

# 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

Mr.

FIRST

Joshua

MI

O

NICKNAME

LAST

Ray

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

150 Oak Springs Dr. Seguin, TX 78155

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

(512 )

PHONE NUMBER

466-5044

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mr.

FIRST

Arnold

MI

S

NICKNAME

LAST

Zwicke

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

1410 Gin Rd. Seguin, TX 78155

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

(830 )

PHONE NUMBER

660-6688

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

1

26

24

THROUGH

Month

Day

Year

2

24

24

11 ELECTION

ELECTION DATE

Month

Day

Year

3

5

24

ELECTION TYPE

☒

Primary

☐

Runoff

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Guadalupe County Sheriff

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

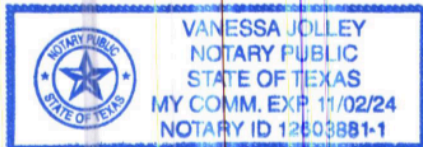
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 10,750.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 21,232.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,884.11
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Joshua O. Ray*  
Signature of Candidate or Officeholder



Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

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

*Vanessa Jolley* Signature of officer administering oath  
Vanessa Jolley Printed name of officer administering oath  
Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year).

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Joshua O. Ray		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,232.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 98.56
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/12/2024

5 Full name of contributor

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

Greg Koehler or Steve Koehler

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

3771 Old Seguin Luling Rd. Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/12/2024

Full name of contributor

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

Patrick and Linde Meyer

Amount of contribution (\$)

400.00

Contributor address;

City;

State;

Zip Code

PO Box 1206 La Vernia, TX 78121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2024

Full name of contributor

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

Myra and David Sutherland

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

150 Oak Springs Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/2024

Full name of contributor

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

David Kerns

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

100 Madison Cove Buda, TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2024

5 Full name of contributor

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

Leon S. Sposari

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1221 Spicewood Schertz, TX 78154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/06/2024

Full name of contributor

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

Nancy A and James R Stewart

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

PO Box 86 Geronimo, TX 78115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2024

Full name of contributor

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

James R and Nancy A Stewart

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

PO BOX 86 Geronimo, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2024

Full name of contributor

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

Gwen Dee and James Kevin Vinall

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

121 Lakeside Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/12/2024

5 Full name of contributor

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

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

6 Contributor address;

City;

State;

Zip Code

172 Lake Ridge Dr. Seguin, TX 78155

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/2024

Full name of contributor

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

Dawn and Chester Jenke

Contributor address;

City;

State;

Zip Code

7811 Barbarossa Rd. New Braunfels, TX 78130

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2024

Full name of contributor

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

Nick and Anne Costas

Contributor address;

City;

State;

Zip Code

1895 Mt. Vernon Seguin, TX 78155

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2024

Full name of contributor

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

Melvin J and Patricia H Grones

Contributor address;

City;

State;

Zip Code

8172 FM 466 Seguin, TX 78155

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.

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1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/2024

5 Full name of contributor

Eddie Miller

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

156 Woodcreek Cir McQueeney, TX 78123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/2024

Full name of contributor

Bill Keller

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

621 Oak Shadow Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2024

Full name of contributor

David V and Sandra S Strauss

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

127 Pinnacle Dr. New Braunfels, TX 78130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2024

Full name of contributor

William and Michelle Vanderwall

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4890 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: 8

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Joshua O. Ray

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

Cindy or H Frank Bell

02/13/2024

6 Contributor address;

City;

State;

Zip Code

1639 Willow LN Seguin, TX 78155

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Brian Freeman

02/17/2024

Contributor address;

City;

State;

Zip Code

2602 Leslie Ln San Marcos, TX 78666

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Robbie L. Ward

02/21/2024

Contributor address;

City;

State;

Zip Code

530 Lexington Ave. San Antonio, TX 78215

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Countywide Builders, L.L.C.

02/21/2024

Contributor address;

City;

State;

Zip Code

PO Box 444 Hondo, TX 78861

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/20/2024

5 Full name of contributor

out-of-state PAC (ID#:

Phil and Leyla Wuest

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

10406 Eiche Cir New Braunfels, TX 78132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/21/2024

Full name of contributor

out-of-state PAC (ID#:

Robert Wuest

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1818 Wayside Dr. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2024

Full name of contributor

out-of-state PAC (ID#:

Roy W. Richard, JR.

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

519 Main St, Schertz, TX 78154

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2024

Full name of contributor

out-of-state PAC (ID#:

Terry and Pat Harper

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1721 Schneider Rd. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Party of Bexar County

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

02/16/2024

5 Full name of contributor

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

Stephen B Cage Jr. and Mary Jane Cage

6 Contributor address;

City;

State;

Zip Code

PO Box 879 McQueeney, TX 78123

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/10/2024

Full name of contributor

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

Patrick Hinsey

Contributor address;

City;

State;

Zip Code

606 River Springs Dr. Seguin, TX 78155

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2024

Full name of contributor

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

David Christian

Contributor address;

City;

State;

Zip Code

1800 McCullough Avenue San Antonio, TX 78212

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2024

Full name of contributor

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

David Christian

Contributor address;

City;

State;

Zip Code

1800 McCullough Ave. San Antonio, TX 78212

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Joshua O. Ray

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

Thom Nisbet

02/20/2024

6 Contributor address;

City;

State;

Zip Code

1800 McCullough Ave. San Antonio, TX 78212

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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>3</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>JVC Media, LLC</b>	
6 Amount (\$) <b>777.25</b>	7 Payee address; City; State; Zip Code <b>3106 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</b>	(b) Description <b>Political 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>08/08/2024</b>	Payee name <b>Gabe Farias Design</b>	
Amount (\$) <b>5,368.64</b>	Payee address; City; State; Zip Code <b>1122 Par Four San Antonio, TX 78221</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Direct Mailer 1</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>02/15/2024</b>	Payee name <b>Gabe Farias Design</b>	
Amount (\$) <b>5,368.64</b>	Payee address; City; State; Zip Code <b>1122 Par Four San Antonio, TX 78221</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Direct Mailer 2</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 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>3</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/28/2024</b>	5 Payee name <b>Tractor Supply</b>	
6 Amount (\$) <b>105.87</b>	7 Payee address; <b>272 FM 1103 Cibilo, TX 78108</b>	City; State; Zip Code
3  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>T-posts for polictical signs</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>01/31/2024</b>	Payee name <b>KWED-AM</b>	
Amount (\$) <b>704.00</b>	Payee address; <b>PO Box 1600 Seguin, TX 78155</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Radio Ads</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>01/31/2024</b>	Payee name <b>The Seguin Gazette- Enterprise</b>	
Amount (\$) <b>2,432.25</b>	Payee address; <b>5701 Woodway Dr. Suite 131 Houston, TX 77057</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Newspaper Advertisng</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

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