JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/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 *Michael* MI *T.*	OFFICE USE ONLY
	NICKNAME *Mike* LAST *Rittenberry* SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☒ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
Midland, TX 79701

JUL 1 5 2025
Ralgin

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE *(432)*   PHONE NUMBER   EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / (MR)   FIRST *Ronny*   MI

NICKNAME   LAST *Aaron*   SUFFIX

Receipt #   Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY; *Midland*   STATE; *TX*   ZIP CODE *79705*

8 CAMPAIGN TREASURER PHONE

AREA CODE *(432)*   PHONE NUMBER   EXTENSION

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 *5* / Day *12* / Year *2025*   THROUGH   Month *7* / Day *15* / Year *2025*

11 ELECTION

ELECTION DATE
Month *3* / Day *3* / Year *2026*

ELECTION TYPE
☒ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special   _____

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
County Court at law # 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

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 JC/OH NAME Michael T. Rittenberry

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)	$ 1,600.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 994.42
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 652.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 944.00

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/Officeholder

Please complete either option below:

ROSA OLGIN
My Notary ID # 132835217
Expires December 27, 2028
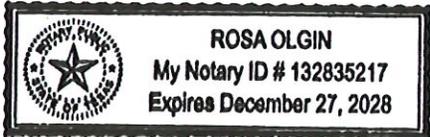
(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Michael Rittenberry_ this the _17th_ day of _July_,
20 _25_, to certify which, witness my hand and seal of office.

Rosa Olgin _____ _Rosa Olgin_ _____ _EA_ _____
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 - JC/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Michael T. Rittenberry	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		$
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS		$
4. ☒ SCHEDULE E: LOANS		$ 944.00
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		$
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME Michael T. Rittenberry

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:_____	7 Amount of contribution ($)
6-23-25	John Smedley	$1,000.00
	6 Contributor address; City; State; Zip Code	
	3202 Communion Ave. Midland Texas 79705	

8 Contributor's principal occupation Retired

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7-11-25	Alvaro Martinez, Jr.	$100.00
	Contributor address; City; State; Zip Code	
	4000 Norwood St. Midland TX 79707	

Contributor's principal occupation Attorney

Contributor's job title

Contributor's employer/law firm Martinez Law Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
7-12-25	Russell Malm	$500.00
	Contributor address; City; State; Zip Code	
	1405 N. L St. Midland TX 79701	

Contributor's principal occupation County Attorney

Contributor's job title Midland County Attorney

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J):

2 FILER NAME

Michael T. Rittenberry

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
5-15-25	Michael T. Rittenberry	$915.00

6 Is lender a financial Institution?

☐ Y ☒ N

8 Lender address; City; State; Zip Code

1604 W. Kansas Ave Midland Texas 79701

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Associate

14 Lender's Employer/Law Firm

Texas Criminal Defense Group

15 Law Firm of lender's spouse (if any)

Same

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral

☒ none

18 ☒ Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

☒ not applicable

20 Name of guarantor

21 Guarantor address; City; State; Zip Code

22 Amount Guaranteed ($)

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J):
2 FILER NAME Michael T. Rittenberry	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 7-7-25	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Michael T. Rittenberry	**9** Loan Amount ($) $29.00
6 Is lender a financial Institution? ☐ Y ☒ N	**8** Lender address; City; State; Zip Code 1604 W. Kansas Ave. Midland, Tx 79701	**10** Interest rate **11** Maturity date

12 Lender's Principal Occupation Attorney	**13** Lender's Job Title Associate
14 Lender's Employer/Law Firm Texas Criminal Defense Group	**15** Law Firm of lender's spouse (if any) Same
16 If lender is a child, law firm of parent(s) (if any)	

17 Description of Collateral ☒ none	**18** ☒ Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION	**20** Name of guarantor	**22** Amount Guaranteed ($)
☐ not applicable	**21** Guarantor address; City; State; Zip Code	

23 Guarantor's Principal Occupation	**24** Guarantor's Job Title
25 Guarantor's Employer/Law Firm	**26** Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 Michael T. Rittenberry	3 Filer ID (Ethics Commission Filers)

4 Date 6-19-25	5 Payee name Dale Morris			
6 Amount ($) $350.00	7 Payee address; 3705 W. Wall St.	City; Midland	State; Texas	Zip Code 79703

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs, Pins, bumper stickers
	(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 6-25-25	Payee name Dale Morris			
Amount ($) $500.00	Payee address; 3705 W. Wall St.	City; Midland, Texas	State;	Zip Code 79703

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs, bumper stickers
	☐ 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 7-7-25	Payee name Campaign Partner			
Amount ($) $29.00	Payee address; P.O. Box 118	City; Still River	State; MA	Zip Code 01467

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website monthly payment
	☐ 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

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 Michael T. Rittenberry	3 Filer ID (Ethics Commission Filers)

4 Date 7-11-25	5 Payee name Stripe			
6 Amount ($) $3.20	**7 Payee address;** 354 Oyster Point Blvd	City; South San Francisco	State; CA	Zip Code 94080

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fee
	(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 7-12-25	Payee name Stripe			
Amount ($) $14.80	Payee address; 354 Oyster Point Blvd	City; South San Francisco	State; CA	Zip Code 94080

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Credit Card Processing Fee
	☐ 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 7-15-25	Payee name Dale Morris			
Amount ($) $97.42	Payee address; 3705 W. Wall St.	City; Midland	State; Texas	Zip Code 79203

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Car Magnets
	☐ 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

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