

# 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: 15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Joshua O  
NICKNAME LAST SUFFIX  
Ray

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
150 Oak Springs Dr. Seguin, TX 78155

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512 ) 466-5044

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. Arnold S  
NICKNAME LAST SUFFIX  
Zwicke

## OFFICE USE ONLY

Date Received  
Guadalupe Co Elections

FEB 05 2024

Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1410 Gin Rd. Seguin, TX 78155

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(830 ) 660-6688

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified  
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
1 / 1 / 24 THROUGH 1 / 25 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☒ Primary ☐ Runoff ☐ Other  
Description  
3 / 5 / 24 ☐ 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

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)

\$

12,500.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5,447.37

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

10,107.78

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 O. Ray this the 5 day of February,  
20 24, to certify which, witness my hand and seal of office.

Kirstie A. Surek Kirstie A. Surek  
Signature of officer administering oath Printed name of officer administering oath

Admin Supervisor  
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)



THE AMERICAN LIBRARY ASSOCIATION

**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 SCHEDULESUBTOTAL  
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,387.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 59.55
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



**MONETARY POLITICAL CONTRIBUTIONS****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: **7****2** FILER NAME**Joshua O. Ray****3** Filer ID (Ethics Commission Filers)**4** Date**01/05/2024****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Brian Lumpkin****6** Contributor address;

City;

State;

Zip Code

**3631 Archer Blvd. New Braunfels, TX 78132****7** Amount of contribution (\$)**50.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**01/09/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Jeff Mund**

Contributor address;

City;

State;

Zip Code

**887 Lone Star Dr. New Braunfels, TX 78130**

Amount of contribution (\$)

**200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/17/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Alexander Roig**

Contributor address;

City;

State;

Zip Code

**3003 Northwest Loop 410 Ste. 204 San Antonio, TX 78230**

Amount of contribution (\$)

**1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/18/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Shawn Brown**

Contributor address;

City;

State;

Zip Code

**540 S. St. Mary's St. San Antonio, TX 78205**

Amount of contribution (\$)

**1,000.00**

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.

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1 Total pages Schedule A1: 7

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

01/17/2024

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Anthony B. Cantrell

6 Contributor address;

City;

State;

Zip Code

111 Cantrell Way New Braunfels, TX 78132

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/20/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kim and Debra Grier

Contributor address;

City;

State;

Zip Code

4822 Weil Rd. Marion, TX 78124

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/03/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Randi Lowery

Contributor address;

City;

State;

Zip Code

713 Mesa Verde Schertz, TX 78154

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/04/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Pollock

Contributor address;

City;

State;

Zip Code

P.O. Box 400 Snook, TX 77878

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

7

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

01/09/2024

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cesar R. Serna

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

237 W. Travis St. STE. 100 San Antonio, TX 78205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/16/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lahood and Norton PLLC

Amount of contribution (\$)

1,250.00

Contributor address;

City;

State;

Zip Code

40 NE Loop 410 Ste. 525 San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Neil Calfas

Amount of contribution (\$)

1,500.00

Contributor address;

City;

State;

Zip Code

310 S. Saint Marys St. San Antonio, TX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

David Christian

Amount of contribution (\$)

750.00

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**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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**1** Total pages Schedule A1:

7

**2** FILER NAME

Joshua O. Ray

**3** Filer ID (Ethics Commission Filers)**4** Date

01/04/2024

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Karen Cushman McMillan

**6** Contributor address;

City;

State;

Zip Code

348 Lake Ridge Dr. Seguin, TX 78155

**7** Amount of contribution (\$)

100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/15/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Richard and Janice Willborn

Contributor address;

City;

State;

Zip Code

10 Legacy Park San Antonio, TX 78257

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/17/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jonathan Fischer

Contributor address;

City;

State;

Zip Code

2076 Odaniel Rd. Seguin, TX 78155

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/17/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Larry and Yvonne Baumann

Contributor address;

City;

State;

Zip Code

13011 Lower Seguin Rd. Unit 2 Schertz, TX 78154

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

**Joshua O. Ray**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/20/2024**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**E.W. Forbess**

6 Contributor address;

City;

State;

Zip Code

**7443 Silent Path San Antonio, TX 78250**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**01/22/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Patricia Cryer**

Contributor address;

City;

State;

Zip Code

**297 Sandy Oaks Dr. Seguin, TX 78155**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/23/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Tommy P Lehman & Caroylyn D Lehman Trustees fo the Lehman Living Trust**

Contributor address;

City;

State;

Zip Code

**172 Lake Ridge Dr. Seguin, TX 78155**

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/24/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Patricia A Roberson**

Contributor address;

City;

State;

Zip Code

**4015 Lower Seguin Rd. Cibolo, TX 78108**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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**1** Total pages Schedule A1:

7

**2** FILER NAME

Joshua O. Ray

**3** Filer ID (Ethics Commission Filers)**4** Date

01/23/2024

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Billy J. Chambers

**6** Contributor address;

City;

State;

Zip Code

P.O. Box 725 McQueeney, TX 78123

**7** Amount of contribution (\$)

500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/23/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Randall and Nancy Schneider

Contributor address;

City;

State;

Zip Code

2290 Gin Rd. Seguin, TX 78155

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/23/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marilyn Hartman &amp; Stanley J Naumann

Contributor address;

City;

State;

Zip Code

121 Indian Trail Seguin, TX 78155

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/24/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Troast

Contributor address;

City;

State;

Zip Code

734 Muehl Rd Seguin, TX 78155

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1: **7**

2 FILER NAME

**Joshua O. Ray**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/25/2024**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Evelyn and Ford Martin**

6 Contributor address;

City;

State;

Zip Code

**917 N Heideke St. Seguin, TX 78155**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**01/22/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Jackie and Charlene Nolte**

Contributor address;

City;

State;

Zip Code

**4907 FM 1044 New Braunfels, TX 78130**

Amount of contribution (\$)

**500.00**

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  
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: <b>4</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/03/2024</b>	5 Payee name <b>JVC Media, LLC</b>	
6 Amount (\$) <b>465.49</b>	7 Payee address; City; State; Zip Code <b>3016 Fall Crest Dr. San Antonio, TX 78247</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign Signs</b>
	(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 <b>01/04/2024</b>	Payee name <b>Guadalupe Printing Solutions</b>	
Amount (\$) <b>102.84</b>	Payee address; City; State; Zip Code <b>107 N. Camp St. Seguin, TX 78155</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Business Cards</b>
	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 <b>01/03/2024</b>	Payee name <b>April Williams</b>	
Amount (\$) <b>595.00</b>	Payee address; City; State; Zip Code <b>6433 FM 1774 Navasota, TX 77868</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising/ Media</b>	Description <b>Soical media marketing</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F1: 4		<b>2</b> FILER NAME Joshua O. Ray		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/09/2024		<b>5</b> Payee name Guadalupe Printing Solutions			
<b>6</b> Amount (\$) 171.04		<b>7</b> Payee address; City; State; Zip Code 107 N. Camp St. Seguin, TX 78155			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses		<b>(b)</b> Description Meet N Greet Flyers		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 01/14/2024		Payee name Tractor Supply Co.			
Amount (\$) 220.40		Payee address; City; State; Zip Code 840 Loop 337 New Braunfels, TX 78130			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description T-posts for political signs		
	Check if travel outside of Texas. Complete Schedule T. 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 01/16/2024		Payee name Up's & Grounds			
Amount (\$) 21.33		Payee address; City; State; Zip Code PO BOX 1304 Seguin, TX 78156			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Name Tags		
	Check if travel outside of Texas. Complete Schedule T. 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			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# 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: <b>4</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/11/2024</b>	5 Payee name <b>Print This. LLC</b>	
6 Amount (\$) <b>983.99</b>	7 Payee address; City; State; Zip Code <b>13330 N State Hwy 123, Seguin, TX 78155</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>T-shirts</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <b>01/12/2024</b>	Payee name <b>JVC Media, LLC</b>	
Amount (\$) <b>2,120.63</b>	Payee address; City; State; Zip Code <b>3106 Fall Crest Dr. San Antonio, TX 78247</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Signs</b>
	Check if travel outside of Texas. Complete Schedule T. 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 <b>01/12/2024</b>	Payee name <b>KWED-Seguin Daily News</b>	
Amount (\$) <b>125.00</b>	Payee address; City; State; Zip Code <b>609 E Court St Seguin, TX 78155</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Radio Advertisement/Guadalupe County Youth Show</b>
	Check if travel outside of Texas. Complete Schedule T. 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>4</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/23/2024</b>	5 Payee name <b>Guadalupe Printing Solutions</b>	
6 Amount (\$) <b>48.71</b>	7 Payee address; City; State; Zip Code <b>107 N. Camp St. Seguin, TX 78155</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Printed Invitations</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <b>01/16/2024</b>	Payee name <b>Harbor Freight</b>	
Amount (\$) <b>33.39</b>	Payee address; City; State; Zip Code <b>1500 E Court St. Ste. 480 Seguin, TX 78155</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Signs Supplies</b>
	Check if travel outside of Texas. Complete Schedule T. 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 <b>01/25/2024</b>	Payee name <b>GFD &amp; Associates</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>303 El Paso #209 San Antonio, TX 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Political Consulting</b>
	Check if travel outside of Texas. Complete Schedule T. 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>1</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/17/2024</b>	5 Payee name <b>The UPS Store</b>	
6 Amount (\$) <b>19.25</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <b>562 S St. Hwy 123 Byp Seguin, TX 78155</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Meet and Greet</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <b>01/17/2024</b>	Payee name <b>Dollar Tree</b>	
Amount (\$) <b>20.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>468 S State. Hwy 123 Seguin, TX 78155</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Decorations</b>
	Check if travel outside of Texas. Complete Schedule T. 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 <b>01/17/2024</b>	Payee name <b>Dollar Tree</b>	
Amount (\$) <b>20.30</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>257 Creekside Crossing New Braunfels, TX 78130</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Decorations</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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