Confidence Dr

Ft Worth, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/20/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ransleben, Lisa

Amount of Contribution (\$)

\$26.48

Contributor address; City; State; Zip Code

106 Rolling Rock Drive

Trophy Club, TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt:
<b>2</b> FILER NAME <i>Ronald "Steve" Sprouts</i>		<b>3</b> Filer ID
<b>4</b> Date 03/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowell, Audra	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$10.72</span>
<b>6</b> Contributor address; City; State; Zip Code 13264 Fiddlers Trail  Ft Worth, TX 76244		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Kaylan	Amount of Contribution (\$) <span style="float: right;">\$25.00</span>
Contributor address; City; State; Zip Code 3652 Saratoga Downs Way  Ft Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schimmel, Channing	Amount of Contribution (\$) <span style="float: right;">\$52.45</span>
Contributor address; City; State; Zip Code 1400 Bluff Springs Dr  Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stover, Sandra	Amount of Contribution (\$) <span style="float: right;">\$26.34</span>
Contributor address; City; State; Zip Code 1329 Pine Ridge Rd  Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washam, Joseph	Amount of Contribution (\$) <span style="float: right;">\$104.39</span>
Contributor address; City; State; Zip Code 9310 Avery Ranch Way  Justin, TX 76247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

Sch: 5/5 Rpt:

2 FILER NAME

Ronald "Steve" Sprouts

3 Filer ID

4 Date  
03/22/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Wurman, Lauren

7 Amount of Contribution (\$)

\$26.34

6 Contributor address; City; State; Zip Code

2404 Outlook Ave

Ft Worth, TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)



# 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.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>Ronald "Steve" Sprouls</i>	<b>3</b> Filer ID (Ethics Commission Filers)														
<b>4</b> Date <i>3/16/23</i>	<b>5</b> Payee name <i>Lonestar Campaign Management</i>															
<b>6</b> Amount (\$) <i>\$150.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>312 Rambling Ct Euless, TX 76039</i>															
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	<b>(b)</b> Description <i>Campaign Mgmt</i>														
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought Office held														
<del> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td style="width:50%;">Payee name</td> <td style="width:30%;">City; State; Zip Code</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address;</td> <td>City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought Office held</td> </tr> </table></del>			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	<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	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														
	<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>Various thru 3/27/23</i>	Payee name <i>Donorbox</i>															
Amount (\$) <i>\$48.95</i>	Payee address; City; State; Zip Code <i>601 King St, Suite 200 Alexandria, VA 22314</i>															
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Credit Card Merchant Fees</i>														
	<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 <i>N/A</i>	Office sought Office held														

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

<b>1</b> Total pages Schedule F4: <i>1 of 2</i>	<b>2</b> FILER NAME <i>Ronald "Steve" Sprouts</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<i>\$ 1940.40</i>
<b>5</b> Date <i>3/24/23</i>	<b>6</b> Payee name <i>Discount Banners &amp; Signs</i>	
<b>7</b> Amount (\$) <i>\$1785.90</i>	<b>8</b> Payee address; <i>411 N. Main St Keller, TX 76248</i>	City; State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Yard Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

<b>1</b> Total pages Schedule F4: <i>2 of 2</i>	<b>2</b> FILER NAME <i>Ronald "Steve" Sprouts</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> <i>1940.40</i>
<b>5</b> Date <i>3/16/23</i>	<b>6</b> Payee name <i>Print Place</i>	
<b>7</b> Amount (\$) <i>\$129.60</i>	<b>8</b> Payee address; City; State; Zip Code <i>1130 Ave H East Arlington, TX 76011</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Flyers</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought  Office held  
<b>Date</b> <i>3/21/23</i>	<b>Payee name</b> <i>Square Space</i>	
<b>Amount (\$)</b> <i>\$24.90</i>	<b>Payee address; City; State; Zip Code</b> <del>8 Etchison St</del> <i>225 Varick St, 12th Floor</i> <del>New York, NY 10011</del> <i>New York, NY 10014</i>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> <i>Website</i>
	<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 <i>N/A</i>	Office sought  Office held  

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED