

32404349 SV



# TEXAS ETHICS COMMISSION AFFIDAVIT OR UNSWORN DECLARATION

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct.

Jerry Scott Renfro  
Signature

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Jerry Scott Renfro this the 9 day of May,

20 24 to certify which, witness my hand and seal of office.

Beth S. Harville Beth Harville Notary Public  
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 Person Filing This Declaration

# 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

JERRY SCOTT RENFRO

3 Filer ID (Ethics Commission Filers)

4 Date

11-9-2023

5 Full name of contributor

JOHN ANTHONY - PAY PAL DONATION

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,500.00

6 Contributor address;

N/A

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

ross@anthonyproperties.com

9 Employer (See Instructions)

N/A

Date

12-11-2023

Full name of contributor

KENNETH BERRIDGE - PAY PAL DONATION

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

N/A

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

klberridge@aol.com

Employer (See Instructions)

N/A

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.