

# 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: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>Ronnie</b>	MI <b>K</b>
	NICKNAME	LAST <b>Anderson</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: <b>14563 San Pietro Dr.</b>	APT / SUITE #:	CITY; STATE; ZIP CODE <b>Houston TX 77079</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(281 )</b>	PHONE NUMBER <b>513-6074</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>William</b>	MI <b>D</b>
	NICKNAME <b>Bill</b>	LAST <b>Kalkhoff</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <b>8611 Aldeburgh Court</b>		CITY; STATE; ZIP CODE <b>Spring TX 77379</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(713 )</b>	PHONE NUMBER <b>855-7645</b>	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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 <b>9 / 30 / 21</b>		THROUGH Month Day Year <b>10 / 21 / 21</b>
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 2 / 21</b>		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>KISD Board of Trustees Position 5</b>	13 OFFICE SOUGHT (if known) <b>KISD Board of Trustees Position 5</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>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.</small>	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		
Additional Pages	COMMITTEE NAME <b>FFOT PAC</b> COMMITTEE ADDRESS <b>PO Box 341027</b> COMMITTEE CAMPAIGN TREASURER NAME <b>Cabell Hobbs</b> COMMITTEE CAMPAIGN TREASURER ADDRESS <b>14425 Falconhead Blvd. Bldg. E Ste. 100 Austin TX 78738</b>		
<b>GO TO PAGE 2</b>			

**OFFICE USE ONLY**

Date Received

**RECEIVED OCT 22 2021**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Ronnie K. Anderson		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 2,490.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,260.45
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,702.85
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*Ronnie K Anderson*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ronnie Anderson this the 22 day of October, 2021, to certify which, witness my hand and seal of office.

Christine Jackson Signature of officer administering oath  
Christine Jackson Printed name of officer administering oath  
Notary 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**

<b>19 FILER NAME</b> Ronnie K. Anderson		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,490.00
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	\$ 8,260.45
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	\$

25.00

# 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: <b>4</b>
2 FILER NAME <b>Ronnie K. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/20/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Eric Harless</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>1 Stonegate Park CT Spring TX 77379</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>10/20/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>William Kalkhoff</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>8611 Aldeburgh Court Spring TX 77379</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>10/18/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ronald Reitmeier</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>10118 Eden Valley Dr. Spring TX 77379</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>10/18/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stavros Kikis</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>20323 Evergreen Springs Spring TX 77379</b>		

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.

# 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: <b>4</b>
2 FILER NAME <b>Ronnie K. Anderson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/04/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Fredric Newton</b>	7 Amount of contribution (\$)  <b>75.00</b>
6 Contributor address; City; State; Zip Code <b>8311 Oak Moss Dr. Spring TX 77379</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>10/01/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>The Farm League Inc. (Rob Patterson)</b>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>8765 Spring Cypress Rd. #L161 Spring TX 77379</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>10/19/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kevin Renfro</b>	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code <b>20710 Stillhaven Road Spring TX 77379</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>10/17/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>August Wunderlich</b>	Amount of contribution (\$)  <b>75.00</b>
Contributor address; City; State; Zip Code <b>PO Box 968 Montgomery TX 77356</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# 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: **4**

2 FILER NAME **Ronnie K. Anderson** 3 Filer ID (Ethics Commission Filers)

4 Date <b>10/18/2021</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Bill P. Jackson</b>	7 Amount of contribution (\$) <b>40.00</b>
	6 Contributor address; City; State; Zip Code <b>6918 Round Rose Ct. Spring TX 77379</b>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>10/07/2021</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Mary Anna Gannon</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address; City; State; Zip Code <b>5607 Court of Lions St. Houston TX 77069</b>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>10/02/2021</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Adam Hamilton</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>8806 Ashridge Park Dr. Spring TX 77379</b>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>10/02/2021</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Nancy Radcliffe</b>	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code <b>23 Sunrise Crest Trail The Woodlands TX 77375</b>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME  
**Ronnie K. Anderson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/02/2021**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**24706 Emerald Manor Lane Spring TX 77379**

**250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**10/01/2021**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6619 Ampton Dr. Spring TX 77379**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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 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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# 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	Gift/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.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Ronnie K. Anderson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/20/2021	<b>5</b> Payee name Stripe, Inc.
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<b>6</b> Amount (\$) 31.42	<b>7</b> Payee address; 510 Townsend Street	City; San Francisco	State; CA	Zip Code 94103
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Electronic donation processing for web donations
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/2021	Payee name Tracie Anderson
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Amount (\$) 952.60	Payee address; 14563 San Pietro Dr.	City; Houston	State; TX	Zip Code 77079
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Handout advertising emery boards paid from personal funds to Sportee Ink for design and production
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/2021	Payee name Kroger
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Amount (\$) 43.28	Payee address; 15802 Champion Forest Dr.	City; Spring	State; TX	Zip Code 77379
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Snack food for meet and greet meeting with local residents
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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

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 Candidates/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	2 FILER NAME Ronnie K. Anderson	3 Filer ID (Ethics Commission Filers)
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4 Date 10/06/2021	5 Payee name Tracie Anderson
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6 Amount (\$) 6,220.00	7 Payee address; 14563 San Pietro Dr.	City: Houston	State: TX	Zip Code 77079
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard sign purchase with personal funds prior to campaign donation collection, Advertise America
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/06/2021	Payee name Tracie Anderson
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Amount (\$) 513.15	Payee address; 14563 San Pietro Dr.	City: Houston	State: TX	Zip Code 77079
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard sign purchase with personal funds prior to campaign donation collection, Advertise America
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2021	Payee name FFOT PAC
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Amount (\$) 500.00	Payee address; PO Box 341027	City: Austin	State: TX	Zip Code 78734
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising for campaign to include digital media
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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