

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:

6-(six)

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST Richard MI W.
NICKNAME "Pepe" LAST Cronshey SUFFIX

OFFICE USE ONLY

Date Received

8

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
353 Donatello, Kyle, Tx, 78640

Change of Address

Received
JAN 31 2022

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 917-4774

Date Hand-delivered or Date Postmarked

Elections Office

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MR) FIRST Ramiro MI
NICKNAME "Tom" LAST Alaniz SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1100 Williamson Rd., Kyle, Texas, 78640

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 787-1081

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 2022 THROUGH 1 / 31 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 1 / 2022 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner Pct. 2

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

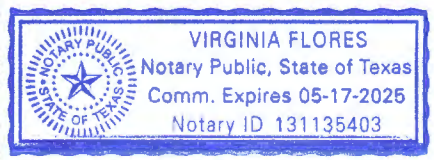
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--|---|--|
| 15 C/OH NAME <i>Richard "Pepe" Cronshay</i> | | 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) | \$ — |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>0⁰⁰</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>0⁰⁰</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>5,530.04</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>4,019.96</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Richard W. Cronshay
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Richard W. Cronshay* this the *31* day of *Jan*,
20*22*, to certify which, witness my hand and seal of office.
Virginia Flores *Notary*
Signature of officer administering oath Printed name of officer administering oath 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

Richard "Pepe" Cronshay

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | | |
|-----|--------------------------|--|----|----------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | — |
| 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 type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 5,530.04 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | — |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | — |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | — |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | — |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | — |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | — |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | — |

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 Candidate/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: <p style="text-align:center; font-size: 2em;">3</p> | 2 FILER NAME <p style="font-size: 1.5em;">Richard "Pepe" Cronshay</p> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="font-size: 1.5em;">1-6-2022</p> | 5 Payee name <p style="font-size: 1.5em;">Home Depot</p> | |
| 6 Amount (\$) <p style="font-size: 1.5em;">\$ 303.71</p> | 7 Payee address; City; State; Zip Code <p style="font-size: 1.5em;">3730 Dry Hole Rd. Kyle TX 78640</p> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Advertising Expense</p> | (b) Description <p style="font-size: 1.5em;">Sign materials</p> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Richard "Pepe" Cronshay / County Comm. Pct. 2 | | |
| Date <p style="font-size: 1.5em;">1-3-2022</p> | Payee name <p style="font-size: 1.5em;">L.S. Discount Electronics</p> | |
| Amount (\$) <p style="font-size: 1.5em;">\$ 470.89</p> | Payee address; City; State; Zip Code <p style="font-size: 1.5em;">1011 W. Anderson Ln. Austin TX 78757</p> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Accounting/Banking</p> | Description <p style="font-size: 1.5em;">Purchase Computer</p> |
| | <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 | | |
| Richard "Pepe" Cronshay / County Comm. Precinct 2 | | |
| Date <p style="font-size: 1.5em;">1-19-2022</p> | Payee name <p style="font-size: 1.5em;">United States Postal Service</p> | |
| Amount (\$) <p style="font-size: 1.5em;">\$ 17.40</p> | Payee address; City; State; Zip Code <p style="font-size: 1.5em;">3903 South Congress Ave. Austin / TX / 78704</p> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Advertising Expense</p> | Description <p style="font-size: 1.5em;">Stamps</p> |
| | <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 | | |
| Richard "Pepe" Cronshay / County Comm. Pct. 2 | | |

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 | 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 | | | |

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| | | |
|---|--|--|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Richard "Pepe" Cronshay | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-25-2022 | 5 Payee name Walmart | |
| 6 Amount (\$) \$76.25 | 7 Payee address; City; State; Zip Code 690 San Antonio Rd. Bude, TX 78640 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Office Supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held Richard "Pepe" Cronshay / county Commissioner Pet 2 | |
| Date 1-18-2022 | Payee name Cynthia Miller | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1407 Mansford Hill Dr. / Austin. Tex. 78753 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Graphic Work |
| | <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 Richard "Pepe" Cronshay / County Commissioner, Pet. 2 | |
| Date 1-25-2022 | Payee name Hays County Democratic Party | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 215 W-San Antonio St. San Marcos / TX. / 78666 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expens | Description Advertisement |
| | <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 Richard "Pepe" Cronshay / county Commissioner Pet 2 | |

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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.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Richard "Pepe" Cronshaw | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|----------------------------|--|
| 4 Date 1-28-2022 | 5 Payee name Worley Printing Co. |
|----------------------------|--|

| | |
|-------------------------------------|--|
| 6 Amount (\$) \$ 2,266.55 | 7 Payee address; City; State; Zip Code 3217 N. Interstate 35 Austin TX 78722 |
|-------------------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Signs & Flyers. |
| | (c) <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 Richard "Pepe" Cronshaw | Office sought County Commissioner Pct 2 | Office held |
|---|---|---|-------------|

| | |
|--------------------------|---|
| Date 1-29-2022 | Payee name Hays County Development Services |
|--------------------------|---|

| | |
|--------------------------------|--|
| Amount (\$) \$ 62.14 | Payee address; City; State; Zip Code 2171 Yarrington Ln / San Marcos, TX 78666 |
|--------------------------------|--|

| | | |
|------------------------|---|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Map |
| | (c) <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 Richard "Pepe" Cronshaw | Office sought County Commissioner Pct 2 | 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 |
| | (c) <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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