

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	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Justin		
	NICKNAME	LAST	SUFFIX
	Ray		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	16321 Smith		
	Jersey Village, TX 77040		
OFFICE USE ONLY			
Date Received			
10/30/2023 @ 2:28pm			
Date Hand-delivered or Date Postmarked			
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
			CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	09/29/2023	THROUGH	10/28/2023
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/07/2023		
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Place Trustee District CFISD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 16

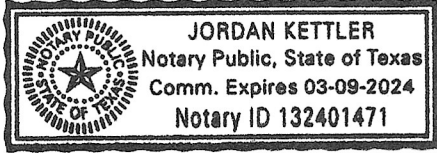
13 C / OH NAME Ray, Justin	14 Filer ID
-------------------------------	-------------

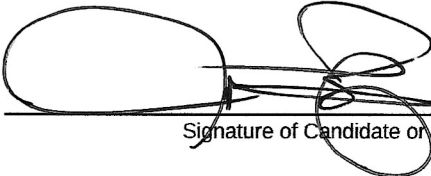
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Cy-Fair For Liberty PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		13121 Louetta Rd. Num 1555 Cypress , TX 77429
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	TX

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,815.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,498.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,087.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justin Ray, this the 30 day of October, 2023, to certify which, witness my hand and seal of office.


 Signature of officer administering

Jordan Kettler
 Printed name of officer administering

Accounting Mar
 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Ray, Justin		19 Filer ID	
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,050.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	10,765.30
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	13,498.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/16
2 FILER NAME Ray, Justin		3 Filer ID
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaaks, Wayne	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 12715 Secret Forest Ct Cypress, TX 77429		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Isaaks Associates
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Thomas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3615 Hill Springs Kingwood, TX 77345		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Pharm-Olam LLC
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semander, Sherry	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 16312 Smith St. Jersey Village , TX 77040		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehy, Frank	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 8613 Meadowview Ct Houston , TX 77040		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Self Employed
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepan, Paul	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 16218 pine thorn dr Houston, TX 77095		
Principal occupation / Job title (See Instructions) Quality Manager		Employer (See Instructions) Relevant Power Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/16
2 FILER NAME Ray, Justin		3 Filer ID
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurmond, Mark	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1614 Kings Castle Drive Katy, TX 77450		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Al Thurmond Agency
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vlahakos, Victor	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8710 Donys Drive Houston, TX 77040		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Scott	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 9106 Hudson Ct Houston Houston, TX 77024		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Pathfinder Insurance

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/6 Rpt: 6/16	
2 FILER NAME Ray, Justin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/30/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	8 Amount of contribution (\$) \$162.50	9 In-kind contribution description Yard Sign Delivery
7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$50.00	In-kind contribution description Yard Sign Delivery
Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$136.43	In-kind contribution description Data Services
Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/6 Rpt: 7/16	
2 FILER NAME Ray, Justin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	8 Amount of contribution (\$) \$117.06	9 In-kind contribution description Marketing Materials
	7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$105.27	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		
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)			
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$487.58	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/6 Rpt: 8/16	
2 FILER NAME Ray, Justin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	8 Amount of contribution (\$) \$58.56	9 In-kind contribution description Marketing Materials
7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$43.28	In-kind contribution description Marketing Materials
Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$3,999.25	In-kind contribution description Marketing Materials
Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/6 Rpt: 9/16	
2 FILER NAME Ray, Justin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/13/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	8 Amount of contribution (\$) \$3,999.25	9 In-kind contribution description Marketing Materials
	7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$501.55	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$105.27	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/6 Rpt: 10/16	
2 FILER NAME Ray, Justin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/18/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	8 Amount of contribution (\$) \$14.06	9 In-kind contribution description Marketing Materials
	7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$92.68	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	Amount of contribution (\$) \$865.00	In-kind contribution description Marketing Materials
	Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 6/6 Rpt: 11/16	
2 FILER NAME Ray, Justin		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/24/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy-Fair for Liberty PAC	8 Amount of contribution (\$) \$27.56	9 In-kind contribution description Marketing Materials
	7 Contributor address; City; State; Zip Code 13121 LOUETTA RD NUM 1555 Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 12/16	2 FILER NAME Ray, Justin	3 Filer ID
4 Date 10/18/2023	5 Payee name Bank of America	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 100 North Tryon Street Charlotte, NC 28255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2023	Payee name Black Rifle Coffee Company	
Amount (\$) \$7.57	Payee address; City; State; Zip Code 7086 Hwy 6 N Houston, TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coffee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Cousins Maine Lobster	
Amount (\$) \$92.16	Payee address; City; State; Zip Code 14540 Cypress Rosehill Rd Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Food and Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/5 Rpt: 13/16	2 FILER NAME Ray, Justin	3 Filer ID
4 Date 10/18/2023	5 Payee name Cy-Fair Education Foundation	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 11803 Grant Road, Suite 115 Cypress, TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense - STOH Tickets
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2023	Payee name Cy-Fair For Liberty PAC	
Amount (\$) \$9,124.95	Payee address; City; State; Zip Code 13121 Louetta Rd. Num 155 Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2023	Payee name Go Daddy	
Amount (\$) \$7.45	Payee address; City; State; Zip Code 2155 e. godaddy way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website / Email Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 14/16	2 FILER NAME Ray, Justin	3 Filer ID
---	-----------------------------	------------

4 Date 10/23/2023	5 Payee name Go Daddy
----------------------	--------------------------

6 Amount (\$) \$5.32	7 Payee address; City; State; Zip Code 2155 e. godaddy way Tempe, AZ 85284
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website / Email Service
--------------------------	---	--

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

Date 10/02/2023	Payee name Hacienda San Jose
--------------------	---------------------------------

Amount (\$) \$186.24	Payee address; City; State; Zip Code 12503 Telge Rd Cypress, TX 77429
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Volunteer Lunch
------------------------	---	---

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

Date 10/17/2023	Payee name Mammoth Marketing Group
--------------------	---------------------------------------

Amount (\$) \$1,454.61	Payee address; City; State; Zip Code 4500 Bissonnet St. suite 370 Bellaire , TX 77401
---------------------------	---

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

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 15/16	2 FILER NAME Ray, Justin		3 Filer ID
4 Date 10/10/2023	5 Payee name Rosehill Beer Garden		
6 Amount (\$) \$92.16	7 Payee address; City; State; Zip Code 14540 Cypress Rosehill Rd Cypress, TX 77429		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Food and Beverage	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/29/2023	Payee name Senate Avenue Brewing		
Amount (\$) \$2,063.47	Payee address; City; State; Zip Code 16000 Dillard Dr Suite F Jersey Village , TX 77040		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & Beverage Expense for Campaign Event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/10/2023	Payee name Walmart		
Amount (\$) \$49.77	Payee address; City; State; Zip Code 12353 Farm to Market 1960 Rd W Houston, TX 77065		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Supplies - Printer Ink	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 16/16	2 FILER NAME Ray, Justin	3 Filer ID
--	------------------------------------	-------------------

4 Date 10/12/2023	5 Payee name WinRed
-----------------------------	-------------------------------

6 Amount (\$) \$91.77	7 Payee address; City; State; Zip Code 1776 WILSON BLVD SUITE 530 Arlington , VA 22219
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
---------------------------------	---	---

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

Date 10/21/2023	Payee name WinRed
--------------------	----------------------

Amount (\$) \$19.70	Payee address; City; State; Zip Code 1776 WILSON BLVD SUITE 530 Arlington , VA 22219
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
------------------------	---	---

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

Date 10/26/2023	Payee name WinRed
--------------------	----------------------

Amount (\$) \$48.03	Payee address; City; State; Zip Code 1776 WILSON BLVD SUITE 530 Arlington , VA 22219
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donations Fees
------------------------	---	--

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