

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>15</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Joshua</b> MI: <b>O</b> NICKNAME: _____      LAST: <b>Ray</b> SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> Date Received <b>Guadalupe Co Elections</b>  <b>FEB 05 2024</b>  Received <i>TINA ROBINSON</i> Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>150 Oak Springs Dr. Seguin, TX 78155</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>( 512 )      466-5044</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Arnold</b> MI: <b>S</b> NICKNAME: _____      LAST: <b>Zwicke</b> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>1410 Gin Rd. Seguin, TX 78155</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>( 830 )      660-6688</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 1 / 24      THROUGH      1 / 25 / 24</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>3 / 5 / 24</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary      Runoff      Other Description <input type="checkbox"/> General      Special      _____	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Guadalupe County Sheriff</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>   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	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

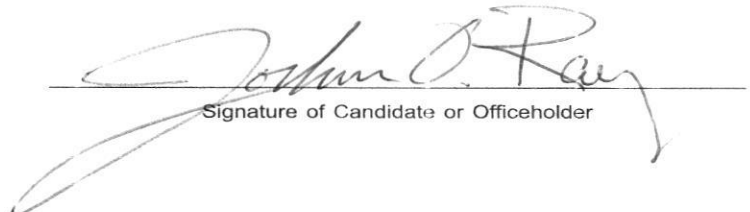
**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Joshua O. Ray		<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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>12,500.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>5,447.37</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>10,107.78</b>

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

  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Joshua O. Ray this the 5 day of February,  
2024, to certify which, witness my hand and seal of office.  
Kirstie A. Jurek Kirstie A. Jurek Admin Supervisor  
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)



AMERICAN MANUFACTURING ASSOCIATION

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Joshua O. Ray

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME  
**Joshua O. Ray**

3 Filer ID (Ethics Commission Filers)

4 Date  
**01/05/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Brian Lumpkin**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**3631 Archer Blvd. New Braunfels, TX 78132**

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**01/09/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Jeff Mund**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**887 Lone Star Dr. New Braunfels, TX 78130**

**200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/17/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Alexander Roig**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**3003 Northwest Loop 410 Ste. 204 San Antonio, TX 78230**

**1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/18/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Shawn Brown**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**540 S. St. Mary's St. San Antonio, TX 78205**

**1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/17/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Anthony B. Cantrell</b> 6 Contributor address; City; State; Zip Code <b>111 Cantrell Way New Braunfels, TX 78132</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kim and Debra Grier</b> Contributor address; City; State; Zip Code <b>4822 Weil Rd. Marion, TX 78124</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/03/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Randi Lowery</b> Contributor address; City; State; Zip Code <b>713 Mesa Verde Schertz, TX 78154</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/04/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>John Pollock</b> Contributor address; City; State; Zip Code <b>P.O. Box 400 Snook, TX 77878</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **7**

2 FILER NAME  
**Joshua O. Ray**

3 Filer ID (Ethics Commission Filers)

4 Date  
**01/09/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Cesar R. Serna**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**237 W. Travis St. STE. 100 San Antonio, TX 78205**

**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**01/16/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Lahood and Norton PLLC**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**40 NE Loop 410 Ste. 525 San Antonio, TX 78216**

**1,250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/16/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Neil Calfas**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**310 S. Saint Marys St. San Antonio, TX 78205**

**1,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/16/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**David Christian**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**1800 Mccullough Ave. San Antonio, TX 78212**

**750.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

7

2 FILER NAME

Joshua O. Ray

3 Filer ID (Ethics Commission Filers)

4 Date

01/04/2024

5 Full name of contributor

Karen Cushman McMillan

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

348 Lake Ridge Dr. Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/15/2024

Full name of contributor

Richard and Janice Willborn

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

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

10 Legacy Park San Antonio, TX 78257

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/17/2024

Full name of contributor

Jonathan Fischer

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2076 Odaniel Rd. Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/17/2024

Full name of contributor

Larry and Yvonne Baumann

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

13011 Lower Seguin Rd. Unit 2 Schertz, TX 78154

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/20/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>E.W. Forbess</b> 6 Contributor address; City; State; Zip Code <b>7443 Silent Path San Antonio, TX 78250</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>01/22/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia Cryer</b> Contributor address; City; State; Zip Code <b>297 Sandy Oaks Dr. Seguin, TX 78155</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>01/23/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tommy P Lehman &amp; Caroylyn D Lehman Trustees fo the Lehman Living Trust</b> Contributor address; City; State; Zip Code <b>172 Lake Ridge Dr. Seguin, TX 78155</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>01/24/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia A Roberson</b> Contributor address; City; State; Zip Code <b>4015 Lower Seguin Rd. Cibolo, TX 78108</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME  
**Joshua O. Ray**

3 Filer ID (Ethics Commission Filers)

4 Date  
**01/23/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Billy J. Chambers**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**P.O. Box 725 McQueeney, TX 78123**

**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**01/23/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**RandallandNancySchneider**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**2290 Gin Rd. Seguin, TX 78155**

**150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/23/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Marilyn Hartman & Stanley J Naumann**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**121 Indian Trail Seguin, TX 78155**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/24/2023**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Barbara Troast**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**734 Muehl Rd Seguin, TX 78155**

**200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Joshua O. Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/25/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Evelyn and Ford Martin</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>917 N Heideke St. Seguin, TX 78155</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>01/22/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jackie and Charlene Nolte</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>4907 FM 1044 New Braunfels, TX 78130</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)

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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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Joshua O. Ray</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/03/2024</b>	<b>5</b> Payee name <b>JVC Media, LLC</b>	
<b>6</b> Amount (\$) <b>465.49</b>	<b>7</b> Payee address; City; State; Zip Code <b>3016 Fall Crest Dr. San Antonio, TX 78247</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Campaign Signs</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>01/04/2024</b>	Payee name <b>Guadalupe Printing Solutions</b>	
Amount (\$) <b>102.84</b>	Payee address; City; State; Zip Code <b>107 N. Camp St. Seguin, TX 78155</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Business Cards</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>01/03/2024</b>	Payee name <b>April Williams</b>	
Amount (\$) <b>595.00</b>	Payee address; City; State; Zip Code <b>6433 FM 1774 Navasota, TX 77868</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising/ Media</b>	Description <b>Soical media marketing</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | 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 F1: <b>4</b>	<b>2</b> FILER NAME <i>Joshua O. Ray</i>	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	---------------------------------------------	----------------------------------------------

<b>4</b> Date <b>01/09/2024</b>	<b>5</b> Payee name <b>Guadalupe Printing Solutions</b>
------------------------------------	------------------------------------------------------------

<b>6</b> Amount (\$) <b>171.04</b>	<b>7</b> Payee address; City; State; Zip Code <b>107 N. Camp St. Seguin, TX 78155</b>
---------------------------------------	------------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	<b>(b)</b> Description <b>Meet N Greet Flyers</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>01/14/2024</b>	Payee name <b>Tractor Supply Co.</b>
---------------------------	-----------------------------------------

Amount (\$) <b>220.40</b>	Payee address; City; State; Zip Code <b>840 Loop 337 New Braunfels, TX 78130</b>
------------------------------	-------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>T-posts for political signs</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

Date <b>01/16/2024</b>	Payee name <b>Up's &amp; Grounds</b>
---------------------------	-----------------------------------------

Amount (\$) <b>21.33</b>	Payee address; City; State; Zip Code <b>PO BOX 1304 Seguin, TX 78156</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Name Tags</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: <b>4</b>	<b>2</b> FILER NAME <i>Joshua O. Ray</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/11/2024</b>	<b>5</b> Payee name <b>Print This. LLC</b>	
<b>6</b> Amount (\$) <b>983.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>13330 N State Hwy 123, Seguin, TX 78155</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>T-shirts</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>01/12/2024</b>	Payee name <b>JVC Media, LLC</b>		
Amount (\$) <b>2,120.63</b>	Payee address; City; State; Zip Code <b>3106 Fall Crest Dr. San Antonio, TX 78247</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Signs</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/>	Office held <input type="checkbox"/>

Date <b>01/12/2024</b>	Payee name <b>KWED-Seguin Daily News</b>		
Amount (\$) <b>125.00</b>	Payee address; City; State; Zip Code <b>609 E Court St Seguin, TX 78155</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Radio Advertisement/Guadalupe County Youth Show</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/>	Office held <input type="checkbox"/>

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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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Joshua O. Ray</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/23/2024</b>	<b>5</b> Payee name <b>Guadalupe Printing Solutions</b>	
<b>6</b> Amount (\$) <b>48.71</b>	<b>7</b> Payee address; City; State; Zip Code <b>107 N. Camp St. Seguin, TX 78155</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Printed Invitations</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>01/16/2024</b>	Payee name <b>Harbor Freight</b>	
Amount (\$) <b>33.39</b>	Payee address; City; State; Zip Code <b>1500 E Court St. Ste. 480 Seguin, TX 78155</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Signs Supplies</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>01/25/2024</b>	Payee name <b>GFD &amp; Associates</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>303 El Paso #209 San Antonio, TX 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Political Consulting</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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: 1	<b>2</b> FILER NAME Joshua O. Ray	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/17/2024	<b>5</b> Payee name The UPS Store	
<b>6</b> Amount (\$) 19.25 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 562 S St. Hwy 123 Byp Seguin, TX 78155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Meet and Greet
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/17/2024	Payee name Dollar Tree	
Amount (\$) 20.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 468 S State. Hwy 123 Seguin, TX 78155	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Decorations
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/17/2024	Payee name Dollar Tree	
Amount (\$) 20.30 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 257 Creekside Crossing New Braunfels, TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Decorations
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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