

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 20		<b>OFFICE USE ONLY</b> <del>Guadalupe Co Elections</del> Date Received <b>JAN 16 2024</b> <b>TINA ROBINSON</b> Received Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Joshua	MI O.		
	NICKNAME Ray	LAST Ray	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify)		
5 ORIGINAL PERIOD COVERED	Month      Day      Year	Month      Day      Year			

6 EXPLANATION OF CORRECTION  
 Forget to add filing fee for GOP to Section 6. This was added then totals on lower sheet pgs. 2-3 corrected along with page numbers.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Joshua O. Ray*  
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit  
 Sworn to and subscribed before me by Joshua Ray this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.  
Stephanie Harrison      Stephanie Harrison      Admin. Assistant  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration  
 My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

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

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

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

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

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

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>18</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Joshua</b>	MI <b>O.</b>
	NICKNAME	LAST <b>Ran</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>150 Oak Springs Dr.</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Seguin, TX 78155</b>
	AREA CODE <b>(512)</b>	PHONE NUMBER <b>466-5044</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>Mr.</b>	FIRST <b>Arnold</b>	MI <b>S.</b>
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST <b>Zwicke</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1410 Gin Rd. Seguin, TX 78155</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(830)</b>	PHONE NUMBER <b>660-6688</b>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>10 / 4 / 2023</b> THROUGH <b>12 / 31 / 2023</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 5 / 2024</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Guadalupe County Sheriff</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received  
**Guadalupe Co Elections**

**JAN 16 2024**

**Received**

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Date Hand-delivered or Date Postmarked

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Receipt #	Amount \$

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Date Processed

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Date Imaged

**GO TO PAGE 2**



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <u>Joshua O. Ray</u>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ <u>11,791.67</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,736.52</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,055.15</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Joshua O. Ray  
Signature of Candidate or Officeholder

**Please complete either option below:**



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

Stephanie Harrison                      Stephanie Harrison                      Admin. Assistant  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

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

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

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

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



ҚАЗАҚСТАН РЕСПУБЛИКАСЫНЫҢ БІЛІМ ЖӘНЕ ҒЫЛЫМ МИНИСТРЛІГІ

# 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 NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,760.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 31.67
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,050.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,611.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,125.05
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/5/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Lawrence Willborn</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>170 Lakeside Dr. Seguin, TX 78155</b>		

8 Principal occupation / Job title (See Instructions) <b>Attorney</b>	9 Employer (See Instructions) <b>Guadalupe County</b>
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Date <b>10/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason P. Lund</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>4190 Eckhardt Rd. Maric, TX 78124</b>		

Principal occupation / Job title (See Instructions) <b>unknown</b>	Employer (See Instructions) <b>unknown</b>
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Date <b>10/19/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Weston J. Frank Jr.</b>	Amount of contribution (\$) <b>\$ 350.00</b>
Contributor address; City; State; Zip Code <b>445 Ferryboat Ln. New Braunfels, TX 78130</b>		

Principal occupation / Job title (See Instructions) <b>unknown</b>	Employer (See Instructions) <b>unknown</b>
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Date <b>10/18/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eddic Miller</b>	Amount of contribution (\$) <b>\$ 350.00</b>
Contributor address; City; State; Zip Code <b>156 Woodcock Cir. McGueeny, TX 78123</b>		

Principal occupation / Job title (See Instructions) <b>unknown</b>	Employer (See Instructions) <b>unknown</b>
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**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: <b>6</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/26/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Chester Jenke Jr.</b>	7 Amount of contribution (\$) <b>\$100.00/x</b>
6 Contributor address; City; State; Zip Code <b>7811 Barboursse Rd. New Braunfels, TX 78130</b>		
8 Principal occupation / Job title (See Instructions) <b>n/a</b>		9 Employer (See Instructions) <b>n/a</b>
Date <b>11/7/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bobby Hawkins</b>	Amount of contribution (\$) <b>\$500.00/x</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1839 Seguin, TX 78156</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/9/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Roy W. Richard Jr.</b>	Amount of contribution (\$) <b>\$2,000.00/x</b>
Contributor address; City; State; Zip Code <b>519 Main St. Schertz, TX 78154</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/9/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cecil E. Schulze</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1227 Windsong Circle Seguin, TX 78155</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/15/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>C. A. Meyer</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>1555 CR352 La Vernia, TX 78121</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>11/22/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jerry C. Rebeck</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>471 Oak Springs Dr. Seguin, TX 78155</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>11/28/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jonathan Fischer</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>2676 Odaniel Rd. Seguin, TX 78155</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>11/28/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Lawrence Willborn</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>170 Lakeside Dr. Seguin, TX 78155</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/23	5 Full name of contributor out-of-state PAC (ID#: _____) Ray W. Richard Jr. 6 Contributor address; City; State; Zip Code 514 Main St. Schertz, TX 78154	7 Amount of contribution (\$) \$3,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 12/7/23	Full name of contributor out-of-state PAC (ID#: _____) Kazuko K. Galvath Contributor address; City; State; Zip Code P.O. Box 784 McQueeney, TX 78123	Amount of contribution (\$) \$500.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/21/23	Full name of contributor out-of-state PAC (ID#: _____) Jim & Sharon Kaelin Contributor address; City; State; Zip Code 6455 Hickory Forest Dr. Seguin, TX 78155	Amount of contribution (\$) \$250.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/22/23	Full name of contributor out-of-state PAC (ID#: _____) William & Michelle Vanderwee Contributor address; City; State; Zip Code 4890 S. Santa Clara Rd. Seguin, TX 78155	Amount of contribution (\$) \$500.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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: <b>6</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/12/23</b>	5 Full name of contributor <b>April Williams</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$10.00</b>
6 Contributor address; City; State; Zip Code <b>6433 FM 1774 Navasota, TX 77868</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>12/13/23</b>	Full name of contributor <b>Aaron Seymour</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>2010 N. Ranch Estates New Braunfels, TX 78130</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>12/18/23</b>	Full name of contributor <b>Haeden Perrenot</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1201 Haberkle Rd. Seguin, TX 78155</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>12/27/23</b>	Full name of contributor <b>Wright L. Kunde</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>8276 Lime Rd. Seguin, TX 78155</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: <b>6</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/29/23</b>	5 Full name of contributor <b>Clint Pulpan</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>890 Tom Creek Ln. Canyon Lake, TX 78133</b>		
8 Principal occupation / Job title (See Instructions) <b>n/a</b>		9 Employer (See Instructions) <b>n/a</b>

Date <b>12/30/23</b>	Full name of contributor <b>Jason Contreras</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>815 Main St. Schertz, TX 78154</b>		
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>31.67</b>	
5 Date <b>11-21-23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shelly Spasari</b>	8 Amount of Contribution \$ <b>31.67</b>	9 In-kind contribution description <b>Name Tag</b>
7 Contributor address; City; State; Zip Code <b>P.O. Box 1304 Seguin, TX 78156</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Business Owner</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Self-employed</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# LOANS

# SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>10/4/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Joshua O. Ray</b>	9 Loan Amount (\$) <b>\$ 50.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>150 Oak Springs Dr. Seguin, TX 78155</b>	10 Interest rate <b>0.00 %</b>
		11 Maturity date <b>n/a</b>
12 Principal occupation / Job title (See Instructions) <b>Law Enforcement</b>		13 Employer (See Instructions) <b>Guadalupe County Sheriff's Office</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>11/29/23</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Joshua O. Ray</b>	Loan Amount (\$) <b>\$1,000.00</b>
Is lender a financial institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>150 Oak Springs Dr. Seguin, TX 78155</b>	Interest rate <b>0.00 %</b>
		Maturity date <b>n/a</b>
Principal occupation / Job title (See Instructions) <b>Law Enforcement</b>		Employer (See Instructions) <b>Guadalupe County Sheriff's Office</b>
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | 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 Candidate/Officeholder/Political Committee | 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)  |

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>11/20/23</b>	5 Payee name <b>United States Postal Service</b>	
6 Amount (\$) <b>\$125.00</b>	7 Payee address; City; State; Zip Code <b>531 N. Court St. Seguin, TX 78155</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>other</b>	(b) Description <b>P.O. Box Rental &amp; Key</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>11/21/23</b>	Payee name <b>Internal Revenue Service (IRS)</b>	
Amount (\$) <b>\$279.00</b>	Payee address; City; State; Zip Code <b>Stop 6525 (SP 015) Kansas City, MO 64999-0025</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description <b>Tax ID Number / EIN</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>11/28/23</b>	Payee name <b>Squarespace</b>	
Amount (\$) <b>\$273.20</b>	Payee address; City; State; Zip Code <b>225 Varick Street, 12th Floor, New York, NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>Website Platform Provider</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: **4**      2 FILER NAME: **Joshua O. Ray**      3 Filer ID (Ethics Commission Filers)

4 Date: **11/28/23**      5 Payee name: **April Williams**

6 Amount (\$): **\$1,200.00**      7 Payee address; City; State; Zip Code: **6433 FM 1774 Navasota, TX 77868**

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<b>Advertising Expense</b>	<b>Website Design</b>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date: **11/21/23**      Payee name: **Ups & Grounds**

Amount (\$): **\$21.11**      Payee address; City; State; Zip Code: **P.O. Box 1304 Seguin, TX 78156**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<b>Advertising Expens</b>	<b>Additional Name Tags</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date: **11/28/23**      Payee name: **JVC Media, LLC**

Amount (\$): **\$3956.55**      Payee address; City; State; Zip Code: **3106 Fall Crest Dr. San Antonio, TX 78247**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<b>Printing Expense</b>	<b>Campaign Signs</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM 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>4</b>		2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/31/23</b>		5 Payee name <b>GFD &amp; Associates</b>			
6 Amount (\$) <b>\$500.00</b>		7 Payee address; City; State; Zip Code <b>303 El Paso #209 San Antonio, TX 78207</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>Political Consulting</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/31/23</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>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Political Consulting</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/7/23</b>		Payee name <b>JVC Media, LLC</b>			
Amount (\$) <b>\$503.36</b>		Payee address; City; State; Zip Code <b>3106 Fall Crest Dr. San Antonio, TX 78247</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Campaign Signs</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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 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 Candidate/Officeholder/Political Committee | 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)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4**      2 FILER NAME: **Joshua O. Ray**      3 Filer ID (Ethics Commission Filers)

4 Date: **12/8/23**      5 Payee name: **KWED - Seguin Daily News**

6 Amount (\$): **\$199.00**      7 Payee address; City; State; Zip Code: **609 E. Court St. Seguin, TX 78155**

8 PURPOSE OF EXPENDITURE: **Advertising Expense**      (a) Category (See Categories listed at the top of this schedule)      (b) Description: **Radio Commercial**

(c)  Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

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

Date: **11/27/23**      Payee name: **Hobby Lobby**

Amount (\$): **\$16.21**      Payee address; City; State; Zip Code: **360 Creekside Way New Braunfels, TX 78130**

PURPOSE OF EXPENDITURE: **Other**      Category (See Categories listed at the top of this schedule)      Description: **Christmas Decorations for Parades**

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: **12/31/23**      Payee name: **Stripe.com**

Amount (\$): **\$38.04**      Payee address; City; State; Zip Code: **354 Oyster Point Blvd. South San Francisco, CA 94080**

PURPOSE OF EXPENDITURE: **Fees**      Category (See Categories listed at the top of this schedule)      Description: **Payment Platform for website donation collection through**

Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM 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           |
| 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.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Joshua O. Ray	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 7/22/23	<b>5</b> Payee name GoDaddy.com, LLC
--------------------------	---

<b>6</b> Amount (\$) 67.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 2155 E. GoDaddy Way Tempe, AZ 85284	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Website Domain
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/7/23	Payee name GoDaddy.com, LLC
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Amount (\$) \$36.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2155 E. GoDaddy Way Tempe, AZ 85284	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Website Domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/8/23	Payee name Desiree Gerland
-----------------	-------------------------------

Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 846 Schumacher Dr. New Braunfels, TX 78130	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Graphics Design
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>Joshua O. Ray</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/4/23</b>	<b>5</b> Payee name <b>CampaignPartner.com, Data Ecology LLC</b>	
<b>6</b> Amount (\$) <b>\$49.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 118 Still River MA 01467</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b)</b> Description <b>Website Platform</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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>11/4/23</b>	Payee name <b>CampaignPartner.com, Data Ecology LLC</b>	
Amount (\$) <b>\$49.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 118 Still River, MA 01467</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Website Platform</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>11/6/23</b>	Payee name <b>Vista Print</b>	
Amount (\$) <b>\$22.72</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>275 Wyman Street Waltham, MA 02451</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>cash checks for campaign account</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM 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           |
| 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.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Joshua O. Ray	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/11/2023	<b>5</b> Payee name Guadalupe County GOP	
<b>6</b> Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code Seguin, TX 78155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Filing Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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