

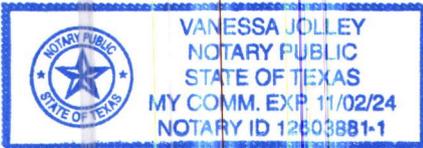
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joshua O. Ray		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)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,750.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 21,232.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,884.11
OUTSTANDING LOAN TOTALS	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.

Joshua O. Ray
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joshua O. Ray this the 26th day of February 2024, to certify which, witness my hand and seal of office.

Vanessa Jolley Signature of officer administering oath
Vanessa Jolley 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		20 Filer ID (Ethics Commission Filers)
Joshua O. Ray		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,750.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,232.64	
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 98.56	
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	\$	

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: 1	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2024	5 Payee name Sips & Gulps	
6 Amount (\$) 68.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 501North Austin St. Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense	(b) Description Food for meet and greet
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/13/2024	Payee name Office Depot	
Amount (\$) 16.72 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 E Court St. Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Labels
	(c) 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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/31/2024	Payee name Walmart	
Amount (\$) 13.29 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 550 South 123 Bypass Seguin TX 78155	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Cards, pens and markers
	(c) 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 <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/12/2024

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

Greg Koehler or Steve Koehler

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

3771 Old Seguin Luling Rd. Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/12/2024

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

Patrick and Linde Meyer

Amount of contribution (\$)

400.00

Contributor address; City; State; Zip Code

PO Box 1206 La Vernia, TX 78121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2024

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

Myra and David Sutherland

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

150 Oak Springs Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/2024

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

David Kerns

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

100 Madison Cove Buda, TX 78610

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2024

5 Full name of contributor

Leon S. Sposari

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1221 Spicewood Schertz, TX 78154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/06/2024

Full name of contributor

Nancy A and James R Stewart

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

PO Box 86 Geronimo, TX 78115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2024

Full name of contributor

James R and Nancy A Stewart

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

PO BOX 86 Geronimo, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2024

Full name of contributor

Gwen Dee and James Kevin Vinall

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

121 Lakeside Dr. 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/12/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Tommy P Lehman and Carolyn D Lehman Trustees of the Lehman Living Trust

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

172 Lake Ridge Dr. Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Dawn and Chester Jenke

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7811 Barbarossa Rd. New Braunfels, TX 78130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Nick and Anne Costas

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1895 Mt. Vernon Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Melvin J and Patricia H Grones

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

8172 FM 466 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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME
Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date
02/13/2024

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
156 Woodcreek Cir McQueeney, TX 78123

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/13/2024

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
621 Oak Shadow Seguin, TX 78155

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2024

Full name of contributor out-of-state PAC (ID#: _____)
David V and Sandra S Strauss

Amount of contribution (\$)

Contributor address; City; State; Zip Code
127 Pinnacle Dr. New Braunfels, TX 78130

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/13/2024

Full name of contributor out-of-state PAC (ID#: _____)
William and Michelle Vanderwall

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4890 Santa Clara Rd. Seguin, TX 78155

500.00

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/2024

5 Full name of contributor

Cindy or H Frank Bell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

1639 Willow LN Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/17/2024

Full name of contributor

Brian Freeman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2602 Leslie Ln San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2024

Full name of contributor

Robbie L. Ward

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

530 Lexington Ave. San Antonio, TX 78215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2024

Full name of contributor

Countywide Builders, L.L.C.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

PO Box 444 Hondo, TX 78861

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/20/2024

5 Full name of contributor

Phil and Leyla Wuest

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

10406 Eiche Cir New Braunfels, TX 78132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/21/2024

Full name of contributor

Robert Wuest

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1818 Wayside Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2024

Full name of contributor

Roy W. Richard, JR.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

519 Main St, Schertz, TX 78154

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2024

Full name of contributor

Terry and Pat Harper

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1721 Schneider Rd. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Party of Bexar County

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: 8

2 FILER NAME
Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date
02/16/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Stephen B Cage Jr. and Mary Jane Cage

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code
PO Box 879 McQueeney, TX 78123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/10/2024

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
606 River Springs Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/16/2024

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
1800 McCullough Avenue San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/20/2024

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
1800 McCullough Ave. San Antonio, TX 78212

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME
Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date
02/20/2024

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
1800 McCullough Ave. San Antonio, TX 78212

8 Principal occupation / Job title (See Instructions)

9 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)

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.

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 Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name JVC Media, LLC	
6 Amount (\$) 777.25	7 Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio, TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political Signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 08/08/2024	Payee name Gabe Farias Design	
Amount (\$) 5,368.64	Payee address; City; State; Zip Code 1122 Par Four San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mailer 1
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/15/2024	Payee name Gabe Farias Design	
Amount (\$) 5,368.64	Payee address; City; State; Zip Code 1122 Par Four San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mailer 2
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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: 3	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
---	--------------------------------------	---------------------------------------

4 Date 01/28/2024	5 Payee name Tractor Supply
-----------------------------	---------------------------------------

6 Amount (\$) 105.87	7 Payee address; City; State; Zip Code 272 FM 1103 Cibilo, TX 78108
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description T-posts for polictical signs
	(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 01/31/2024	Payee name KWED-AM
---------------------------	------------------------------

Amount (\$) 704.00	Payee address; City; State; Zip Code PO Box 1600 Seguin, TX 78155
------------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Radio Ads
	(c) 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 01/31/2024	Payee name The Seguin Gazette- Enterprise
---------------------------	---

Amount (\$) 2,432.25	Payee address; City; State; Zip Code 5701 Woodway Dr. Suite 131 Houston, TX 77057
--------------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Advertising
	(c) 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

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: 3	2 FILER NAME Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2024	5 Payee name Gabe Farias Design	
6 Amount (\$) 5,368.64	7 Payee address; City; State; Zip Code 1122 Par Four San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adverstising	(b) Description Direct Mailer 3
	(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 02/19/2024	Payee name Junie and Jae LLC	
Amount (\$) 275.00	Payee address; City; State; Zip Code 225 N Saunders St. Suite 11 Seguin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Balloon & Backdrop
	<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 02/18/2024	Payee name Tractor Supply	
Amount (\$) 55.10	Payee address; City; State; Zip Code 1500 East Ct St. Ste 900 Seguin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description T-post for political 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