

# 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:

6

**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

PO Box 2068 Seguin, TX 78156

Change of Address

**5** CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

466-5044

**6** CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs

Janel

M

NICKNAME

LAST

SUFFIX

Ray

**7** CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

PO Box 2068 Seguin, TX 78156

(Residence or Business)

**8** CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

496-6033

**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

7

/

15

/

24

THROUGH

Month

Day

Year

12

/

31

/

24

**11** ELECTION

ELECTION DATE

Month

Day

Year

11

/

5

/

24

Primary

Runoff

Other

Description

☒ General

Special

**12** OFFICE

OFFICE HELD (if any)

Guadalupe County Sheriff

**13** OFFICE SOUGHT (if known)

**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)

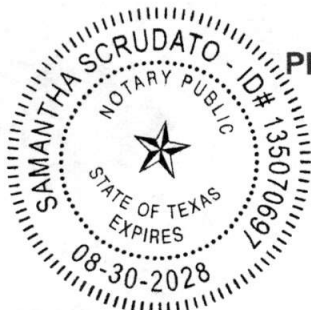
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,642.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 751.55
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.

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 15 day of January 2025, to certify which, witness my hand and seal of office.

Samantha Scrudato Samantha Scrudato  
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)

**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. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

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

\$ 694.56

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

\$

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ■ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 805.00

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED  
TO FILER

\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Joshua O. Ray</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>07/25/2024</b>	5 Payee name <b>Go Daddy</b>
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6 Amount (\$) <b>101.06</b>	7 Payee address; <b>2155 E. GoDaddy Way, Tempe, AZ 85284</b>	City;	State;	Zip Code
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Microsoft 365 email essentials renewal</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/08/2024</b>	Payee name <b>Go Daddy</b>
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Amount (\$) <b>109.50</b>	Payee address; <b>2155 E. GoDaddy Way, Tempe, AZ 85284</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Domain Names</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/29/2024</b>	Payee name <b>Squarespace</b>
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Amount (\$) <b>341.50</b>	Payee address; <b>225 Varick Street, 12th floor New York, NY 10014</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>Joshua O. Ray</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/23/2024</b>	<b>5</b> Payee name <b>Guadalupe County Conservative Republicans</b>	
<b>6</b> Amount (\$) <b>100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 81, Cibolo, TX 78108</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contributions</b>	<b>(b)</b> Description <b>Tickets</b>
	<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 <b>09/30/2024</b>	Payee name <b>Guadalupe County Fair</b>	
Amount (\$) <b>42.50</b>	Payee address; City; State; Zip Code <b>728 Midway, Seguin, TX 78155</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Parade Fee</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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <b>Website</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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1</b>	<b>2</b> FILER NAME Joshua O. Ray	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/07/2024	<b>5</b> Payee name Guadalupe Family Violence Shelter	
<b>6</b> Amount (\$) <b>305.00</b>	<b>7</b> Payee address; PO Box 1302, Seguin, TX 78155	City State Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Donations	<b>(b)</b> Description (See instructions regarding type of information required.) 501(c)(3)
Date 11/07/2024	Payee name Guadalupe Family Violence Shelter	
Amount (\$) <b>500.00</b>	Payee address; PO Box 1302, Seguin, TX 78155	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donations	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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