CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	X	OFFICE USE ONLY		
NAME	Mark	A,	Date Received		
	NICKNAME LAST Reyes	SUFFIX	Guadalupe County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE Y ITX 78123	JAN 15 2020		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Received		
OFFICEHOLDER PHONE	(870) 556-7915		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER		М	Receipt # Amount \$		
NAME	Christy		Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
7. CAMPAICN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #: CITY:	STATE; ZIP CODE		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO FO BOX FLEASE), AFT / S	one #, Ght,	STATE, ZIF CODE		
ADDRESS (Residence or Business)	3035 Hidden Mead	low Seguin, T	× 78155		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 305-8507	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) 		
10 PERIOD COVERED	Month Day Year 12 106 2019	Month THROUGH	Day Year 31/2019		
11 ELECTION	ELECTION DATE Month Day Year Primary 03/03/2020 General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Cruadal upe Constable F	County PCT. #2		
	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Mark	A. iZayus	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	1AN \$ Ø		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5¢¢.40		
EXPENDITURE TOTALS	3. TOTAL UNLESS	\$ Ø			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,544.92		
CONTRIBUTION BALANCE	and the second	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	г ДАУ \$ Ф		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	тне \$ ф		
A A	MELISSA J DOSS otary ID #124678312 y Commission Expires September 16, 2023	true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subscr day of <u>Van ua</u>		by the said Mark A. Reyes	, this the _15th		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Notary Title of officer administering oath		

Forms provided by Texas Ethics Commission

Revised 9/26/2019

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	AME Mark A - Rayes 20 Filer ID (Ethics Con	ommission Filers)	
21		ULE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT	
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500-00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s Ø	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø	
4.	\checkmark	SCHEDULE E: LOANS	\$,544.92 \$,544.92	L
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,544.92	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s Ø	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 🆸	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø	
			-	
		4		

MONETARY POLITIC	CAL CONTRI	BUTIONS	SCHEDULE A1
The Instruction Guide explain	ns how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME MAKE A	· Penes		3 Filer ID (Ethics Commission Filers)
4 Date5 Full name of contributo12/27/19Ben Gavza 76 Contributor address;720 IH-10 Evi	TL_		7 Amount of contribution (\$) $$500^{00}$
Principal occupation / Job title (See Instru EVESIdent of Company		9 Employer (See Instruct Central Texas N	tions) Netal Roofing Supply CO., I
Date Full name of contributo	or 🗌 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instru	ctions)	Employer (See Instruct	tions)
Date Full name of contributo	or 🗌 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instru	ctions)	Employer (See Instruct	tions)
Date Full name of contributo	or 🗌 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instru	ctions)	Employer (See Instruct	tions)
e. V		L	
			e.
ATTACH If contributor is out-of-st	ADDITIONAL COPIES (ate PAC, please see Instru	OF THIS SCHEDULE AS N uction guide for additional r	EEDED eporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Mark A. Royes	а. — — — — — — — — — — — — — — — — — — —	3 Filer ID (Ethics Commission Filers
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of Ioan	7 Name of lender Out-of-state	PAC (ID#:)	9 Loan Amount (\$) 4 375 °°
6 Is lender a financial Institution? Y	8 Lender address; City; 3035 Hidden Meadow S	State; Zip Code Seguin TX 78155	10 Interest rate 11 Maturity date
	on / Job title (See Instructions) reevent Supervisor	13 Employer (See Instructions) Guadalupe County	Sheriffs Office
14 Description of Col	lateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of Ioan [こして 19	Name of lender 🛛 out-of-state Maril A. Ray is	PAC (ID#:)	Loan Amount (\$) \$ 147_06
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN	3035 Hidden Mendow	Seguinity 78155	Maturity date
	on / Job title (See Instructions) reemont Supervisor	Employer (See Instructions) Guadalupe Count	Sheriffs Office
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	· ·	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	DED porting requirements.

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LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Mark A. Reyes		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of Ioan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$) \$68.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	3035 Hidden Meadow	Seguin iTX 7865	11 Maturity date
	on / Job title (See Instructions) nut Supervisor	13 Employer (See Instructions) Enadalyte County	Sheviffs Office
14 Description of Coll	ateral	15 Check if personal function account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of Ioan $\left[\mathcal{I} \left[\mathcal{U} \right] \right] $	Name of lender Out-of-state	PAC (ID#:)	Loan Amount (\$) 4 150.9
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	3035 Hidden Mendow	Segur TX 7855	Maturity date
i ví	on / Job title (See Instructions) mut Supervisor	Employer (See Instructions) Anada Infl Countr	Sheriffs Office
Description of Coll	ateral	Check if personal fund account (See Instructi	is were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME MARK A. Days			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of Ioan	7 Name of lender 🛛 out-of-state F	PAC (ID#:)	9 Loan Amount (\$) \$ 120.00
6 Is lender a financial Institution?	8 Lender address; City; 3035 Hidden Mendow Sce	State; Zip Code	10 Interest rate 11 Maturity date
Y N	7075 Allach / Endew Sca	Jun /1/ (0153	,
	on / Job title (See Instructions) Ment Superviser	13 Employer (See Instructions) Cruada lupe Conity	Shevith Office
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	· ·
Date of Ioan	Name of lender Mark A - Ruy is	PAC (ID#:)	Loan Amount (\$) \$415.00
ls lender a financial Institution?	Lender address; City; 2035 Hidden Mendow Sc	State; Zip Code Sunn i TX 78155	Interest rate Maturity date
Y N	40/3 F1000000		
Principal occupation	ement Supervisor	Employer (See Instructions) Grundalupe Comty	Sheviffs Office
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	I on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total peges Schedule E:	
2 FILER NAME	Mark A. Royos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of Ioan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) \$ \$ \$ \$ \$	
6 Is lender a financial Institution? Y	8 Lender address; City; 3035 Hiddun Meadow	State: Zip Code Sequin 17X 78155	10 Interest rate 11 Maturity date	
	on / Job title (See Instructions) ment Supervisor	13 Employer (See Instructions)	y Sturitts Office	
14 Description of Coll	lateral	15 Check if personal fund account (See Instruction	s were deposited into political ons)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of Ioan	Name of lender Marl A. Myg	PAC (ID#:)	Loan Amount (\$) 95.91	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N	3035 Hidden Mendon	Xcsum 1 (x 1065)	Maturity date	
	on / Job title (See Instructions) mumt SuperVISOV	Employer (See Instructions) Anadelype (Dm)	ty Sheviffs Office	
Description of Coll	ateral	Check if personal fund account (See Instruction	s were deposited into political ons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE E

The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	Mark A. Ruyes		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of Ioan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
12/24/19	Maule A. Reyes		955.13		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
Y N	3035 Hidden Meadow	Seguen TX 78155	11 Maturity date		
	on / Job title (See Instructions)	13 Employer (See Instructions) Chadelape Court	y Sheriffs Office		
14 Description of Coll	lateral	15 Check if personal func account (See Instructi	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	L		
	1				
Date of Ioan 12 26 19	Name of lenderout-of-state	PAC (ID#:)	Loan Amount (\$) 48		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Y N	3035 Hidden Meadow	J Segum TIX 78155	Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Law Enfor	Cement Supervisor	(Inadelupe County?	Sheviffs Office		
Description of Coll	ateral	Check if personal fund	s were deposited into political		
none		account (See Instructi			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
/	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
lf le	nder is out-of-state PAC, please see Ins	truction guide for additional rep	porting requirements.		

SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Mark A. Rujes		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of Igan	7 Name of lender out-of-state =		9 Loan Amount (\$) \$ 21.53
6 Is lender a financial Institution? Y N	8 Lender address; City; 7035 Hidden Mehdow	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation Levi Enforce 14 Description of Coll	ement Supervisor	13 Employer (See Instructions)	by Shuriffs Office
none			ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor Mark A. Zuyus		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; 3035 Hidden Meadow	State; Zip Code Segmin / TX 78155	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
1 Vr	cement Supervisor	Anode Inpe Courte	Sheviffs Office
Date of Ioan 12[29 [19	Name of lenderout-of-state	PAC (ID#:)	Loan Amount (\$) $7[3]$
Is lender a financial Institution?	Lender address; City; 2035 Hiddelen Meadow	State; Zip Code Sesum TX 78(ST	Interest rate Maturity date
YN	1 / 5 2		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Law Enforce	ement Supervisor	CTuadalupe County	Shiriffs Office
Description of Colla	ateral	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
, not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Marte A. Ruje	\$	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of Ioan	7 Name of lender Out-of-state of Mark A- Zayas	PAC (ID#:)	9 Loan Amount (\$) 464-29
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	3035 Hidden Mcadou	J Signin [TX 78/53	11 Maturity date
	mut Supervisiv	13 Employer (See Instructions) Cruade lupe Comby	Shurffs Office
14 Description of Coll	ateral	15 Check if personal function account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor Mark A. Ruyus		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; 3035 Hidden Mender	State; Zip Code Segurn ; TX 78155	
20, Principal Occupat	ion (See Instructions) unint Supervisor	21 Employer (See Instructions)	Sheviffs Office
Date of Ioan	Name of lender Out-of-state	PAC (ID#:)	Loan Amount (\$) FZ0_G
Is lender a financial Institution?	Lender address; City; 3035 (ficklen Mendon	State; Zip Code	Interest rate Maturity date
Y N	The post of the contraction	Joguni 17x 78155	
Principal occupation	on / Job title (See Instructions) account Supervisor	Employer (See Instructions) audulupe Comt	Stenffs Office
Description of Colla	ateral	Check if personal function account (See Instruction	ds were deposited into political ions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

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SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Polling Expense y Gift/Awards/Memorials Expense Printing Expense	xpense Vages/Contract Labor	Solicitation/Fundraisii Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Mark A. Royas		3 Filer ID (Ethics	Commission Filers)
4 Date 2 5 19	5 Payee name Guadalipe Comty C	nop		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$375.00	515 E. Comt St.	Seguin	TX	78155
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	(m)	Filing	G.	
EXPENDITURE	Fre	Filing	ree	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		8	
12/5/19	Fast Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$147.01	1671 S. IH 35 Suite 30	6 New Bra	unfels TX	78130
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			e fci.2
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	s		
12/5/19	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
	1360 IH-38 N. NO	w Brancfels	TX	78130
	Category (See Categories listed at the top of this schedule)	Description	11.6	1. 1.0. 14
PURPOSE OF	DH		shts for vel	
EXPENDITURE	VILLO	Segnin Chr	istmus forme	le
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Y Gift/Awards/Memorials Expense Printing Expense Printing Expense Committee Legal Services	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)	
	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mark A. Rayes		3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/19	5 Payee name Novino FFA Ag Booster	Club		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 68.02	9494 Fm 1101	Seguri	TX 78155	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation made by Candidate		toat Bannes for Navauro ar Show.	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date [2[20]19	Payee name Lumar Vasquez Photograph	1		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 150.00	1160 Sycamore St.	Seguin	TX 7815T	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Autos for p	olitical campaign Sisins	
	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/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/22/19	The Creation Company			
Amount (\$)	Payee address;	City;	State; Zip Code	
	2122 Rustling Way	Segui	TX 78155	
	Category (See Categories listed at the top of this schedule)	Description 7	Design for	
PURPOSE OF	ALL T	. 11 1		
EXPENDITURE	Advertising Expense	4×8 F	alitical campaisn Sisn	
	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/OH	Candidate / Officeholder name	Office sought	Office held	
			1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing E	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 F1:	2 FILER NAME MARK A. Rayo	5	3 Filer ID (Ethics Commission Filers)	
4 Date 24/19	5 Payee name SI Source Die	jetal		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$415.00	4390 E. FM 1518	Selma	TX 78154	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- 41×8'	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Ca	mparsh sishs	
ca. 10	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date [2[24] 19	Payee name St Source Disita	l		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 89-51	4390 E. F.M 1518	Selma	74 78154	
	Category (See Categories listed at the top of this schedule)	Description	1	
PURPOSE OF EXPENDITURE	Advertising Expense	Addend Z	political signs to order	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/24/19	Walmaut			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$5.92	550 S. Hwy 123	Sesun	TX 78UT	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Plastic cubl	ties for sishs	
	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

Forms provided by Texas Ethics Commission

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SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense ixpense Travel In District Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mult A Ray	3 Filer ID (Ethics Commission Filers)		
4 Date 7 24 19	5 Payee name Tractor Supply			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
455.12	1500 G. Court St.	Seguri TX 78155		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	6-6FT T-Post		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/24/19	Wal Mart			
Amount (\$)	Payee address;	City; State; Zip Code		
9 8.88	550 S. Hwy 123	Segum TX 78155		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Shipping label to stick on back of pulitical hand-out		
	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 [2]27] [9	Payee name Home Depot			
Amount (\$)				
8-2:52	Payee address;	City; State; Zip Code		
921.52	201 W. IH-10	Seguin TX 78155		
BUDDOOF	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Plastic cable ties		
	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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Ex Y Gift/Awards/Memorials Expense Printing Ex	yment/Reimbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense pense Travel In District ypense Travel Out Of District /ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mark A. Rayes	3 Filer ID (Ethics Commission Filers)		
4 Date [3.36	5 Payee name Home Depot			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
4 13.36	201 W. IH-10	Seguri TX 78155		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Plastic cable ties		
	(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/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/30/19	Sams Club			
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 64.20	1350 Leah Ave	Sun Marcus TX 78666		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by Candidate	Posciption Food (Snaeles doucted to Seguen Youth Services, New Years Er		
	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			
12/31/19	Office Depot			
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 20.99	1500 E. Court St	Seguri TX 78(55		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advantising Expanse Check if travel outside of Texas. Complete Schedule T.	Description 600 Ct labels used for small Advertising bigs Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office court		
expenditure to benefit C/OH		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

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