


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">20</div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Guadalupe Co Elections Date Received <div style="font-size: 1.2em; margin-top: 5px;">JAN 16 2024</div><div style="font-size: 1.2em; margin-top: 5px;">TINA ROBINSON</div><div style="font-weight: bold; margin-top: 5px;">Received</div></div> <div style="margin-top: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Receipt #</div><div>Amount \$</div></div> <div style="margin-top: 10px;">Date Processed</div> <div style="margin-top: 10px;">Date Imaged</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"><div>MS / MRS / MR <div style="font-size: 1.2em;">Mr.</div></div><div>FIRST <div style="font-size: 1.2em;">Joshua</div></div><div>MI <div style="font-size: 1.2em;">O.</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>NICKNAME <div style="font-size: 1.2em;">Ray</div></div><div>LAST <div style="font-size: 1.2em;">Ray</div></div><div>SUFFIX</div></div>				
4 ORIGINAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election</div><div><input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</div><div><input type="checkbox"/> Final report <div style="margin-top: 10px;">Other (specify)</div></div></div>				
5 ORIGINAL PERIOD COVERED	<div style="display: flex; justify-content: space-between;"><div>Month Day Year <div style="font-size: 1.2em;">10 / 4 / 2023</div></div><div>THROUGH</div><div>Month Day Year <div style="font-size: 1.2em;">12 / 31 / 2023</div></div></div>				
6 EXPLANATION OF CORRECTION <div style="font-size: 1.1em; margin-top: 10px;">Forgot to add filing fee for GOP to Section G. This was added then totals on lower sheet pgs 2-3 corrected along with page numbers.</div>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. <div style="margin-top: 10px;">Check ONLY if applicable:</div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"><div style="width: 10%;"><input type="checkbox"/> <input checked="" type="checkbox"/></div><div style="width: 90%;"><div>Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.</div><div>Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</div></div></div> <div style="margin-top: 20px; text-align: center;"><div style="font-size: 1.5em; font-weight: bold;">Please complete either option below:</div><div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;"><div style="text-align: center; width: 20%;"><div style="margin-top: 10px;">(1) Affidavit</div></div><div style="width: 80%; text-align: center;"><div style="font-size: 1.5em; margin-bottom: 10px;">Joshua O. Ray</div><div style="text-align: right; font-size: 0.8em;">Signature of Candidate/Officeholder</div></div></div><div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Sworn to and subscribed before me by <u>Joshua Ray</u> this the <u>16th</u> day of <u>January</u>, 20<u>24</u>, to certify which, witness my hand and seal of office.</div><div style="width: 30%; text-align: center;"><div style="font-size: 1.2em; margin-bottom: 10px;">Stephanie Harrison</div><div style="text-align: right; font-size: 0.8em;">Printed name of officer administering oath</div></div><div style="width: 30%; text-align: right;"><div style="font-size: 1.2em; margin-bottom: 10px;">Admin. Assistant</div><div style="text-align: right; font-size: 0.8em;">Title of officer administering oath</div></div></div><div style="text-align: center; margin-top: 10px; background-color: black; color: white; padding: 5px; font-weight: bold;">OR</div><div style="margin-top: 10px;">(2) Unsworn Declaration <div style="margin-top: 10px;">My name is _____, and my date of birth is _____.</div><div style="margin-top: 10px;">My address is _____, _____, _____, _____, _____.</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"><div>(street)</div><div>(city)</div><div>(state)</div><div>(zip code)</div><div>(country)</div></div><div style="margin-top: 10px;">Executed in _____ County, State of _____, on the _____ day of _____, 20____.</div><div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"><div>(month)</div><div>(year)</div></div><div style="text-align: right; margin-top: 10px;">_____ Signature of Candidate/Officeholder (Declarant)</div></div></div></div>					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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:

18

OFFICE USE ONLY

Date Received

Guadalupe Co Elections

JAN 16 2024

Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

10 / 4 / 2023 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 5 / 2024

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

☐ Additional Pages

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,791.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,736.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,055.15
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:



Sworn to and subscribed before me by Joshua Ray this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Stephanie Harrison Stephanie Harrison Admin. Assistant
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)



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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Joshua O. Ray

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	\$ 1,125.05
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#: Eddie Miller	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 156 Woodcock Cir. McGueeny, TX 78123		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
<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 10/26/23	5 Full name of contributor Chester Jenke Jr. out-of-state PAC (ID#: 6 Contributor address; 7811 Barboursse Rd. New Braunfels, TX 78130 City; State; Zip Code	7 Amount of contribution (\$) \$100.00/x
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 11/7/23	Full name of contributor Bobby Hawkins out-of-state PAC (ID#: Contributor address; P.O. Box 1839 Seguin, TX 78156 City; State; Zip Code	Amount of contribution (\$) \$500.00/x
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/23	Full name of contributor Roy W. Richard Jr. out-of-state PAC (ID#: Contributor address; 519 Main St. Schertz, TX 78154 City; State; Zip Code	Amount of contribution (\$) \$2,000.00/x
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/23	Full name of contributor Lecil E. Schulze out-of-state PAC (ID#: Contributor address; 1227 Windsong Circle Seguin, TX 78155 City; State; Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: C. A. Meyer out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code: 1555 CR352 La Vernia, TX 78121	7 Amount of contribution (\$): \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 11/22/23	Full name of contributor: Jerry C. Rebeck out-of-state PAC (ID#): Contributor address; City; State; Zip Code: 471 Oak Springs Dr. Seguin, TX 78155	Amount of contribution (\$): \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 11/28/23	Full name of contributor: Jonathan Fischer out-of-state PAC (ID#): Contributor address; City; State; Zip Code: 2676 Odaniel Rd. Seguin, TX 78155	Amount of contribution (\$): \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 11/28/23	Full name of contributor: David Lawrence Willborn out-of-state PAC (ID#): Contributor address; City; State; Zip Code: 170 Lakeside Dr. Seguin, TX 78155	Amount of contribution (\$): \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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

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. Galyath

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.

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 12/2/23	5 Full name of contributor April Williams out-of-state PAC (ID#): _____	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 6433 FM 1774 Navasota, TX 77868		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/23	Full name of contributor Aaron Seymour out-of-state PAC (ID#): _____	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2010 N. Ranch Estates New Braunfels, TX 78130		
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 (\$) \$100.00
Contributor address; City; State; Zip Code 1201 Habercle Rd Seguin, TX 78155		
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 (\$) \$100.00
Contributor address; City; State; Zip Code 8276 Lime Rd. Seguin, TX 78155		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 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. Schertz, TX 78154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Joshua O. Ray</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <div style="font-size: 1.2em;">31.67</div>	
5 Date <div style="font-size: 1.2em;">11-21-23</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Shelly Spokeri</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">31.67</div>	9 In-kind contribution description <div style="font-size: 1.2em;">Name Tag</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 1304 Seguin, TX 78156</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Business Owner</div>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Self-employed</div>	
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 Joshua O. Ray <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$50.00
6 Is lender a financial institution? Y (N)	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 Joshua O. Ray <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$1,000.00
Is lender a financial institution? Y (N)	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
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 **11/20/23** 5 Payee name **United States Postal Service**

6 Amount (\$) **\$125.00** 7 Payee address; City; State; Zip Code
531 W. Court St. Seagoville, TX 75155

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
other **P.O. Box Rental & Key**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/21/23** Payee name **Internal Revenue Service (IRS)**

Amount (\$) **\$279.00** Payee address; City; State; Zip Code
Stop 6525 (SP 015) Kansas City, MO 64999-0025

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Accounting / Banking **Tax ID 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 **11/28/23** Payee name **Squarespace**

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) Description
other **Website 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 11/28/23	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 11/21/23	Payee name Ups & Grounds	
Amount (\$) \$21.11	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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 GFD & 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12/31/23	Payee name GFD & 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/31/23		Payee name Stripe.com			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: 3	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		
6 Amount (\$) 67.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2155 E. GoDaddy Way	City: Tempe, AZ	State; Zip Code 85284

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		
Amount (\$) \$36.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2155 E. GoDaddy Way	City: Tempe, AZ	State; Zip Code 85284
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	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		

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		
Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 846 Schumacher Dr.	City: New Braunfels, TX	State; Zip Code 78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Graphics Design	
	(c) <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

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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: <div style="font-size: 1.5em; margin-left: 40px;">3</div>	2 FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">Joshua O. Ray</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-left: 20px;">10/4/23</div>	5 Payee name <div style="font-size: 1.2em; margin-left: 20px;">CampaignPartner.com, Data Ecology LLC</div>	
6 Amount (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$49.00</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">P.O. Box 118 Still River, MA 01467</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 20px;">Other</div> </div> <div style="width: 45%;"> (b) Description <div style="font-size: 1.5em; margin-left: 20px;">Website Platform</div> </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

Date <div style="font-size: 1.2em; margin-left: 20px;">11/4/23</div>	Payee name <div style="font-size: 1.2em; margin-left: 20px;">CampaignPartner.com, Data Ecology LLC</div>		
Amount (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$49.00</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended </div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">P.O. Box 118 Still River, MA 01467</div>		
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 20px;">Other</div> </div> <div style="width: 45%;"> Description <div style="font-size: 1.5em; margin-left: 20px;">Website Platform</div> </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

Date <div style="font-size: 1.2em; margin-left: 20px;">11/6/23</div>	Payee name <div style="font-size: 1.2em; margin-left: 20px;">Vista Print</div>		
Amount (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$22.72</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended </div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">275 Wymen Street Waltham, MA 02451</div>		
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 20px;">Other</div> </div> <div style="width: 45%;"> Description <div style="font-size: 1.5em; margin-left: 20px;">cash checks for campaign account</div> </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: <div style="text-align: center;">3</div>	2 FILER NAME <div style="text-align: center;">Joshua O. Ray</div>	3 Filer ID (Ethics Commission Filers)
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4 Date <div style="text-align: center;">11/11/2023</div>	5 Payee name <div style="text-align: center;">Guadalupe County GOP</div>
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6 Amount (\$) <div style="text-align: center;">\$750.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <div style="text-align: center;">Seguin, TX 78155</div>	City;	State;	Zip Code
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8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>	(b) Description <div style="text-align: center;">Filing Fee</div>
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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
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