# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NAME  NICKNAME  LAST  SUFFIX  Guadalupe Co Election  JAN 12 2024  Received  Condition  Guadalupe Co Election  JAN 12 2024  Received  Guadalupe Co Election  JAN 12 2024  Received  Condition  Guadalupe Co Election  Jan 12 2024  Received  Condition  Fraceive Condition  Received  Control				1 Filer ID (Ethic	cs Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICE USE OF DEAD.  ACONDIDATE / OFFICE OFFIC	The C/OH Instruction G	uide explains how to	complete this form.			1 /
ACANDIDATE / OPFICEHOLDER ADDRESS   ADDRESS   FO BOX: APT / SUITE #: CITY: STATE: ZIP CODE   ADDRESS   ADDRESS   APT / SUITE #: CITY: STATE: ZIP CODE	OFFICEHOLDER				O.	
CANDIDATE   JAN 1 2 2024   Received	NAME	NICKNAME			SUFFIX	Guadalupe Co Elections
Change of Address  CANDIDATE/ OFFICEDOLDER PHONE CS CAMPAIGN TREASURER NAME  NICKNAME  LAST  SUFFIX  Date Processed  Date Imaged  AREA CODE PHONE NUMBER  EXTENSION  Date Processed  Date Processed  Date Imaged  Dat	OFFICEHOLDER		APT / SUITE #;			JAN 1 2 2024
GANDIDATE/ OFFICEHOLDER (\$72) UGG-\$0494  AREA CODE PHONE  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY.  STATE: ZIP CODE  TREASURER ADDRESS (Residence or Business)  AREA CODE PHONE  AREA CODE PHONE NUMBER  EXTENSION  TREASURER ADDRESS (Residence or Business)  AREA CODE PHONE NUMBER  EXTENSION  TREASURER ADDRESS (Residence or Business)  AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE  AREA CODE ADDRESS  TATE: ZIP CODE  TSTATE: ZIP CODE	ADDRESS	150 0ak	Springs Di	1 288412	78155	Received
TREASURER NAME  NICKNAME  LAST  TWICKE  TAWICKE  NICKNAME  LAST  TWICKE  TAWICKE  TAWICKE  TAWICKE  TAWICKE  TAWICKE  TO Date Imaged  The Completion  Date Imaged	CANDIDATE/ OFFICEHOLDER				5 - 45 24 + 43 $\hat{b}_{ij} = 5$	1//11
T CAMPAIGN TREASURER ADDRESS (Residence or Business)  3 CAMPAIGN TREASURER PHONE  3 CAMPAIGN TREASURER PHONE  4 January 15  3 Oth day before election TREASURER PHONE  5 REPORT TYPE  4 January 15  3 Oth day before election TREASURER PHONE  5 REPORT TYPE  5 January 15  3 Oth day before election TREASURER PHONE  6 REPORT TYPE  6 January 15  3 Oth day before election TREASURER PHONE  7 S I S S  8 REPORT TYPE  6 January 15  8 Sth day before election TREASURER PHONE  7 January 15  8 Sth day before election TREASURER PHONE  8 Exceeded Modified Treasurer appointment (Officeholder Only) The Reporting Limit Treasurer appointment (Officeholder Only) The PERIOD TO Year  7 S I S S  8 S T F I S D S S T P NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES OF SUCH EXPENDITURES MADE BY POLITICAL COMMITTEES NOW SEED THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES AND AME  14 NOTICE FROM POLITICAL COMMITTEE TYPE  15 COMMITTEE ADDRESS  16 COMMITTEE ADDRESS  17 S I S S T P NOTICE OF POLITICAL COMMITTEES AND AME  18 COMMITTEE ADDRESS  18 S T P NOTICE OF SUCH EXPENDITURES AND AME  19 COMMITTEE ADDRESS  19 S I S T P NOTICE OF SUCH EXPENDITURES AND AME  10 OFFICE HOLDERS AND AME SEED AND AME  10 OFFICE HOLDERS AND AME SEED AND AME  11 SITH day after campaign The SUCH AND AME  12 OFFICE COMMITTEE ADDRESS  19 S I S S T P NOTICE OF POLITICAL COMMITTEES AND AME  10 OFFICE HOLDERS  10 OFFICE HOLDERS  11 OFFICE ADDRESS  11 OFFICE ADDRESS  12 OFFICE ADDRESS  13 OFFICE SOUGHT (If known)  14 OFFICE SOUGHT (If known)  15 OFFICE HOLDER  16 OFFICE HOLDER  17 OFFICE HOLDER  18 OFFICE HOLDER  19 OFFICE HOLDER  19 OFFICE HOLDER  19 OFFICE HOLDER  10 OFFICE HOLDER  10 OFFICE HOLDER  11 OFFICE HOLDER  11 OFFICE HOLDER  12 OFFICE HOLDER  13 OFFICE SOUGHT (If known)  14 OFFICE HOLDER  15 OFFICE HOLDER  16 OFFICE HOL	TREASURER	Mr	Arnold		5 -	
AREA CODE PHONE NUMBER EXTENSION  REPORT TYPE    January 15	TREASURER ADDRESS		IO PO BOX PLEASE); APT / S	_		
January 15  30th day before election    Streaming appointment   Cofficeholder Only	CAMPAIGN TREASURER				ENSION	
PERIOD COVERED	REPORT TYPE				Exceeded Modified	treasurer appointment
## Primary   Runoff   Other Description    12 OFFICE   OFFICE   OFFICE   OFFICE HELD (if any)   13 OFFICE SOUGHT (if known)    14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPLICABLY CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE COMMITTEE TYPE   COMMITTEE NAME      Additional Pages   OTHER COMMITTEE ADDRESS   OTHER COMMITTEE ADDRESS      Additional Pages   GENERAL   COMMITTEE ADDRESS      Additional Pages   OTHER COMMITTEE ADDRESS      OTHER CANDIDATE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPLIES AND OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURES AND OFFICEHOLDER'S AND		Month /	501	3 THROUGH	12	/31 / 2023
14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUFT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATE'S AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITION ONLY IN THEY RECEIVE NOTICE OF SUCH EXPENDITION ONLY IN THE SUCH EXPENDITION	11 ELECTION		Year Primary		Other	E
POLITICAL COMMITTEE(S)  THE CANDIDATE / OFFICEHOLDER. THESE EXPENSIVE COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE ADDRESS	12 OFFICE			Gu	adalupe	Country Sheritt
COMMITTEE TYPE COMMITTEE NAME  COMMITTEE TYPE COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE ADDRESS	POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATE	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REC	NS ACCEPTED OR POL RES MAY HAVE BEEN I QUIRED TO REPORT THI	ITICAL EXPENDITURES MADE WITHOUT THE CA IS INFORMATION ONLY	MADE BY POLITICAL COMMITTEES TO SUPPO NADIDATE'S OR OFFICEHOLDER'S KNOWLEDGE IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE
Additional Pages GENERAL GENER	COMMITTEE(S)		1			
THE ASSIDED NAME	Additional Pages	GENERAL			4-4-	
		SPECIFIC			28 g 8.	
COMMITTEE CAMPAIGN TREASURER ADDRESS			COMMITTEE CAMPAIGN	TREASURER ADDRI	ESS	-
GO TO PAGE 2			CO T	O DAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

		Till ID (5thing Commission Filore)
5 C/OH NAME	oshva O. Ran	5 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$3,805.15
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
(1) Affidavit	Please complete either option below:	
NOTARY STAMP/SE	before me by	ay of Sough
	y which, witness my hand and seal of office.  Kirsto A. Suro K	Admin Supervisor  Title of officer administering cath
(2) Unsworn Declara	tion	
My name is	, and my date of birth is	
My address is	,	tate) (zip code) (country)
Executed in	(street) (city) (si	, 20
	Signature of Candida	ate/Officeholder (Declarant)

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19		FILER NAME 20 Filer ID (Ethics Com						
	7	oshua 6. Ran	» «					
21	SCHEDU	LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$11,760.00				
2.	$\boxtimes$	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 31.67				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	8	\$				
4.	X	SCHEDULE E: LOANS		\$7,650,00				
5.	$\boxtimes$	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$7,611.47				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	8	\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	×	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 375.05				
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$				

### 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 f	form.	1 Total pages Schedule A1:
F	ILER NAME	nua O. Ray		3 Filer ID (Ethics Commission Filers)
-	Date	5 Full name of contributor out-of-state PAC (	ID#: )	7 Amount of contribution (\$)
O,	15/23	David Lawrence Willbo 6 Contributor address; City;	O✓ Λ State; Zip Code	\$ 500.00
		170 Lake side Dr. Segui.		
	Λ . Ι	pation / Job title (See Instructions)	Guadalu pe	
١,	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
0	/11/23	Jason P. Lund Contributor address; City; 4190 Eckhardt Rd. Mai	ion, Tx78/24	
F	rincipal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	unKnow	νn	un Known	
	Date	Full name of contributor  ut-of-state PAC (		
t	/19/24	Weston J. Frank Jr.  Contributor address; City:  445 Ferryboat Ln. New Br	State; Zip Code 70/30	\$350.00
	THE RESIDENCE IN COLUMN 2 IS NOT THE RESIDENCE OF THE PARTY OF THE PAR	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	unkno		unknown	
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
) (	/18/23	Contributor address; City;	State; Zip Code	\$350,00
		pation / Job title (See Instructions)	ey, TX 18123	
	Principal occu	pation / Job title (See Instructions)		
	unk	an /	wiknow	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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	Joshna O. Ran	3 Filer ID (Ethics Commission Filers)
		7 Amount of contribution (\$)
10/26/23	5 Full name of contributor  Out-of-state PAC (ID#:	\$ 100.00/xx
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
n	1a n/a	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Bobby Hawkins Contributor address; City; State; Zip Code	\$500.00/xx
	Pro. Box 1839 Seguin, TX 78156	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/9/23	Roy W. Richard Jr.  Contributor address; City; State; Zip Code  519 Main St. Schertz, TX 78154	\$2,000.00/24
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Lecil E. Schulze	Amount of contribution (\$)
11/9/23	Contributor address; City; State; Zip Code	\$ 500.00
	1227 Windsong Circle Seguin, TX78153	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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	Joshua O. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)  C A Meyer  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
11113,	6 Contributor address; City; State; Zip Code 1555 (R352 La Vernia, TX 78121	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 72 1 - 2	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
11/18/170	Jerry C. Rebecek  Contributor address; City; State; Zip Code	\$50.00
	471 Oak Springs Dr. Segnin, Px 78155	tions)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 23	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/28/10	Contributor address; City; State; Zip Code 2676 Odanie   Rd. Seguin, TX 78155	\$1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor  David Lawrence Willor  Contributor address; City; State; Zip Code	Amount of contribution (\$)
11/28/20		\$ 500.00
	170 Lakeside Dr. Seguir, TX 78155	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

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

State   Destination   State   State   Destination   Destination   State   Destination   Destination   State   Destination   Dest	The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
5 Full name of contributor  Roy W. Richard Jr.  6 Contributor address; City: State: Zip Code  5/4 Main St. Schertz, Tx 78/54  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City: State: Zip Code  Roy Box 784 McQueency, Tx 78/23  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (IDF)  Roy 784 McQueency, Tx 78/23  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Contributor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)	FILER NAME	Joshna O. Ray		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City: State: Zip Code  78155  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City: State: Zip Code  78155  Contributor address:  City: State: Zip Code  78155  Contributor address:  City: State: Zip Code  78155	Date 14 23	F. F. II annua of contributor		
Date  Full name of contributor  Contributor address;  City: State: Zip Code  Po. Box 784 McQueeney. TX 78123  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  78155  Contributor address:  City: State: Zip Code  78155  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address:  City: State: Zip Code  78155  Amount of contribution (\$)  Contributor address:  City: State: Zip Code  Contributor address:  City: State: Zip Code  Solo 00  So	и	6 Contributor address; City; 519 Main St. Schertz, Tx		45,000.00
Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City: State: Zip Code 2/21/23  Contributor address: City: State: Zip Code 2/255 Hickory Forest Dr. Seuin Tx  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  William & Michelle Vanderwae Contributor address: City: State: Zip Code 2/20/23  Contributor address: City: State: Zip Code 3/20/255  Contributor address: City: State: Zip Code 3/20/255  Contributor address: City: State: Zip Code 3/20/255  Contributor address: City: State: Zip Code 4/20/255  Contributor address: City: State: Zip Code 4/20/255  Contributor address: City: State: Zip Code 4/20/255  Contributor address: City: State: Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Michelle Vanderwale  Contributor address: City: State: Zip Code  Contributor address: City: State: Zip Code  4890 S. Sanda Clara Rd. Leguin, Tx 78755				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address; City; State; Zip Code  78155  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	11/12	Contributor address; City:  P.O. Box 784 McQueeney	State; Zip Code 78123	\$500.00
Date  Full name of contributor  Out-of-state PAC (ID#:	Principal occup			ons)
Date  Full name of contributor  Out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (I	elin	Amount of contribution (\$)
Date  Full name of contributor  Out-of-state PAC (ID#:	2/21/23	Contributor address; City; 6455 Hickorn Forest D	State: Zip Code 78155	1250.00
4890 S. Santa Clara Rd. Seguin, TX 78155	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
4890 S. Santa Clara Rd. Seguin, TX 78155	Date 102	Full name of contributor  Out-of-state PAC (	ID#:	Amount of contribution (\$)
J	2/22/23	Contributor address; City;	State; Zip Code	\$500.00
	Principal occu			ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

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

		1 Total pages Schedule A1: /
The	Instruction Guide explains how to complete this form.	6
FILER NAME	Joshna. G. Ray	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)  April William S  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
2/2/	6 Contributor address; City; State; Zip Code	\$10.00
	6433 FM 1774 Navasofa, TX 77868	,
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/13/23	Contributor address; City; State; Zip Code 781.  2010 N. Ranch Estates New Brownfels, TX	\$1,000.00
(1.	2010 N. Ranch Estates New Brounfels, TX	PC
	pation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2118/23	Contributor address; City; State; Zip Code	\$100-00
YII	1201 Haberle Rd. Seguin, TX 78155	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
127/23	Full name of contributor  WALH  Contributor address;  City;  State; Zip Code	\$ 100-00
pelo	8276 Line Rd. Segul, Tx 78155	
	upation / Job title (See Instructions) Employer (See Instru	-ti

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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:
FILER NAME	rna O. Ray	3 Filer ID (Ethics Commission Filers)
		7 Amount of contribution (\$)
2   2 9   2 <sup>3</sup>		Code
	890 Tom Creek Lon. Conyon Lake, T	× 78133
Principal occ	upation / Job title (See Instructions)  9 Employer  1 1	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	,,,
130123	Contributor address; City; State; Zip	Code \$ 50.00
	815 Main St. Scheitz, TX 7819	5-4
Principal occu	upation / 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 occi	upation / 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
	upation / Job title (See Instructions) Employer	(See Instructions)
Principal occ	upation / Job title (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	If the requested information is not applicable, DO NOT include this pa	ge in the report.		
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:		
2	FILER NAME LOS Trua O. Ray	3 Filer ID (Ethics Commission Filers)		
4		\$ 31.67		
5	5 hell y Spo Seri 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$   9 In-kind contribution description   10   10   10   10   10   10   10   1		
Ì	P.O. Box 1304 Seguin, TX 78156	Check if travel outside of Texas. Complete Schedule T.		
10		oyer (FOR NON-JUDICIAL)(See Instructions)		
12		ributor's job title (FOR JUDICIAL) (See Instructions)		
14	4 Contributor's employer/law firm (FOR JUDICIAL)  15 Law	firm of contributor's spouse (if any) (FOR JUDICIAL)		
16	6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		8.		
	Date  Full name of contributor	Amount of Contribution \$ In-kind contribution description  Check if travel outside of Texas. Complete Schedule T.		
	Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emp	loyer (FOR NON-JUDICIAL)(See Instructions)		
	Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)	ributor's job title (FOR JUDICIAL)(See Instructions)		
	Contributor's employer/law firm (FOR JUDICIAL)	firm of contributor's spouse (if any) (FOR JUDICIAL)		
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		1.4.		
		1 a) **		
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NEEDED for additional reporting requirements.		

Revised 11/15/2022

#### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joshua O. Ran TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender Date of loan 9 Loan Amount (\$) out-of-state PAC (ID#: \$ 50.00 15/4/2023 Joshua 10 Interest rate Is lender 8 Lender address; a financial 0.00 % 150 Oak springs Dr. Institution? 11 Maturity date Seguin, TX 78155 166 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Gacdelape Count haw Enforce ment 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:\_ \$1,000.00 G.00 % Lender address; Is lender State; Zip Code a financial 150 Oak Springs Dr. Institution? Maturity date Seguin , TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Guadalape Country Catoreenens Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City; State: Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) 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 Tredit Card Payment	
	active aymon.	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4	Date 120/23	United States Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
4	125.00	53; N. Court St. Seguin, TX 78155
8		(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	Other ProBox Restal & Key
		(c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
	Date	Payee name
ŧ	1/21/23	Internal Revenue Service (IRS)
	Amount (\$)	Payee address; City; State; Zip Code
\$	279.00	Stop 6525 (SP CIS) Kansascity, MO 64999-0025
	PURPOSE OF EXPENDITURE	Accounting / Banking Tax 10 Number / EIN
		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
1	1/28/23	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
3	273.20	225 Varick Street, 12th Gir, New York, NY 10014
	PURPOSE OF EXPENDITURE	22 5 Varick Street 12th Flor New York, NY 10014  Category (See Categories listed at the top of this schedule)  Description  Websit Platform Provider
		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
4		Revised 11/15/202

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

			EXPE	NDITURE CATE	GURIES	OK BOX 8(a)			
	dvertising Expense accounting/Banking consulting Expense contributions/Donations Made B Candidate/Officeholder/Politica			ge Expense Memorials Expense	Office Overl Polling Exp Printing Exp		Transportat Travel In Di Travel Out		
	redit Card Payment		The Instru	uction Guide explain	s how to co	emplete this form.			
1	Total pages Schedule F1:	2 FILER	NAME OS NUA	0. R	2 N		3 Filer ID	(Ethics Commission	Filers)
4	Date 1/28/23	5 Payee	name	William	ζ	-			
6	Amount (\$)	7 Payee		001 1(150		City;	St	ate; Zip Cod	е
\$	1,200.00	6433	FM 17	174 Nova	sota,	TX 7780	8		"
8		(a) Categ	ory (See Categori	ies listed at the top of this	schedule)	(b) Description			
	PURPOSE OF EXPENDITURE	Adve	tieins	Expense		Webside	. De	sign	
		(c)	Check if travel ou	utside of Texas. Complete Se	chedule T.	Check if Aus	stin, TX, officehol	der living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeho	older name		Office sought		Office held	
	Date	Payee	name						
1	1/21/23	Ups		ounds					
	Amount (\$)	Payee	address;			City;	Sta	ate; Zip Code	Э
1	21.11	P.o.	Box	1304 Se	3 wh	TX 79	8156		
		Catego	ry (See Categorie	s listed at the top of this se	chedule)	Description	- \		
	PURPOSE OF EXPENDITURE	Adve	ctisin	s Expen	2	Name	_		
			Check if travel ou	tside of Texas. Complete So	chedule T.	Check if Aus	stin, TX, officehol	der living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeho	older name		Office sought		Office held	
	Data	Payee	name						
1	1/28/23	11		dia, L	LC	. 1			
	Amount (\$)	Payee	address;			City;	Sta	ate; Zip Code	9
\$	3956.55	310	6 Fall	1 Crest	000	San Anto	nion 5	0 7824	7_
	1 2	Catego	ry (See Categorie	s listed at the top of this so	chedule)	Description			
	PURPOSE OF EXPENDITURE	Pr: 1	nting	Expense		Compass	sn 5	igns	
			Check if travel ou	tside of Texas. Complete So	chedule T.	Check if Aus	tin, TX, officehold	der living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate / Officeh	older name		Office sought		Office held	
		Δ	TTACHADDI	TIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED		
								Pavisad	11/15/202

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic	Fees Office Over Food/Beverage Expense Polling Expense Printing Expense Pr					
Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1	2 FILER NAME Joshna O, Rau	3 Filer ID (Ethics Commission Filers)				
11 /31 /23	5 Payee name (FD + Associates	<del>)</del>				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
\$500.60	303 El Paso \$209 Son.	ANTONIO, TX 78207				
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Consulting Expense Political Consulting					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held				
Date	Pa <mark>yee</mark> name					
12/31/23	GFO & Associates					
Amount (\$)	Payee address;	City; State; Zip Code				
500.00	303 El Paso # 209 S.	an Antonio, TX 78207				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Political Consulting				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/7/23	JVC Media, LLC					
Amount (\$)	Payee address;	City; State; Zip Code				
503.36	3106 Fall Crest Or.	San Antonio, TX 78247				
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Signs				
	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

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Offi	verhead/Rental Expense Transpo xpense Travel I Expense Travel I	ion/Fundraising Expense ortation Equipment & Related Expense in District Dut Of District onter a category not listed above)			
Siddle Gard Cymon	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	Joshua O. Ray	3 Filer	ID (Ethics Commission Filers)			
12/8/23	KWED - SESUIN De	ily News				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$199.60	609 E. Court St. S	Eguini	18155			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Radia Comm	ercia l			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Paye <mark>e name</mark>					
11/27/23	Hobby Lobby					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$16.21	360 Creekside Way N	lew Braunfels,	TX 78130			
	Category (See Categories listed at the top of this schedule)	Chaistnes De	cac bine			
PURPOSE OF	- 41					
EXPENDITURE	other	For Parad	<u> </u>			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date ,	Payee name					
12/31/23	Stripe.com (	-				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$38.04	354 Ogster Point B	lvd. South Son Fro	94080 Misco, CA			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Plater  Description Plater  Description Collect	orn for wessite			
EXPENDITURE	1003	donation collec	find thoush			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office				
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 PERSONAL FUNDS

### SCHEDULE G

+							
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
0	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Tredit Card Payment						
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
4	7 /a 2 /23	Go Daddy con, LLC					
6	Amount (\$) 7 - \$3  Reimbursement from political contributions intended	7 Payee address; Zip Code 215 5 E. GoDaddy Way Tempe, AZ 85284					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if travel outside of Texas. Complete Schedule T.  (b) Description  (c) Check if Austin, TX, officeholder living expense					
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
	Date 17/7/23	Go Daddy, com LLC					
	Amount (\$) \$\$ 36.50    Reimbursement from political contributions intended	Payee address: City; State; Zip Code					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Website Domeir  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held					
	Date /8/23	Payee name Desiree Gerland					
V .	Amount (\$) /50-00 Reimbursement from political contributions intended	Payer address; City: State: Zip Code  846 Schumaeher Dr. New Braunfel, TX 78130					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Other  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fees Off Food/Beverage Expense Po le By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense ntling Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME Shuc O. Ran		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/23	5 Payee name Cam pai an Partner. co	m, Date E	cology LLC
6 Amount (\$) 49.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Nebsite	Platfar TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date /4 / 2 3	Payee name Campaign Partner, con	u, Date E	Edisgy LLE
Amount (\$) 19.00 Reimbursement from political contributions	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule	Wesite	Platform  TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.		Office sought	Office held
Date 16/23	Payee name Vista Print		
Amount (\$)  Reimbursement from political contributions intended	275 Nyman Street IN	city;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	compaign &	ecks for
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	ED