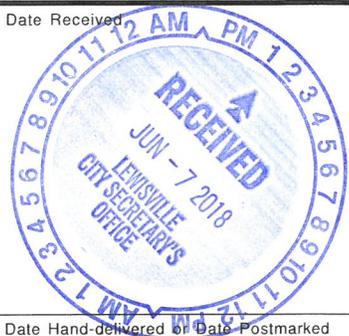


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <span style="font-size: 2em; margin-left: 20px;">5</span></p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI  <span style="font-size: 1.5em; margin-left: 100px;">Ronni</span>          NICKNAME LAST SUFFIX  <span style="font-size: 1.5em; margin-left: 100px;">Cade</span></p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="text-align: center;">  </div> <p>Date Hand-delivered or Date Postmarked</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.2em; margin-left: 100px;">753 S. Foydas St.</span>  <span style="font-size: 1.2em; margin-left: 100px;">Lewisville, TX 75057</span></p>	<p>Receipt #      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <span style="font-size: 1.2em; margin-left: 100px;">(214) 507-0854</span></p>	<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR FIRST MI  <span style="font-size: 1.5em; margin-left: 100px;">Terry</span>          NICKNAME LAST SUFFIX  <span style="font-size: 1.5em; margin-left: 100px;">Cade</span></p>	
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.5em; margin-left: 100px;">Same</span></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <span style="font-size: 1.2em; margin-left: 100px;">( )</span></p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15      <input type="checkbox"/> 30th day before election      <input checked="" 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 \$500 limit      <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>		
<p>10 PERIOD COVERED</p>	<p>           Month      Day      Year      THROUGH      Month      Day      Year  <span style="font-size: 1.5em; margin-left: 100px;">/ /</span>      <span style="font-size: 1.5em; margin-left: 100px;">06 / 06 / 2018</span> </p>		
<p>11 ELECTION</p>	<p>           ELECTION DATE      ELECTION TYPE            Month      Day      Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <span style="font-size: 1.5em; margin-left: 100px;">06 / 16 / 2018</span>      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special         </p>		
<p>12 OFFICE</p>	<p>13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.2em; margin-left: 20px;">Lewisville City Council Place 2</p>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

49<sup>00</sup> *rme*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

200<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

*rme*

4. TOTAL POLITICAL EXPENDITURES

\$

~~4900~~ 3630.19 *rme*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

18 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.

*Ronni M. Cade*

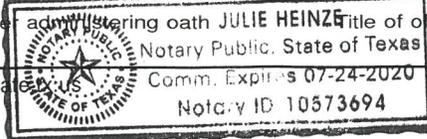
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronni M. Cade, this the 7<sup>th</sup> day of June, 2018, to certify which, witness my hand and seal of office.

*Julie Heinze*  
Signature of officer administering oath

*Julie Heinze* Notary Public  
Printed name of officer administering oath



# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Ronni Cade</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>249<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u>          </u>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u>          </u>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <u>          </u>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>          </u>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u>          </u>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>          </u>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u>          </u>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>3630.19</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>          </u>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>          </u>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u>          </u>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Bonni Corda

3 Filer ID (Ethics Commission Filers)

4 Date

5/31

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

Judy Kay + Amanda Ferguson

6 Contributor address; City; State; Zip Code

251 W. College, Lewisville, TX 75057

7 Amount of contribution (\$)

200<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 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)

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Kenni Carde</b>	3 Filer ID (Ethics Commission Filers)
---------------------------------------	------------------------------------	---------------------------------------

4 Date <b>5/19</b>	5 Payee name <b>Community Impact</b>
-----------------------	---

6 Amount (\$) <b>1860.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3000 E. Palm Valley Box 3 Round Rock, TX 78665</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Ad</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

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

Date <b>5/31</b>	Payee name <b>Impress Graphics</b>
---------------------	---------------------------------------

Amount (\$) <b>365.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>733 Ft. Worth Dr. Denton TX 76201</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Door Hangers</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/4</b>	Payee name <b>Impress Graphics</b>
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Amount (\$) <b>1405.19</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>733 Ft. Worth Dr. Denton TX 76201</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Mailer</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED