CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| CANDIDATE / OFFICEHOLDEN NAME CANDIDATE / OFFICEHOLDEN MAILING ADDRESS Change of Addres CANDIDATE/ OFFICEHOLDE PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS Residence or Busine CAMPAIGN TREASURER PHONE CAMPAIGN TREASURER PHONE | NICKNAME ADDRESS / PO BOX; ADDRESS / PO BOX; ISO Ca K AREA CODE (S12) U MS / MRS / MR MC NICKNAME STREET ADDRESS (NO 1410 G | PHONE NUMBER 66-504 FIRST Arnold LAST Zwicke O PO BOX PLEASE): APT / | ri Segvi H | MI 5 - SUFFIX | OFFICE USE ONLY Date Received Guadalupe Co Elections: JAN 1 2 2024 Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged STATE: ZIP CODE |
|--|---|--|---|--|---|
| CANDIDATE / OFFICEHOLDEM MAILING ADDRESS Change of Address CANDIDATE/ OFFICEHOLDE PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS Residence or Busine CAMPAIGN TREASURER PHONE | R ADDRESS / PO BOX; R ISO Oa K SS AREA CODE R (S12) 4 MS / MRS / MR MC NICKNAME STREET ADDRESS (NO 255) 1410 G | LAST Ray APT / SUITE #: Springs D PHONE NUMBER 66-504 FIRST Arnold LAST Zwicke O PO BOX PLEASE): APT / | ri Segvi H | ATE: ZIP CODE ~, T+ 78155 TENSION MI S - SUFFIX | Guadalupe Co Elections; JAN 1 2 2024 Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| CAMPAIGN TREASURER ADDRESS | R ISO Cak ss AREA CODE (S12) 4 MS/MRS/MR MC NICKNAME STREET ADDRESS (NO 1410 G | PHONE NUMBER 66-504 FIRST Arnold LAST Zwicke O PO BOX PLEASE): APT / | ri Segvi H | MI S - SUFFIX | Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| CANDIDATE/ OFFICEHOLDE PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS Residence or Busine CAMPAIGN TREASURER PHONE | R AREA CODE (512) 4 MS / MRS / MR MY NICKNAME STREET ADDRESS (NO 255) 1410 G | PHONE NUMBER 66-504 FIRST Arnold LAST Zwicke O PO BOX PLEASE): APT / | EX J | MI 5 - SUFFIX | Receipt # Amount \$ Date Processed Date Imaged |
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| CAMPAIGN TREASURER ADDRESS residence or Busine CAMPAIGN TREASURER PHONE | NICKNAME STREET ADDRESS (N PSS) 1910 G | LAST Zwicke O PO BOX PLEASE): APT / | SUITE #; | S - SUFFIX | Date Imaged |
| TREASURER ADDRESS Residence or Busine CAMPAIGN TREASURER PHONE | ess) 1410 G | | SUITE #; | CITY: | STATE: 71D CODE |
| CAMPAIGN TREASURER PHONE | | IN KO. | Segui | | x 78155 |
| REPORT TYP | (830) (| PHONE NUMBER | E | XTENSION | |
| | E January 15 | 30th day before 8th day before 6 | | Runoff Exceeded Modified Reporting Limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| PERIOD COVERED | / D Month | Day Year / 4 / 202 | 23 THROUG | | /31 / 2023 |
| ELECTION | ELECTION DAT Month Day | Year Primai | ral Speci | al | 1 |
| 2 OFFICE | OFFICE HELD (if any) | | G | Acdelupe | County Sheritt |
| NOTICE FROM POLITICAL COMMITTEE | (S) | COMMITTEE NAME | INS ACCEPTED OR PO IRES MAY HAVE BEE QUIRED TO REPORT 1 | OLITICAL EXPENDITURES N MADE WITHOUT THE C THIS INFORMATION ONLY | S MADE BY POLITICAL COMMITTEES TO SUPPO ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE |
| | GENERAL | COMMITTEE ADDRESS | | | |
| Additional Pag | ges SPECIFIC | COMMITTEE CAMPAIGN | TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN | TREASURER ADD | RESS | |

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

| PLEDGES, LOANS, OF CONTRIBUTIONS MAD TOTAL POLITICAL C (OTHER THAN PLEDGE TOTAL UNITEMIZED P TOTAL UNITEMIZED P TOTAL POLITICAL E TOTAL POLITICAL CO OF REPORTING PERIO TOTAL PRINCIPAL AM LAST DAY OF THE RE | ESS, LOANS, OR GUARA POLITICAL EXPENDITUR EXPENDITURES ONTRIBUTIONS MAINTAI IOD MOUNT OF ALL OUTSTAI EPORTING PERIOD perjury, that the accomp | ANS, OR ANTEES OF LOANS RE. NED AS OF THE L NDING LOANS AS panying report is t Data Signature of the second | AN S) AST DAY OF THE true and con Candidate | \$ 0.0 \$ 7,9 \$ 3,80 \$ 0. | 00 91.67 50 86.52 05.15 00 des all information |
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| PLEDGES, LOANS, OF CONTRIBUTIONS MAD TOTAL POLITICAL C (OTHER THAN PLEDGE TOTAL UNITEMIZED P TOTAL UNITEMIZED P TOTAL POLITICAL E TOTAL POLITICAL CO OF REPORTING PERIO TOTAL PRINCIPAL AM LAST DAY OF THE RE | AR GUARANTEES OF LOADE ELECTRONICALLY) CONTRIBUTIONS SES, LOANS, OR GUARA POLITICAL EXPENDITUF EXPENDITURES ONTRIBUTIONS MAINTAI IOD MOUNT OF ALL OUTSTAI EPORTING PERIOD Derjury, that the accomp Title 15, Election Code. | ANS, OR ANTEES OF LOANS RE. NED AS OF THE L NDING LOANS AS panying report is t Data Signature of the second | S) AST DAY OF THE true and con | \$ 11,7 \$ 0.0 \$ 7,9 \$ 3,80 \$ 0. rrect and inclu | 91.67 50 86.57 05.15 00 des all information |
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| OF REPORTING PERI TOTAL PRINCIPAL AM LAST DAY OF THE RE , or affirm, under penalty of p d to be reported by me under T | IOD MOUNT OF ALL OUTSTAI EPORTING PERIOD perjury, that the accomp Title 15, Election Code. | NDING LOANS AS | OF THE true and con | \$ 3, 80 \$ 0. rrect and inclu | 00 des all information |
| LAST DAY OF THE RE | EPORTING PERIOD perjury, that the accomp Title 15, Election Code. | panying report is t | true and con | rrect and inclu | des all information |
| i to be reported by me under T | Title 15, Election Code. | Jerne Signature of | Candidate | O.L. | 2 m |
| | | | | _ day of _ | anuary |
| not Kir | stie A.Ju | ng oath | | Admins | |
| | OR | | | | |
| | | | | | |
| | , ar | nd my date of birth | h is | | |
| | | , | | | (20110tra) |
| (street) | | | | | (country) |
| County, State of | , on the | day of(mo | onth) | , 20 (year) | · |
| | | | | | |
| | ch, witness my hand and seal of path Printed (street) | Printed name of officer administeri OR , ar , (street) | ch, witness my hand and seal of office. When the transformed seal of office of the transformed seal of officer administering oath OR (street) (city) | ch, witness my hand and seal of office. When the transmission of | ch, witness my hand and seal of office. AdminS Title of officer OR , and my date of birth is,, |

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILERNA | oshna 6. Ray | Filer ID (Ethics Commission Filers) |
|-----|--------------------|---|-------------------------------------|
| 21 | SCHEDU | LE SUBTOTALS SCHEDULE | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$11,760.00 |
| 2. | \boxtimes | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 31-67 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | X | SCHEDULE E: LOANS | \$1,050,00 |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE | \$ 1, 050,00 SUTIONS \$7, 611.47 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT | RIBUTIONS \$ |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | $\mathbf{\hat{x}}$ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 375.05 |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI | NESS OF C/OH \$ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI | BUTIONS \$ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED \$ |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 f the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 2 FILER NAME Joshua 0. Ray 4 Date 5 Full name of contributor □ out-of-state PAC (ID#:______) 7 Amount of contribution (\$) 10/5/23 6 Contributor address; City; State; Zip Code 170 Lakeside Dr. Seguin, 7×78155 8 Principal occupation / Job title (See Instructions) AHORAEY 9 Employer (See Instructions) 9 Employer (See Instructions) Guadalupe County 9 Employer (See Instructions) Full name of contributor _____ out-of-state PAC (ID#:______ ___) Amount of contribution (\$) Date 10/11/23 Jason P. Lund Contributor address; City; State; Zip Code \$100.00 4190 Eckhardt Rd. Marion, Tx 78/24 Employer (See Instructions) Principal occupation / Job title (See Instructions) un Known UNKNOWN out-of-state PAC (ID#:_____) Amount of contribution (\$) Date Full name of contributor Output of contributor 10/19/24 Weston J. Frank Jr. \$350,00 Contributor address; City: State; Zip Code 78/30 78/30 Principal occupation / Job title (See Instructions) Employer (See Instructions) Makeur Makeur Full name of contributor Date Full name of contributor ______out-of-state PAC (ID#:______) Amount of contribution (\$) Date 16/18/23 Eddic Miller Contributor address; City; State; Zip Code \$350,00 156 Woodcreek Cir. McGureney TX 78123 Principal occupation / Job title (See Instructions) Employer (See Instructions) unkran/ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Revised 11/15/2022

| If the reques | sted information is not applicable, DO NOT in | clude this page in the | report. |
|-----------------|---|-------------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| FILER NAME | Joshua D. Ray | | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 5/26/23 | Chester Jenke Jr. 6 Contributor address; City; 7811 Richards R. North | a (2/50) | \$ 100.00/xx |
| Principal occu | 7811 Barbarosse Rd. New B pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) |
| n | 14 | nla | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 1/7/23 | Bobby HawKins Contributor address; City; | State; Zip Code | \$ 500.00/xx |
| | TO. DOX 1051 Segura 1 | N TOIDE | |
| Principal occuj | pation / Job title (See Instructions) | Employer (See Instruc | mons) |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 1 9 23 | Roy W. Richard Jr. Contributor address; City; 519 Main St. Schert | State; Zip Code Z TX 78154 | \$2,000,00 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
| Date | Full name of contributor out-of-state PAG | (ID#:) | Amount of contribution (\$) |
| 19/23 | Cecil E. Schulze Contributor address; City; 1227 Windsong Circle S | State; Zip Code | \$ 503.00 |
| Driveirel | pation / Job title (See Instructions) | Employer (See Instruct | ctions) |
| Principal occu | pation / Job tille (See Instructions) | | |
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| | | 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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. (0 3 Filer ID (Ethics Commission Filers) 2 FILER NAME or out-of-state PAC (ID#: 7 Amount of contribution (\$) 5 Full name of contributor 4 Date 15/23 C.A. Meyer 6 Contributor address; City; State; Zip Code \$ 700.00 1555 (2352 La Vernia, TX 78121 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_____ Full name of contributor Amount of contribution (\$) 22 23 Date Jerry C. Rebecek Contributor address; City; State; Zip Code 471 Oak Springs Dr. Seguin, TX 78155 \$50.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_____) Jone Hhan Fischer Contributor address; City; State; Zip Code 2676 Odanie I R.d. Seguin, TX 78155 Amount of contribution (\$) Date 11/28/23 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_____) David Lowsence Willborn Contributor address; City; State; Zip Code ITO Laveside Dr. Seguin, TX 78155 Amount of contribution (\$) Date 11/28/23 \$ 500.00 Employer (See Instructions) Principal occupation / Job title (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. Revised 8/17/2020 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|----------------|--|--|
| FILER NAME | Joshna O. Ray | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 19123 | Roy W. Richard Jr. 6 Contributor address; City; State; Zip Code 519 Main St. Schertz, TX 78154 | \$3,000.00 |
| Principal occu | upation / Job title (See Instructions) 9 Employer (See Instruct | tions) |
| Date | Full name of contributor out-of-state PAC (ID#) | Amount of contribution (\$) |
| 1111 | Kazuko K. Galyath Contributor address; City; State; Zip Code P.O. Box 784 McQueeney, TX 78123 | \$500.00 |
| Principal occu | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) Jim J Sharen Kaelin Contributor address; City; State; Zip Code | Amount of contribution (\$) 4250.00 |
| | Lim J. Sharen Kaelin Contributor address; City; State; Zip Code 78155 6455 Hickory Forest Dr. Sewin, 7x pation / Job title (See Instructions) Employer (See Instructions) | itions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 22/25 | William & Michelle Vanderweel contributor address: City: State: Zip Code 4890 S. Santa Clara Rd. Squin, TX 78755 | \$500.00 |
| | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

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

SCHEDULE A1

| FILER NAME Joshna. O. Ray 3 Filer ID (Ethics Commission Filers) Plate 5 Full name of contributor out-of-state PAC (D# | Joshna. O. Kay Date S Full name of contributor app://withinter.com G Contributor address; City: State: Z [Z] Z] G Contributor address; City: State: Z [Z] Z] G Contributor address; City: State: Z [Z] Z] Principal occupation / Job title (See Instructions) S Employer (See Instructions) S Employer (See Instructions) Date Full name of contributor Contributor address; City: State: ZIP Odd Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# | The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|--|--|----------------|---|---------------------------------------|
| 2 12 13 April Williams 2 12 13 April Williams 6 Contributor address; City: State: Zip Code 6 Contributor address; City: State: Zip Code 9 Employer (See Instructions) 9 Employer (See Instructions) 0 ate Full name of contributor out-of-state PAC (ID# 131 23 Apric A Sey Mov Apric A Sey Mov Contributor address; City: State: Zip Code 2010 N Ranch Estates New Brownfelstry Fl. 000 - 60 2010 N Ranch Estates New Brownfelstry Fl. 000 - 60 2010 N Ranch Estates New Brownfelstry Fl. 000 - 60 2018 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# April 123 Haeder Percent Amount of contribution (S) 1812 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100 - 00 Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (S) 1812 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100 - 00 Date Full name of contributor Out-of-state PA | 2/2/273 April Williams 2/2/273 April Williams 6 Contributor address; City: State; Zip Code 6 Contributor address; City: State; Zip Code 77868 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# | FILER NAME | Joshna. G. Ray | 3 Filer ID (Ethics Commission Filers) |
| L433 FM 1774 Navasola, TX 77868 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (S) Amount of contribution (S) Contributor address; City: State; Zip Code J18123 Full name of contributor Out-of-state PAC (ID#) Amount of contribution (S) J18123 Haeden Contributor address; City: State; Zip Code J200-00 State; Date Full name of contributor Out-of-state PAC (ID# | L433 FM 1774 Navasola, TX 77868 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# | Date | 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
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| Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1/3/123 Act CA Sey Mow State: Zip Code 78480 2018 N. Ranch Estates New Braunfels; TX Full name of contributor 98180 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18/23 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18/23 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18/23 Full name of contributor State; Zip Code \$100-00 J18/23 Full name of contributor State; Zip Code \$100-00 Date Full name of contributor State; Zip Code \$100-00 Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) J120 State; Contributor address; City; State; Zip Code \$1 | Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 1/31/3 AcroA Sey Mov State: Zip Code State: Zip Code 2010 N Rarch Estates New Broundels, in State: State: Zip Code State: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18123 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18123 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18123 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J18123 Full name of contributor Seguin TX 78155 State: Seguin S | | | etione) |
| 1131 Aaron Seymon 2131 Aaron Seymon 2010 N Ranch Estates New Brandels, New Bra | 1131 Aaron Seymon 2131 Aaron Seymon 2010 N. Ranch Estates New Brannfelstr Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution Amount of contribution (\$) J1812 Full name of contributor out-of-state PAC (ID#) Amount of contributor address; City; State; Zip Code J1812 Haeden Percend J100-00 J100-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) J100-00 Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) J100-00 Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) J123 Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) J124 WaeH L. Kande J100-00 J100-00 J124 Sate; Zip Code J100-00 J100-00 <td>Principal occu</td> <td>pation / Job title (See Instructions) 9 Employer (See Instru</td> <td>cuons)</td> | Principal occu | pation / Job title (See Instructions) 9 Employer (See Instru | cuons) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Haeden Perrenot J18123 Haeden Perrenot Contributor address; City; State; Zip Code J200 Habrele Rdi Segnin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) J 100 - 000 Amount of contribution (\$) J 100 - 000 8276 LimeRdo - Sequing TX 781555 | Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution Amount of contribution (\$) J18123 Haeden Percend Contributor address; City; State; Zip Code J201 Habrele Rdi Segnin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Mappet L. Kande Mappet L. Kande Contributor address; City; State; Zip Code J100-00 J100-00 | Date | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Haeden Perrenot J18123 Haeden Perrenot Contributor address; City; State; Zip Code J200 Habrele Rd; Segnin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor J201 Habrele Rd; Segnin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contributor Out-of-state PAC (ID#) Amount of contribution (\$) J100 - 000 J100 - 000 J100 - 000 Wight L: Kande J100 - 000 B276 LimeRdo - Sequin, TX 78155 J100 - 000 | Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Haeden Percend J18123 Haeden Percend \$100-00 Contributor address; City; State; Zip Code J201 Habrele Rdi Segnin, TX 78155 \$100-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100-00 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) J1100-000 State; Zip Code \$100-000 Mapped Contributor address; City; State; Zip Code \$276 LimeRdo. Sequing TX 781555 \$100-00 | 113/23 | Contributor address; City; State; Zip Code 754 | \$1,000.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Haeden Percend \$ | Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Haeden Percend \$ | | 2010 N. Ranch Estates New Brounfels, Tr | |
| 118123 Haeden Perrenot Contributor address; City; State; Zip Code 1201 Habrele Rd, Segnin, TX 78155 \$100-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) 12123 Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) 12123 State; City; State; Zip Code 12124 State; Zip Code \$100-00 | 118123 Haeden Perrenot Contributor address; City; State; Zip Code IZO Haber PR Rd, Segnin, TX 78155 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) J12123 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) J12123 Full name of contributor address; City; State; Zip Code J21243 S276 LimeRd. Segnin, TX 78155 J100-000 | | | |
| Contributor address; City; State; Zip Code Difference Id I Habricle Rd, Segnin, TX 78155 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Signin, TX, 78155 State; Zip Code J 100-000 Bath Contributor address; City; State; Zip Code J 100-000 | Contributor address; City; State; Zip Code State; Zip Code Id Habricle Rd, Segnin, TX 78155 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Jain Nach L. Kande State; Zip Code J 100-000 Zip Zip Code 8276 Lime Rd. Scawn, TX 78155 State; Zip Code | | | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Full name of contributor Mart L. Kande Contributor address; City: State; Zip Code 8276 LimeRd. Scawn, TX 78155 | Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contributor Amount of contribution (\$) Date NgeH L. Kande Date State; Zip Code Ball State; Zip Code Ball State; Zip Code | 118/23 | Contributor address; City; State; Zip Code | \$100-00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Amount of contribution (\$) J1J1123 Wacht L. Kande Contributor address; City; State; Zip Code 8276 LimeRa. Scawn, TX 78155 J 100-00 | Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contributor Amount of contribution (\$) Date NgcH L. Kande Date NgcH C. Kande Date NgcH C. Kande Date State; Zip Code J 100-00 8276 LimeRa. Scawn TX 78155 D 100-00 | L | 1201 Haberle Rd. Seguin, TX 78155 | |
| 1212723 Wyat L. Knnde Contributor address; City; State; Zip Code \$ 100.00 8276 Lime Ro. Scowing TX 78155 | 12/27/23 NgaH L. Kande Contributor address; City; State; Zip Code \$ 100-00 8276 Lime Ro. Scanny TX 78155 | Principal occu | | ictions) |
| 12/2 Contributor address; City: State: Zip Code D100-00 8276 LimeRo. Scanny TX 78155 | 212 Contributor address; City; State; Zip Code D 100:00 8276 Lime Rd. Scening TX 78155 | Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 8276 Lime Rd. Seguin, TX 78155 | 8276 Lime Rd. Seguin, TX 78155 | 2127/23 | | \$ 100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | Principal occupation / Job title (See Instructions) Employer (See Instructions) | le. | 8276 Lime Ro. Scould, TX 78155 | |
| | | Principal occu | pation / Job title (See Instructions) Employer (See Instru | uctions) |
| | | | | |
| | | | | |
| | | | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | NEEDED |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | If contributor is out-of-state PAC, please see instruction guide for addition | |

MONETARY POLITICAL CONTRIBUTIONS

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

SCHEDULE A1

| The | Instruction Guide explains how to cor | nnlete this form | 1 Total pages Schedule A1: |
|----------------|---|--|---|
| FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| D | 5 Full name of contributor ou | t-of-state PAC (ID#: | _) 7 Amount of contribution (\$) |
| 2 2 9 23 | Clint Pulpan 6 Contributor address; C | ity; State; Zip Code | \$ 100.00 |
| | 890 Tom Creck Ln | 9 Employer (See Inst | 133 |
| Principal occu | µpation / Job title (See Instructions) ∧) G | n 1A | |
| Date | Full name of contributor ou Jason Confreras | | |
| 2 30 23 | Contributor address; C | City; State; Zip Code | \$ 50.00 |
| | 815 Main St. Scher | +2, 5× 78154 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Inst | tructions) |
| Date | Full name of contributor ou | ut-of-state PAC (ID#: | _) Amount of contribution (\$) |
| | | City; State; Zip Code | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Ins | tructions) |
| Date | Full name of contributor or | ut-of-state PAC (ID#: |) Amount of contribution (\$) |
| | | City; State; Zip Code | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Ins | structions) |
| | | | |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONA | AL COPIES OF THIS SCHEDULE A ase see Instruction guide for addition | AS NEEDED onal reporting requirements. |
| | y Texas Ethics Commission | www.ethics.state.tx.us | Revised 8/17 |

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 for | ·m. | 1 Total pages Sched | ule A2: |
|----|---|-------------------|--|---|
| 2 | FILER NAME Jostina O. Ray | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 | TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI | IBUTIONS | \$ 31.6 | 7 |
| 5 | Date 6 Full name of contributor [] out-of-state PAC (ID#: 23 Shell n SpoScri |) | Contribution \$ | 9 In-kind contribution description |
| ۲, | 2,27 Shell & Sposeri 7 Contributor address; City; State; P.O. Box 1304 Segnin, TX 7 | Zip Code 8-156 | Check if travel outsi | de of Texas. Complete Schedule T. |
| 10 | Principal occupation / Job title (FOR, NON-JUDICIAL) (See Instructions) | 11 Employe | FOR NON-JUDICI | sed |
| 12 | Contributor's principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JU | DICIAL) (See Instructions) |
| 14 | Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 | If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | Date Full name of contributor [] out-of-state PAC (ID#: |) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; | Zip Code | Check if travel outsi | de of Texas. Complete Schedule T. |
| | Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) |) Employ | er (FOR NON-JUDICI | AL)(See Instructions) |
| | Contributor's principal occupation (FOR JUDICIAL) | Contrib | utor's job title (FOR JU | JDICIAL) (See Instructions) |
| | Contributor's employer/law firm (FOR JUDICIAL) | Law firr | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| | If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc | THIS SCHED | ULE AS NEEDED r additional reportin | g 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 com | plete this form. | 1 Total pages Schedule E: |
|----|---|--|---|
| 2 | | | |
| 2 | FILER NAME Joshina O. Ray | | 3 Filer ID (Ethics Commission Filers) |
| 4 | TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 | Date of Ioan 7 Name of lender out-of-state | e PAC (ID#:) | 9 Loan Amount (\$) |
| ۱ | 014/2023 Joshna O. Ray | X | \$ 50.00 |
| 6 | Is lender a financial Institution? 150 Oak Springs | State; Zip Code | 10 Interest rate C · OC /· 11 Maturity date |
| | Y (N) Seguin. TX | 78155 | n (ら |
| 12 | Principal occupation / Job title (See Instructions) Law Enforce ment | 13 Employer (See Instructions) Guedelupe Coun | ty sheatf's office |
| 14 | Description of Collateral | 15 | ds were deposited into political |
| 16 | GUARANTOR 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; | State; Zip Code | |
| 20 | Principal Occupation (See Instructions) | 21 Employer (See Instructions) | |
| 1 | Date of loan Name of lender Out-of-state | | Loan Amount (\$) |
| | Is lender a financial Institution? 150 Oak Springs | State; Zip Code | Interest rate G • 0 0 /· Maturity gate |
| | Y (N) Sequin, TX 7 | 8153 | nlG |
| L | Principal occupation / Job title (See Instructions) GW Enforcement | Employer (See Instructions) | Sherif's Office |
| | Description of Collateral | | is were deposited into political |
| | GUARANTOR Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | |
| | Principal Occupation (See Instructions) | Employer (See Instructions) | |
| _ | ATTACH ADDITIONAL COF If lender is out-of-state PAC, please see In | PIES OF THIS SCHEDULE AS NEE | |

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) | | | | | |
|-----|---|---|--|--|--|--|
| | dvertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice redit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) | | | | |
| | | The Instruction Guide explains how to complete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME Shua O. Ray | | | | |
| 4 | Date 1120/23 | 5 Payee name United States Postal Service | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| ¥ . | 125.00 | 531 W. Court St. Seguin, TX 78155 | | | | |
| 8 | | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | PURPOSE OF EXPENDITURE | Other P.O. Box Restal & Kay | | | | |
| | | (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/OF | Candidate / Officeholder name Office sought Office held | | | | |
| L | Date) /21 /23 | Payee name Internal Revenue Service (IRS) | | | | |
| _ | | | | | | |
| \$ | Amount (\$) | Stop 6525 (SP CIS) Kansascity, Mo 64999-002.5 | | | | |
| | | Category (See Categories listed at the top of this schedule) Description | | | | |
| | PURPOSE OF EXPENDITURE | Accounting / Banking Tax 10 Number / EIN | | | | |
| | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| 1 | 1/28/23 | Square space | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$ | 273.20 | 225 Varick Street, 12th Stor, New York, NY 10014 | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description Websit Platform Provider | | | | |
| | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | Complete <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 | | | | |
| | | Bevised 11/15/2022 | | | | |

Forms provided by Texas Ethics Commission

| | | EXPENDITURES MADE TICAL CONTRIBUTIONS SCHEDULE F1 |
|----|--|---|
| | If the requested info | ormation 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 B Candidate/Officeholder/Politica redit Card Payment | t interior out of choice |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | 4 | Joshua O. Kay |
| | Date 128/23 | 5 Payee name April Williams |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$ | 1,200.00 | 6433 FM 1774 Nevasota, TX 77868 |
| 8 | | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | PURPOSE OF EXPENDITURE | Advertising Expense Webside Design |
| | | (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/OF | Candidate / Officeholder name Office sought Office held |
| | Date | Payee name |
| 1 | 121/23 | Ups & Grounds |
| | Amount (\$) | Payee address; City; State; Zip Code |
| - | 21.11 | P.o. Box 1304 Seguin, TX 78156 |
| | | Category (See Categories listed at the top of this schedule) Description |
| | PURPOSE OF EXPENDITURE | Advertising Expens 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 |
| - | Date | Payee name |
| ۱ | 1/28/23 | JVC Media, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| \$ | 3956.55 | 3106 Fall crest Dr. San Antonio, TX 78247 |
| | | Category (See Categories listed at the top of this schedule) Description |
| | PURPOSE OF EXPENDITURE | Printing Expense Compedian 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 |
| | | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |

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Revised 11/15/2022

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) O, Kan Ioshna 4 Date 5 Payee name Associates 123 11/317 Payee address; 6 Amount (\$) City: State: Zip Code \$ 500.00 303 El Paso #209 Son Antonio, TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Political Consulting PURPOSE Consulting Expense OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date GFOJ Associates Pavee address: 12/31/23 Amount (\$) City: State; Zip Code 303 El Paso #209 San Antonio \$ 500.00 Category (See Categories listed at the top of this schedule) Political Consultine PURPOSE Consulting Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date VC Media 2/7/23 Amount (\$ City; State: Zip Code 3106 Fall Crest Dr. ix 78247 503 36 San Antonio PURPOSE Printing Expense Campaign Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 | S FOR BOX 8(a) | |
|---|---|---|---------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing | verhead/Rental Expense Transportation Expense Travel In Distri Expense Travel Out Of I Wages/Contract Labor Other (enter a c | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (| Ethics Commission Filers) |
| 4 | Joshua O. Ray | | |
| ⁴ Date 12/8/23 | 5 Payee name | ily News | |
| 6 Amount (\$) | 7 Payee address; | City; State | e; Zip Code |
| \$199.60 | 609 E. Court St. 5 | Equin, TX 78 | 155 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (6) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Radio Lommer | cia l |
| | (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/OF | Candidate / Officeholder name H | Office sought | Office held |
| Date 11 /27 / 23 | Payee name Hobby Lobby | | |
| Amount (\$) | Payee address; | City; State | ; Zip Code |
| \$16.21 | 360 Creekside Way N | Icu Braunfels, TX | 78130 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Christmas Deco For Parades | rations |
| | 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 | | |
| 12/31/23 | Stripe.com (| 1 | |
| Amount (\$) | Payee address; | City; State | 0.1.20 |
| \$38.04 | 354 Oyster Point B | lvd. South Son Franci | sco, CA |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (vd. South Son Franci Description Payment Platform Jonation collection | n for website |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder | |
| 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 | |

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Revised 11/15/2022

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 Candidate/Officeholder/Politie Credit Card Payment | | | | | |
| 1 Total pages Schedule G: | 2 FILER NAME Joshua O. Ray 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 1/22/23 | 5 Payee name GC Daddy-con, LLC | | | | |
| 6 Amount (\$) 7 - 8-3 Reimbursement from | 7 Payee address; 2155 E. Golady Way City; State; Zip Code | | | | |
| political contributions intended | Tempe, AZ 85284 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description Webside Damain (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 | Go Daddy, com, LLC | | | | |
| Amount (\$) 536:50 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2155 E. Go Daddy Way Tempe, AZ 85284 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description Office Website Domain 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/ | Candidate / Officeholder name Office sought Office held | | | | |
| Date/8/23 | 8/23 Desiree Gerland | | | | |
| Amount (\$) 5 / 50 - 00 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 846 Schumacher Dr. New Braunfel, TX 78/30 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description Other Graphics Design 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 | | | | | |

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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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense 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 Credit Card Payment Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) | | | | | |
| 1 Total pages Schedule G: | 2 FILER NAME Joshuc O. Ray | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 10/4/23 | 5 Payee name CampaignPartner.com, Date Ecology LLC | | | | |
| 6 Amount (\$) 49.00 Reimbursement from | 7 Payee address; | City; | State; Zip Code | | |
| political contributions intended | P.O Box 118 Still River, MA 01467 | | | | |
| 8 OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Website Check if Austin | Platfarn TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name CampaignPartner.com, | Date E | cology LLC | | |
| Amount (\$) 9 9 9 00 Reimbursement from political contributions intended | Payee address; P.O. Box 118 Still Riv | City; | State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Website | Platform , TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name | Office sought | Office held | | |
| Date 16/23 | Payeename Vista Print | | | | |
| Amount (\$) 3.2.7.7.7 Reimbursement from political contributions intended | 275 Nyman Street Walt | city; than MA | State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Custon Ch Compaign A | ECKS For CLOUNT | | |
| 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 | | | | | |