

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:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

Joshua

MI

0

NICKNAME

LAST

Ray

SUFFIX

OFFICE USE ONLY

Date Received

Guadalupe Co Elections

JAN 12 2024

Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

150 Oak Springs Dr. Seguin, TX
78155

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 466-5044

Date Hand-delivered or Date Postmarked

Bm

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr.

FIRST

Arnold

MI

5-

NICKNAME

LAST

Zwicke

SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1410 Gin Rd. Seguin, TX 78155

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830) 660-6688

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

10 / 4 / 2023

THROUGH

Month

Day

Year

12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 5 / 24

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Guadalupe County Sheriff

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Joshua O. Ray</u>		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,791.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,986.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,805.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Joshua O. Ray
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Joshua O. Ray this the 12 day of January, 2024, to certify which, witness my hand and seal of office.
Kirstie A. Jurek Kirstie A. Jurek Admin Supervisor
 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 <i>Joshua O. Ray</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,760.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 31.67
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,050.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,611.47
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375.05
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	\$

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: 6
2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Lawrence Willborn	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 170 Lakeside Dr. Seguin, TX 78155		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Guadalupe County
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason P. Lund	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4190 Eckhardt Rd. Marion, TX 78124		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 10/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston J. Frank Jr.	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 445 Ferryboat Ln. New Braunfels, TX 78130		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 10/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddic Miller	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 156 Woodcreek Cir. McGueeny, TX 78123		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

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

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: 6
2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/23	5 Full name of contributor out-of-state PAC (ID#: _____) Chester Jenke Jr.	7 Amount of contribution (\$) \$ 100.00/x
	6 Contributor address; City; State; Zip Code 7811 Barbarossa Rd. New Braunfels, TX 78130	
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 11/7/23	Full name of contributor out-of-state PAC (ID#: _____) Bobby Hawkins	Amount of contribution (\$) \$ 500.00/x
	Contributor address; City; State; Zip Code P.O. Box 1839 Seguin, TX 78156	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/23	Full name of contributor out-of-state PAC (ID#: _____) Roy W. Richard Jr.	Amount of contribution (\$) \$ 2,000.00/x
	Contributor address; City; State; Zip Code 519 Main St. Schertz, TX 78154	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/23	Full name of contributor out-of-state PAC (ID#: _____) Cecil E. Schulze	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code 1227 Windsong Circle Seguin, TX 78155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 6
2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/23	5 Full name of contributor out-of-state PAC (ID#: _____) C. A. Meyer	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 1555 CR352 La Vernia, TX 78121		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/22/23	Full name of contributor out-of-state PAC (ID#: _____) Jerry C. Rebeck	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 471 Oak Springs Dr. Seguin, TX 78155		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/28/23	Full name of contributor out-of-state PAC (ID#: _____) Jonathan Fischer	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 2076 Odaniel Rd. Seguin, TX 78155		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/28/23	Full name of contributor out-of-state PAC (ID#: _____) David Lawrence Willborn	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 170 Lakeside Dr. Seguin, TX 78155		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **6**

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

12/4/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Ray W. Richard Jr.

7 Amount of contribution (\$)

\$3,000.00

6 Contributor address; City; State; Zip Code

514 Main St. Schertz, TX 78154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/7/23

Full name of contributor out-of-state PAC (ID#: _____)

Kazuko K. Galgath

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

P.O. Box 784 McQueeney, TX 78123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/23

Full name of contributor out-of-state PAC (ID#: _____)

Jim & Sharon Kaelin

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

6455 Hickory Forest Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/23

Full name of contributor out-of-state PAC (ID#: _____)

William & Michelle Vanderwee

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4890 S. Santa Clara Rd. Seguin, TX 78155

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1: **6**

2 FILER NAME **Joshua G. Ray**

3 Filer ID (Ethics Commission Filers)

4 Date **12/2/23** 5 Full name of contributor **April Williams** out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
6433 FM 1774 Navasota, TX 77868

\$10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **12/3/23** Full name of contributor **Aaron Seymour** out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2010 N. Ranch Estates New Braunfels, TX 78130

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/18/23** Full name of contributor **Haeden Perrenot** out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1201 Habercle Rd. Seguin, TX 78155

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **12/27/23** Full name of contributor **Wyatt L. Kande** out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
8276 Lime Rd. Seguin, TX 78155

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **6**

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Clint Pulpan

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

890 Tom Creek Ln. Canyon Lake, TX 78133

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

12/30/23

Full name of contributor out-of-state PAC (ID#: _____)

Jason Contreras

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

815 Main St. Scheertz, TX 78154

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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 31.67	
5 Date 11-21-23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Sposeri	8 Amount of Contribution \$ 31.67	9 In-kind contribution description Name Tag
7 Contributor address; City; State; Zip Code P.O. Box 1304 Seguin, TX 78156		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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.		1 Total pages Schedule E: 1
2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/4/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua O. Ray	9 Loan Amount (\$) \$ 50.00
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 150 Oak Springs Dr. Seguin, TX 78155	10 Interest rate 0.00 %
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) Law Enforcement		13 Employer (See Instructions) Guadalupe County Sheriff's Office
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 11/29/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua O. Ray	Loan Amount (\$) \$1,000.00
Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code 150 Oak Springs Dr. Seguin, TX 78155	Interest rate 0.00 %
		Maturity date n/a
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Guadalupe County Sheriff's Office
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (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.

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: 4	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/23	5 Payee name United States Postal Service	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 531 W. Court St. Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description P.O. Box Rental & Key
	(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
Date 11/21/23	Payee name Internal Revenue Service (IRS)	
Amount (\$) \$279.00	Payee address; City; State; Zip Code Stop 6525 (SP #15) Kansas City, MO 64999-0025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Tax ID Number / EIN
	<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
Date 11/28/23	Payee name Square space	
Amount (\$) \$273.20	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Website Platform Provider
	<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

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: 4	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/23	5 Payee name April Williams	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 6433 FM 1774 Navasota, TX 77868	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Design
	(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	Office sought Office held
Date 11/21/23	Payee name Ups & Grounds	
Amount (\$) 221.11	Payee address; City; State; Zip Code P.O. Box 1304 Seguin, TX 78156	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expens	Description Additional Name Tags
	<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
Date 11/28/23	Payee name JVC Media, LLC	
Amount (\$) \$3956.55	Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<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

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
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: 4	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 11/31/23	5 Payee name GFO & Associates	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 303 El Paso #209 San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Political Consulting
	(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	Office sought Office held
Date 12/31/23	Payee name GFO & Associates	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 303 El Paso #209 San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Political Consulting
	<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
Date 12/7/23	Payee name JVC Media, LLC	
Amount (\$) \$503.36	Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<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

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 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: 4	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 12/8/23	5 Payee name KWED - Seguin Daily News	
6 Amount (\$) \$199.00	7 Payee address; City; State; Zip Code 609 E. Court St. Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio Commercial
	(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	Office sought Office held
Date 11/27/23	Payee name Hobby Lobby	
Amount (\$) \$16.21	Payee address; City; State; Zip Code 360 Creekside Way New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Christmas Decorations for Parades
	<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
Date 12/31/23	Payee name Stripe.com C	
Amount (\$) \$38.04	Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Payment Platform for website donation collection through
	<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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
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4 Date 7/22/23	5 Payee name GoDaddy.com, LLC
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6 Amount (\$) 67.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Website Domain
	(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	Office sought	Office held
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Date 11/7/23	Payee name GoDaddy.com, LLC
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Amount (\$) \$36.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Website Domain
	<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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Date 11/8/23	Payee name Desiree Gerland
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Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 846 Schumacher Dr. New Braunfels, TX 78130
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Graphics Design
	<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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/23	5 Payee name CampaignPartner.com, Data Ecology LLC	
6 Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 118 Still River MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Website Platform
	<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	Office sought Office held
Date 11/4/23	Payee name CampaignPartner.com, Data Ecology LLC	
Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 118 Still River, MA 01467	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Website Platform
	<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
Date 11/6/23	Payee name Vista Print	
Amount (\$) \$22.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description custom checks for campaign account
	<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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