CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>candidacy/officeholder name</th>
<th>ms/mrs/mr</th>
<th>first</th>
<th>mi</th>
<th>nickname</th>
<th>last</th>
<th>suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>mr.</td>
<td>ricky</td>
<td>ray</td>
<td></td>
<td>lightfoot</td>
<td>jr.</td>
<td></td>
</tr>
</tbody>
</table>

3 CANDIDATE / OFFICEHOLDER NAME

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

□ Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

6 CANDIDATE / TREASURER NAME

7 CANDIDATE / TREASURER ADDRESS

8 CANDIDATE / TREASURER PHONE

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

04 08 2022 THROUGH 04 29 2022

11 ELECTION

ELECTION DATE

Month Day Year

05 07 2022

ELECTION TYPE

□ Primary □ Runoff □ Other Description

□ General □ Special

12 OFFICE

OFFICE HELD (if any)

ZONING BOARD OF ADJUSTMENTS IRVING CITY COUNCIL DISTRICT 1

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

□ Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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Revised 8/17/2020
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

<table>
<thead>
<tr>
<th>15 C/OH NAME</th>
<th>MR. RICKY RAY LIGHTFOOT, JR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 CONTRIBUTION TOTALS</td>
<td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td>
</tr>
<tr>
<td></td>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
</tr>
<tr>
<td></td>
<td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE</td>
</tr>
<tr>
<td></td>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
</tr>
<tr>
<td></td>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
</tr>
<tr>
<td></td>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
</tr>
</tbody>
</table>

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 Ricky Ray Lightfoot, Jr., this the 29th day of April, 20__, to certify which, witness my hand and seal of office.

Signature of officer administering oath Cecilia Castillo
Printed name of officer administering oath Cecilia Castillo
Title of officer administering oath Notary

(2) Unsworn Declaration

My name is ________________, and my date of birth is _________________.
My address is ________________, ________________, ________________, ________________, ________________, ________________, ________________.
Executed in ____________________ County, State of ________________, on the ______ day of ____________________, 20__. 

Signature of Candidate/Officeholder (Declarant)
## 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.

<table>
<thead>
<tr>
<th>2</th>
<th>FILER NAME</th>
<th>N/A</th>
</tr>
</thead>
</table>

| 4 | Date | 5 | Full name of contributor [ ] out-of-state PAC (ID#:_________)

| 6 | Contributor address; City; State; Zip Code |

| 7 | Amount of contribution ($) |

| 8 | Principal occupation / Job title (See Instructions) |

| 9 | 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.

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[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

Revised 8/17/2020
<table>
<thead>
<tr>
<th>SCHEDULE</th>
<th>NAME OF SCHEDULE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>4.</td>
<td>SCHEDULE E: LOANS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>5.</td>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$ 1,127.11</td>
</tr>
<tr>
<td>6.</td>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>7.</td>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>9.</td>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>
# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule E:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>FILER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>TOTAL OF UNITIALIZED LOANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Date of loan</td>
</tr>
<tr>
<td>6</td>
<td>Name of lender</td>
</tr>
<tr>
<td>7</td>
<td>☐ out-of-state PAC (ID#)</td>
</tr>
<tr>
<td>8</td>
<td>Lender address; City; State; Zip Code</td>
</tr>
<tr>
<td>9</td>
<td>Loan Amount ($)</td>
</tr>
<tr>
<td>10</td>
<td>Interest rate</td>
</tr>
<tr>
<td>11</td>
<td>Maturity date</td>
</tr>
<tr>
<td>12</td>
<td>Is lender a financial institution?</td>
</tr>
<tr>
<td>13</td>
<td>Principal occupation / Job title (See instructions)</td>
</tr>
<tr>
<td>14</td>
<td>Employer (See Instructions)</td>
</tr>
<tr>
<td>15</td>
<td>Description of Collateral</td>
</tr>
<tr>
<td>16</td>
<td>Guarantor INFORMATION</td>
</tr>
<tr>
<td>17</td>
<td>Name of guarantor</td>
</tr>
<tr>
<td>18</td>
<td>Guarantor address; City; State; Zip Code</td>
</tr>
<tr>
<td>19</td>
<td>Amount Guaranteed ($)</td>
</tr>
<tr>
<td>20</td>
<td>Guarantor address; City; State; Zip Code</td>
</tr>
<tr>
<td>21</td>
<td>Principal occupation / Job title (See instructions)</td>
</tr>
<tr>
<td>22</td>
<td>Employer (See Instructions)</td>
</tr>
</tbody>
</table>

- **Check if personal funds were deposited into political account (See Instructions)**

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

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

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Revised 8/17/2020
## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Advertising Expense</th>
<th>Event Expense</th>
<th>Loan Repayment/Reimbursement</th>
<th>Solicitation/Fundraising Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Banking</td>
<td>Fees</td>
<td>Office Overhead/Rental Expense</td>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Consulting Expense</td>
<td>Food/Beverage Expense</td>
<td>Political Expense</td>
<td>Travel In District</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td>Gift/Awards/Memorials Expense</td>
<td>Printing Expense</td>
<td>Travel Out Of District</td>
</tr>
<tr>
<td>Candidate/Officerholder/Political Committee</td>
<td>Legal Services</td>
<td>Salaries/Wages/Contract Labor</td>
<td>Other (enter a category not listed above)</td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
<th>Purpose of Expenditure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/06/2022</td>
<td>KUSTOM KWIK PRINT, INC.</td>
<td>238.15</td>
<td>212 W IRVING BLVD. IRVING TX 75060</td>
<td>PRINTING EXPENSE POSTCARDS</td>
<td></td>
</tr>
<tr>
<td>04/07/2022</td>
<td>HORIZON IMPRINTING, LLC</td>
<td>216.50</td>
<td>743 N BRITAIN ROAD IRVING TX 75061</td>
<td>PRINTING EXPENSE SHIRTS</td>
<td></td>
</tr>
<tr>
<td>04/24/2022</td>
<td>TEXT TO SURVEY</td>
<td>379.96</td>
<td>1527 S COOPER STREET ARLINGTON TX 76010</td>
<td>ADVERTISING SPENSE P2P TEXT</td>
<td></td>
</tr>
</tbody>
</table>

**Date**

**Payee name**

**Amount ($)**

**Payee address; City; State; Zip Code**

**Purpose of Expenditure**

**Description**

**Complete ONLY if direct expenditure to benefit C/OH**

**Candidate / Officerholder name**

**Office sought**

**Office held**

**Check if travel outside of Texas. Complete Schedule T.**

**Check if Austin, TX, officerholder living expense**

**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)**

<table>
<thead>
<tr>
<th>Advertising Expense</th>
<th>Event Expense</th>
<th>Loan Repayment/Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Banking</td>
<td>Fees</td>
<td>Office Overhead/Rental Expense</td>
</tr>
<tr>
<td>Consulting Expenses</td>
<td>Food/Beverage Expense</td>
<td>Polling Expense</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td>Gift/Awards/Mementos Expense</td>
<td>Printing Expense</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td>Legal Services</td>
<td>Salaries/Wages/Contract Labor</td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td>Solicitation/Fundraising Expense</td>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Travel In District</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Travel Out Of District</td>
</tr>
</tbody>
</table>
| | | 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:** MR. RICKY RAY LIGHTFOOR, JR.

**3 Filer ID (Ethics Commission Filer):**

**4 Date:** 04/28/2022

**5 Payee:** VOICE BROADCASTING

**6 Amount ($):** $292.50

**7 Payee address:** 1527 S COOPER ST.

**8 City:** ARLINGTON

**9 State:** TX

**10 Zip Code:** 76010

**PURPOSE OF EXPENDITURE**

<table>
<thead>
<tr>
<th>(a) Category</th>
<th>(b) Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING EXPENSE</td>
<td>TEXT MESSAGE FOR CAMPAIGN</td>
</tr>
</tbody>
</table>

**Purpose of Expenditure:**

- 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:**

**Payee name:**

**Amount ($):**

**Payee address:**

**City:**

**State:**

**Zip Code:**

**PURPOSE OF EXPENDITURE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>

*Complete ONLY if direct expenditure to benefit C/OH*

**Candidate / Officeholder name:**

**Office sought:**

**Office held:**

---

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Revised 8/17/2020