## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

-	10 Parage and a second se				
-	The C/OH Instruction (	Buide explains how	c complete this form.	1 Filer ID (Ethics Commission File	<sup>2</sup> Total pages filed: 15
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Joshua	MI O	OFFICE USE ONLY
	NAME	NICKNAME	LAST Ray	SUFFIX	Guadalupe Co Elections
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 150 Oak Spri	APT / SUITE #: ngs Dr. Seguin, T	CITY; STATE; ZIP CODE	FEB 2 6 2024
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER	EXTENSION	Cale Hand-delivered of Date Postmarked
6	CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Arnold LAST Zwicke	MI S SUFFIX	Date Imaged
<b>7</b>	CAMPAIGN TREASURER ADDRESS esidence or Business)		NO PO BOX PLEASE); APT / : Seguin, TX 7815		STATE; ZIP CODE
8	CAMPAIGN TREASURER PHONE	area code ( <b>830</b> )	PHONE NUMBER	EXTENSION	
9	REPORT TYPE	January 15 July 15	30th day before e	Fuggeded Medific	d Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month 1	Day Year 26 / 24	THROUGH 2	nth Day Year / 24 / 24
11	ELECTION	ELECTION DA Month Day 3 5	TE Vear Primary 24 Genera	Descripti	
12	OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If K Guadalupe C	
14	NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE JIRED TO REPORT THIS INFORMATION ONL	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
			GO TO	PAGE 2	

Forms provided by Texas Ethics Commission

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Joshua O. Ray						16 Filer	ID (Et	hics Cor	n <b>mission</b> F	Filers)
17 CONTRIBUTION TOTALS	1.	PLEDGES, LOAN	ZED POLITICAL C NS, OR GUARANT S MADE ELECTRO	EES OF LOAN		AN	\$			
			CAL CONTRIBUT LEDGES, LOANS,		TEES OF LOAN	S)	\$	10,	750	.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMI	ZED POLITICAL E	XPENDITURE			\$			
	4.	TOTAL POLITIC	CAL EXPENDITU	IRES			\$	21,	232	.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICA	AL CONTRIBUTION PERIOD	NS MAINTAINE	ED AS OF THE L	AST DAY	\$	2,	884	.11
OUTSTANDING LOAN TOTALS			AL AMOUNT OF AL HE REPORTING P		DING LOANS AS	OF THE	\$			
re		EY JC AS 1/02/24	ty of perjury, that nder Title 15, Elect	tion Code.	Signature of C	D - Candidate o	K	an		formation
Signature of officer administr (2) Unsworn Declaration My name is	t before me (Which, withe ering oat)	ss my hand and s	ted name of officer	R	lley	e <b>26</b>		of	administer	ring oath
My address is				,	,			,		
Executed in	C	(street) ounty, State of	, ·	on the		th)		year)	(country	)
								1- 50101		
orms provided by Texas Et	hics Commis	sion	www.ethics.	.state.tx.us				F	Revised 8	3/17/2020

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS	\$	5	10,750.0
SCHEDULE B: PLEDGED CONTRIBUTIONS			
	\$		
SCHEDULE E: LOANS		)	
	\$	5	
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$	5	21,232.6
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	5	
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$	5	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	6	
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	6	98.5
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$	5	
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	BUTIONS \$	5	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED \$	6	

PERSONAL			SCHEDULE G		
If the requested inf	ormation is not applicable, <b>DO NOT include</b>	this page in the rej	port.		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees         Office	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G: ↓	2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)		
<sup>4</sup> Date 0 <b>2/03/2024</b>	5 Payee name Sips & Gulps				
6 Amount (\$) 68.55 Reimbursement from political contributions intended	7 Payee address; City; State; 2 501North Austin St. Seguin, TX 78155				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense	(b) Description Food for meet a	and greet		
LAT ENDITORIE	(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 02/13/2024	Payee name Office Depot				
Amount (\$) 16.72 Reimbursement from political contributions intended	Payee address; 1500 E Court St. Seguin, TX 78155	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Labels			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 01/31/2024	Payee name Walmart				
Amount (\$) 13.29 Reimbursement from political contributions intended	Payee address; 550 South 123 Bypass Seguin TX 7	City; 78155	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Cards, pens ar	nd markers		
	Check if travel dutside of Texas. Complete Schedule T.		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 S	CHEDULE AS NEEDE	ED		

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Joshua O	. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)
0 <b>2/12/2024</b>	Greg Koehler or Steve Koehler 6 Contributor address; City; State; Zip Code 3771 Old Seguin Luling Rd. Seguin, TX 7815	<b>1,000.00</b>
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#: Patrick and Lince Meyer	
02/12/2024	Contributor address; City; State; Zip Code PO Box 1206 La Vernia, TX 78121	400.00
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
02/11/2024	Myra and David Sutherland Contributor address; City; State; Zip Code 150 Oak Springs Dr. Seguin, TX 78155	1,000.00
Principal occu	Deation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
02/02/2024	Contributor address; City; State; Zip Code 100 Madison Cove Buda, TX 7861	100.00
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED onal reporting requirements.
onns provided by I	exas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Joshua O	. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Leon S. Sposari	7 Amount of contribution (\$)
02/03/2024	6 Contributor address; City; State; Zip Code 1221 Spicewood Schertz, TX 78154	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/06/2024	Nancy A and James R Stewart         Contributor address;       City;       State;       Zip Code         PO Box 86 Geronimo, TX 78115	100.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) James R and Nancy A Stewart	Amount of contribution (\$)
02/06/2024	Contributor address; City; State; Zip Code PO BOX 86 Geronimo, TX 78155	300.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Gwen Dee and James Kevin Vinall	Amount of contribution (\$)
02/13/2024	Contributor address; City; State; Zip Code 121 Lakeside Dr. Seguin,TX 78155	100.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	EEDED eporting requirements.
orms provided by T	exas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Joshua O	Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Tommy P Lehman and Carolyn D Lehman Trustees of the Lehman Living Trust	7 Amount of contribution (\$)
02/12/2024	6 Contributor address; City; State; Zip Code 172 Lake Ridge Dr. Seguin, TX 78155	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Dawn and Chester Jenke	Amount of contribution (\$)
02/13/2024	Contributor address; City; State; Zip Code 7811 Barbarossa Rd. New Braunfels, TX 78130	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)
Date 02/13/2024	Full name of contributor       out-of-state PAC (ID#:)         Nick and Anne Costas         Contributor address;       City;       State;       Zip Code         1895 Mt. Vernon Seguin, TX 78155	Amount of contribution (\$)
Principal occur	ation / Job title (See Instructions) Employer (See Instructions)	tions)
and the second se		Amount of contribution (\$)
Date	Full name of contributor       out-of-state PAC (ID#:)         Melvin J and Patricia H Grones	
Date 02/12/2024	Melvin J and Patricia H Grones Contributor address; City; State; Zip Code	Amount of contribution (\$)
02/12/2024	Melvin J and Patricia H Grones	100.00
02/12/2024 Principal occup	Melvin J and Patricia H Grones Contributor address; City; State; Zip Code 8172 FM 466 Seguin, TX 78155	100.00

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
-	instruction Suide explains now to complete this form.	2 Files ID (Ethics Completion Files)
<sup>2</sup> FILER NAME Joshua O	. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	_) <b>7</b> Amount of contribution (\$)
02/13/2024	6 Contributor address; City; State; Zip Code 156 Woodcreek Cir McQueeny, TX 78123	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
00/40/0004	Bill Keller	
02/13/2024	Contributor address; City; State; Zip Code 621 Oak Shadow Seguin,TX 78155	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
02/07/2024	David V and Sandra S Strauss           Contributor address;         City;         State;         Zip Code	200.00
	127 Pinnacle Dr. New Braunfels, TX 78130	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
02/13/2024	William and Michelle Vanderwall	
02/10/2024	Contributor address; City; State; Zip Code 4890 Santa Clara Rd. Seguin,TX 78155	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED al reporting requirements.
orms provided by Te	exas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Joshua O	. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Cindy or H Frank Bell	7 Amount of contribution (\$)
02/13/2024	6 Contributor address; City; State; Zip Code 1639 Willow LN Seguin, TX 78155	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Brian Freeman	Amount of contribution (\$)
02/17/2024	Contributor address; City; State; Zip Code 2602 Leslie Ln San Marcos,TX 78666	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 02 <b>/21/2024</b>	Full name of contributor       out-of-state PAC (ID#:)         Robbie L. Ward	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Countywide Builders, L.L.C.	Amount of contribution (\$)
02/21/2024	Contributor address; City; State; Zip Code PO Box 444 Hondo, TX 78861	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	EEDED eporting requirements.
orms provided by T	exas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Joshua O	. Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Phil and Leyla Wuest	7 Amount of contribution (\$)
02/20/2024	6 Contributor address; City; State; Zip Code 10406 Eiche Cir New Braunfels, TX 78132	200.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Robert Wuest	Amount of contribution (\$)
02/21/2024	Contributor address; City; State; Zip Code 1818 Wayside Dr. Seguin,TX 78155	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ctions)
Date 02/16/2024	Full name of contributor       out-of-state PAC (ID#:)         Roy W. Richard, JR.         Contributor address;       City;       State;       Zip Code	Amount of contribution (\$)
Principal occup	519 Main St, Schertz, TX 78154         Dation / Job title (See Instructions)	•
Date	Full name of contributor     out-of-state PAC (ID#:)	Amount of contribution (\$)
02/22/2024	Terry and Pat Harper Contributor address; City; State; Zip Code	200.00
Principal occup	1721 Schneider Rd. Seguin,TX 78155         pation / Job title (See Instructions)         Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	y of Bexar County
	If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Joshua O	Ray	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Stephen B Cage Jr. and Mary Jane Cage	7 Amount of contribution (\$)
02/16/2024	6 Contributor address; City; State; Zip Code PO Box 879 McQueeny, TX 78123	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Patrick Hinsey	Amount of contribution (\$)
02/10/2024	Contributor address; City; State; Zip Code 606 River Springs Dr. Seguin, TX 78155	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 02/16/2024	Full name of contributor       out-of-state PAC (ID#:)         David Christian       Contributor address;         Contributor address;       City;         State;       Zip Code         1800 McCullough Avenue San Antonio, TX 78212	Amount of contribution (\$) $500.00$
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor     out-of-state PAC (ID#:)       David Christian	Amount of contribution (\$)
02/20/2024	Contributor address; City; State; Zip Code 1800 McCullough Ave. San Antonio, TX 78212	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	
orms provided by T	exas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

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#### SCHEDULE A1

The	Instruction Guide evolution how to complete this to	rm	1 Total pages Schedule A1:
	Instruction Guide explains how to complete this fo		<u>ð</u>
<sup>2</sup> FILER NAME Joshua O	Ray		3 Filer ID (Ethics Commission Filers)
4 Date	Th <mark>om Nis</mark> bet	#:)	7 Amount of contribution (\$)
02/20/2024	6 Contributor address; City; 1800 McCullough Ave. San Antonio, T	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
		State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE on guide for additional re	EDED porting requirements.
rms provided by T	exas Ethics Commission www.ethics.stat		Revised 8/17/2020

	EXPENDITURES MADE		SCHEDULE F1			
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
	EXPENDITURE CATEGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FLER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name JVC Media, LLC					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
777.25	3106 Fall Crest Dr. San Antonio, TX 78247					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising	Political Signs				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
9 Complete <u>QNLY</u> if direct expenditure to benefit C/QH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		Angele an 'n 'n en en en belande general general oer heer geland an ei al geland ged beskere beskere de se and			
08/08/2024	Gabe Farias Design					
Amount (\$) 5,368.64	Payee address; 1122 Par Four San Antonio, TX 7822	City; 21	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mailer	1			
	Check if travel outside of Texas. Complete Schedule T.	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/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/15/2024	Gabe Farias Design					
Amount (\$) 5,368.64	Payee address; 1122 Par Four San Antonio, TX 7822	City; 1	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Direct Mailer 2				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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 FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
<sup>4</sup> Date 01/28/2024	5 Payee name Tractor Supply		
6 Amount (\$) 105.87	7 Payee address: 272 FM 1103 Cibilo, TX	City; 78108	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Other	(b) Description T-posts for pc	lictical signs
	(c) Check if travel outside of Texas.	Complete Schedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	e Office sought	Office held
Date	Payee name		
01/31/2024	KWED-AM		
Amount (\$)	Payee address;	City;	State; Zip Code
704.00	PO Box 1600 Seguin, TX	X 78155	
	Category (See Categories listed at the	top of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Radio Ads	
	Check if travel outside of Texas.	Complete Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office sought	Office held
Date	Payeename		
01/31/2024	The Seguin Gazette- En	terprise	
Amount (\$)	Payee address;	City;	State; Zip Code
<mark>2,432.25</mark>	5701 Woodway Dr. Suite	e 131 Houston, TX 77057	
	Category (See Categories listed at the t	top of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Newspaper Advertising		dvertisng
	Check if travel outside of Texas.	Complete Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder nam	e Office sought	Office held
		OPIES OF THIS SCHEDULE AS NE	EDED
orms provided by Texas Eth	nics Commission w	ww.ethics.state.tx.us	Revised 8/17/2020

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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#### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	y Fees Office Ov Food Beverage Expense Polling Ex gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Joshua O. Ray		3 Filer ID (Ethics Commission Filers)
Date 02/15/2024	5 Payee name Gabe Farias Design		
5 Amount (\$) 5,368.64	7 Payee address 1122 Par Four San Antonio, TX 7822	City; 21	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adverstising	Direct Mailer 3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/19/2024	Junie and Jae LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
275.00	225 N Saunders St. Suite 11 Seguin	TX 78155,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Balloon & Bac	kdrop
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payse name		
02/18/2024	Tractor Supply		
Amount (\$) 55.10	Payee address; 1500 East Ct St. Ste 900 Seguin,TX	City; 78155	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other	T-post for politi	cal signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
orms provided by Texas Eth	ics Commission www.ethics.state.tx.	us	Revised 8/17/202