

# 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

FIRST

MI

MR.

FERREL

C

NICKNAME

LAST

SUFFIX

BONNER

OFFICE USE ONLY

Date Received

**RECEIVED**  
APR 29 2024  
BY: *[Signature]*  
9:16 AM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO BOX 1063

FRESNO TEXAS 77545

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 )

398-0419

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR.

FERREL

C

NICKNAME

LAST

SUFFIX

BONNER

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4710 OPALBROOK COURT

FRESNO

TEXAS 77545

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 )

398-0419

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

4

24

24

THROUGH

Month

Day

Year

5

4

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

4

24

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

NON-PARTISAN SCHOOL BOARD TRUSTEE

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FORT BEND ISD TRUSTEE POSITION 6

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**  
**FERREL C BONNER****16 Filer ID** (Ethics Commission Filers)

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 3,110.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,974.17
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 135.83
<b>OUTSTANDING LOAN TOTALS</b>	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.

Signature of Candidate or Officeholder

**Please complete either option below:****(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR****(2) Unsworn Declaration**My name is FERREL BONNER, and my date of birth is 03/17/1966. My address is 4710, OPALBROOK COURT, FRESNO, TEXAS, 77545 US.  
(street) (city) (state) (zip code) (country)Executed in FORT BEND County, State of TX, on the 26TH day of APRIL 2024.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>FERREL C BONNER</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="radio"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,110.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="radio"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,974.17
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	\$

# 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:
2 FILER NAME FERREL C BONNER		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/24	5 Full name of contributor out-of-state PAC (ID#: Southwest Health Association 6 Contributor address; City; State; Zip Code 1229 Oaklawn Dr Sugarland TX 7478	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/24	Full name of contributor out-of-state PAC (ID#: RONALD GARRETT Contributor address; City; State; Zip Code 7828 Oaklawn Rd GARDENVILLE, VA 20155	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/24	Full name of contributor out-of-state PAC (ID#: ANNEBET BONNER Contributor address; City; State; Zip Code 203 Kings Ct Stafford TX 77477	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/24	Full name of contributor out-of-state PAC (ID#: ROY CERNY Contributor address; City; State; Zip Code 6314 Terrad Hills Dr Richmond TX 77469	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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:
2 FILER NAME <b>FERREL C BONNER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/24</b>	5 Full name of contributor <b>Danny White</b> out-of-state PAC (ID#: 6 Contributor address; <b>4316 W Bailey Ave Phoenix, AZ 85339</b> City; State; Zip Code	7 Amount of contribution (\$) <b>\$50</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/11/24</b>	Full name of contributor <b>Kelvon Washington</b> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/15/24</b>	Full name of contributor <b>Archie Blason</b> out-of-state PAC (ID#: Contributor address; <b>14826 Twin Waters Ct Houston, TX 77044</b> City; State; Zip Code	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/24</b>	Full name of contributor <b>Samba Goddard</b> out-of-state PAC (ID#: Contributor address; <b>6022 Dryad Houston, TX 77035</b> City; State; Zip Code	Amount of contribution (\$) <b>\$10</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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:
2 FILER NAME FERREL C BONNER		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/24	5 Full name of contributor Will Fontaine out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code 4315 Whippoorwill Cir Missouri City TX 77459	7 Amount of contribution (\$) \$ 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/24	Full name of contributor Derek O'Beale out-of-state PAC (ID#): Contributor address; City; State; Zip Code 1415 North Loop W Houston TX 77008	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Grady Prestage out-of-state PAC (ID#): Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 1000
Principal occupation / Job title (See Instructions) Commissioner Pct 2		Employer (See Instructions) Ft. Bend County
Date	Full name of contributor Grady Prestage out-of-state PAC (ID#): Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 1000
Principal occupation / Job title (See Instructions) Commissioner Pct 2		Employer (See Instructions) Ft. Bend County
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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:	2 FILER NAME <b>FERNEL C BONNER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/24</b>	5 Payee name <b>BURT LEVINE</b>	
6 Amount (\$) <b>\$300</b>	7 Payee address; City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>Consulting</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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>4/9/24</b>	Payee name <b>BURT LEVINE</b>	
Amount (\$) <b>\$52</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>4/9/24</b>	Payee name <b>DIBRELL + ASSOCIATES</b>	
Amount (\$) <b>\$396</b>	Payee address; City; State; Zip Code <b>4203 Glade Shadow Ct Austin, TX 77494</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>T-Shirts</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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:		2 FILER NAME <b>Kennel C. Bonner</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/14/24</b>		5 Payee name <b>USPS</b>			
6 Amount (\$) <b>\$680</b>		7 Payee address;		City;	State; Zip Code
				<b>Fresno, TX</b>	<b>77545</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>stamps/mailed</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/17/24</b>		Payee name <b>USPS</b>			
Amount (\$) <b>\$204</b>		Payee address;		City;	State; Zip Code
				<b>Fresno, TX</b>	<b>77545</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>stamps/mailed</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/22/24</b>		Payee name <b>USPS</b>			
Amount (\$) <b>\$544</b>		Payee address;		City;	State; Zip Code
				<b>Fresno, TX</b>	<b>77545</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>mailed</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
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 ONLY if direct expenditure to benefit C/OH					
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 ONLY if direct expenditure to benefit C/OH					

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>FERRER C. BROWER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/18/24</b>	5 Payee name <b>GENERATIONAL MEDIA</b>	
6 Amount (\$) <b>8350</b>	7 Payee address; <b>PO Box 924444</b>	City; State; Zip Code <b>(Houston, TX) 77292</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>Media</b>
	(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		
Date <b>4/24/24</b>	Payee name <b>GENERATIONAL MEDIA</b>	
Amount (\$) <b>\$175</b>	Payee address; <b>PO Box 924444</b>	City; State; Zip Code <b>Houston, TX 77292</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>Advertising</b>
	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		
Date <b>4/8/24</b>	Payee name <b>M3 Graphics</b>	
Amount (\$) <b>\$ 273.17</b>	Payee address; <b>11730 S WILLOW DR</b>	City; State; Zip Code <b>Houston, TX 77059</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>Signs / Camps</b>
	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

FERREL C BONNER

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder