

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 MR	FIRST Ronald	MI S	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RECEIVED APR 28 2023 </div> NORTHWEST ISD Superintendent's Office Date Hand-delivered or Date Postmarked 4-28-23
	NICKNAME Steve	LAST Sprowls	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12650 N Beach St Suite 114 #109 Ft Worth, TX 76244			
	AREA CODE ()	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Ronald	MI S	Receipt #
	NICKNAME Steve	LAST Sprowls	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12650 N Beach St, Suite 114 #109 Ft Worth, TX 76244			Date Processed 4-28-23
	AREA CODE (682)	PHONE NUMBER 207-5591	EXTENSION	Date Imaged 4-28-23
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 03 / Day 28 / Year 23 THROUGH Month 04 / Day 23 / Year 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month 05 / Day 06 / Year 23	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any) Northwest ISD Trustee Place 5	13 OFFICE SOUGHT (if known) Northwest ISD Trustee Place 5		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

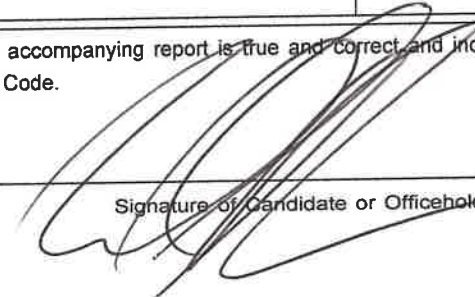
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ronald "Steve" Sprowls		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2254.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7419.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

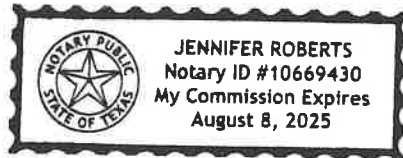
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Steve Sprowls this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Jennifer Roberts Signature of officer administering oath
 Jennifer Roberts Printed name of officer administering oath
 Exec. Assistant 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**

19 FILER NAME Ronald "Steve" Sprowls		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2254.18
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		\$ 4512.94
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2906.55
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		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1 of 5</i>
2 FILER NAME <i>Ronald "Steve" Sprouls</i>		3 Filer ID
4 Date 03/31/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Lisa	7 Amount of Contribution (\$) \$26.34
	6 Contributor address; City; State; Zip Code 12609 Saratoga Springs Circle Fort Worth, TX 76244	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buce, Christina	Amount of Contribution (\$) \$104.39
	Contributor address; City; State; Zip Code 12920 Glenville Ct Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Jennifer	Amount of Contribution (\$) \$10.72
	Contributor address; City; State; Zip Code 1106 Bentley Dr Roanoke, TX 76262	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Jenny	Amount of Contribution (\$) \$5.01
	Contributor address; City; State; Zip Code 1078 springwood drive Saginaw, TX 76179	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotten, Autumn	Amount of Contribution (\$) \$26.34
	Contributor address; City; State; Zip Code 12724 Outlook Ave Fort Worth, TX 76244	
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: <i>2 of 5</i>
2 FILER NAME <i>Ronald "Steve" Spruells</i>		3 Filer ID
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Sarah	7 Amount of Contribution (\$) \$26.34
6 Contributor address; City; State; Zip Code 4065 Knighterrant Roanoke, TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Mindy	Amount of Contribution (\$) \$10.90
Contributor address; City; State; Zip Code 10629 Big Oak Drive Fort Worth, TX 76131		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kate	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 1036 Mesa Crest Dr Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kate	Amount of Contribution (\$) \$21.13
Contributor address; City; State; Zip Code 1036 Mesa Crest Drive Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kougias, Kristen	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1769 Rio Penasco Road 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: <i>3 of 5</i>
2 FILER NAME <i>Ronald "Steve" Sprauls</i>		3 Filer ID
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medzorian, Karen	7 Amount of Contribution (\$) \$104.42
6 Contributor address; City; State; Zip Code 2741 Chatswood Dr Trophy Club, TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Amy	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1363 Osborne Court Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Jenny	Amount of Contribution (\$) \$5.01
Contributor address; City; State; Zip Code 3600 Hudgins Ranch Rd Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Rachel	Amount of Contribution (\$) \$4.51
Contributor address; City; State; Zip Code 12725 Lizzie Place Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pry, Alyssa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4128 River Birch Road Fort Worth, TX 76137		
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: <i>4 of 5</i>
2 FILER NAME <i>Ronald "Steve" Sprouts</i>		3 Filer ID
4 Date 04/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Marissa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 328 Montana Court Rhome, TX 76078		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Lindsay	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12756 Lizzie Place Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serralta, Nicole	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 1206 Norfolk Street Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023 <i>4/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Danny	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 291 Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDorn, Erica	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12733 Connemara Lane Fort Worth, TX 76244		
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: <i>5 of 5</i>
2 FILER NAME <i>Ronald "Steve" Sprouls</i>		3 Filer ID
4 Date 04/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Elizabeth	7 Amount of Contribution (\$) \$47.27
	6 Contributor address; City; State; Zip Code 406 Austin Street Roanoke, TX 76262	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washam, Joseph A	Amount of Contribution (\$) \$469.86
	Contributor address; City; State; Zip Code 9310 Avery Ranch Way Justin, TX 76247	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Joshua	Amount of Contribution (\$) \$104.42
	Contributor address; City; State; Zip Code 4741 S FM 14 Hawkins, TX 75765	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jessica	Amount of Contribution (\$) \$10.72
	Contributor address; City; State; Zip Code 1540 Westview Lane Northlake, TX 76226	
Principal occupation / Job title (See Instructions)		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.

1 Total pages Schedule F1: 1081		2 FILER NAME Ronald "Steve" Sprowls		3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/23		5 Payee name Speak Easy Political			
6 Amount (\$) 4447.00		7 Payee address; 1902 Van Ness Ave San Francisco, CA 94109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mailers		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name n/a		Office sought Office held	
Date various thru 4/23/23		Payee name Donorbox			
Amount (\$) 65.94		Payee address; 601 King St, Suite 200 Alexandria, VA 22314			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Merchant Fees		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name n/a		Office sought Office held	
Date		Payee name			
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		
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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 5	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2905.75 2906.55
5 Date 3/29/23	6 Payee name Print Place	
7 Amount (\$) 359.39	8 Payee address; City; State; Zip Code 1130 Ave H East Arlington, TX 76011	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name n/a	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 3/30/23	Payee name Lonestar Campaign Management	
Amount (\$) 387.00	Payee address; City; State; Zip Code 312 Rambling Ct Euless, TX 76039	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Mgmt
	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 n/a	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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 | 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 |
| | 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 F4: 2 of 2	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2905.75 2906.55
5 Date 4/5/23	6 Payee name Discount Banners & Signs	
7 Amount (\$) 623.50	8 Payee address; 411 N Main St Keller, TX 76248	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name n/a	Office sought Office held
Date 4/13/23	Payee name Lonestar Campaign Management	
Amount (\$) 260.00	Payee address; 312 Rambling Ct Eules, TX 76039	City; State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Mgmt
	(c) 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 n/a	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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 of 5	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2905.75 2906.55
5 Date 4/13/23	6 Payee name Discount Banners & Signs	
7 Amount (\$) 191.96	8 Payee address; City; State; Zip Code 411 N Main St Keller, TX 76248	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name n/a	Office sought Office held
Date 4/16/23	Payee name Lonestar Campaign Management	
Amount (\$) 154.00	Payee address; City; State; Zip Code 312 Rambling Ct Eules, TX 76039	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Mgmt
	(c) 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 n/a	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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4 <i>of 5</i>	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>2905.75</i> <i>2906.55</i>
5 Date 4/13/23	6 Payee name Speak Easy Political	
7 Amount (\$) 825.80	8 Payee address; 1902 Van Ness Ave San Francisco, CA 94109	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Ads
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name n/a	Office sought Office held
Date 4/20/23	Payee name Lonestar Campaign Management	
Amount (\$) 80.00	Payee address; 312 Rambling Ct Eules, TX 76039	City; State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Road Sign T-posts
	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 n/a	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.

1 Total pages Schedule F4: 5 <i>دس</i>	2 FILER NAME Ronald "Steve" Sprowls	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2905.75 2906.55
5 Date 4/22/23	6 Payee name Square Space	
7 Amount (\$) 24.90	8 Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York, NY 10014	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name n/a	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input checked="" 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