

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST Billy	MI W
	NICKNAME N/A	LAST Ruenke	SUFFIX N/A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 4095 Old Independence Rd	APT / SUITE #;	CITY; Brenham Tx ZIP CODE 77833
	AREA CODE (979)	PHONE NUMBER 203-6510	EXTENSION N/A
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS <input checked="" type="checkbox"/> MR	FIRST Joshua	MI R
	NICKNAME N/A	LAST Ruenke	SUFFIX NA
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4095 Old Independence Rd		CITY; Brenham STATE; Tx ZIP CODE 77833
	AREA CODE (979)	PHONE NUMBER 451-5088	EXTENSION N/A
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 09 / 23 / 2023 THROUGH 01 / 11 / 2024		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 3 / 5 / 2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Washington County Commissioner Pct. 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1417.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 132.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Billy W. Ruark

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Billy W. Ruark, and my date of birth is 12-15-1956.
 My address is 4095 Old Independence, Buckham, TX, 75833 Washington
 (street) (city) (state) (zip code) (country)
 Executed in Washington County, State of TEXAS, on the 12 day of January, 2024.
 (month) (year)
Billy W. Ruark
 Signature of Candidate/Officeholder (Declarant)

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:
2 FILER NAME Billy W. Ruemke		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otto Hanak For Sheriff	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 313 East Crosswinds Ct. Brenham Tx. 77833		
8 Principal occupation / Job title (See Instructions) Sheriff		9 Employer (See Instructions) Washington County
Date 9/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florence L. Bentke	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 403 East Main Apt. B Brenham Tx 77833		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam C. Bentke	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 601 East Sixth St. Brenham Tx 77833		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela R. Ruemke	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4095 Old Independence Rd. Brenham Tx 77833		
Principal occupation / Job title (See Instructions) Retired Public Safety Systems Admin		Employer (See Instructions) City Of Brenham

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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:	2 FILER NAME <i>Billy W. Ruemke</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/13/2023</i>	5 Payee name <i>You Name It Creations</i>
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6 Amount (\$) <i>\$568.31</i>	7 Payee address; <i>1209 LJ Street</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Yard Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/7/2023</i>	Payee name <i>You Name It Creations Graphics</i>
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Amount (\$) <i>\$324.75</i>	Payee address; <i>1209 LJ Street</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard Banners</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/30/2023</i>	Payee name <i>You Name It Creations</i>
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Amount (\$) <i>\$297.09</i>	Payee address; <i>1209 LJ Street</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Billy W. Ruemke</i>	Office sought <i>Commissioner 3</i>	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.

1 Total pages Schedule F1:	2 FILER NAME <i>Billy W. Ruemke</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/17/2023</i>	5 Payee name <i>Brandit Graphics</i>
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6 Amount (\$) <i>\$129.09</i>	7 Payee address; <i>2501 Becker Drive</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisin Expense</i>	(b) Description <i>Magnetic Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/8/2024</i>	Payee name <i>You Name it Creations</i>
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Amount (\$) <i>\$297.69</i>	Payee address; <i>1209 LJ Street Brenham</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Billy W. Ruemke</i>	Office sought <i>County Commissioner 3</i>	Office held <i>-</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule G:	2 FILER NAME <i>Billy W. Ruenke</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/6/2023</i>	5 Payee name <i>Washington Election County Election Office</i>
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6 Amount (\$) <i>750</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>100 East Main St.</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	(b) Description <i>Expense for Filing</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/6/2023</i>	Payee name <i>Citizens State Bank</i>
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Amount (\$) <i>5</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>2007 S. Day St.</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking</i>	Description <i>Cashier Check Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>01/05/2024</i>	Payee name <i>Brenham UFW</i>
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Amount (\$) <i>15</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1200 East Tom Green</i>	City; <i>Brenham</i>	State; <i>Tx</i>	Zip Code <i>77833</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	Description <i>Meal Ticket</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Billy W. Ruenke</i>	Office sought <i>County Commissioner 3</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME Billy W. Ruemke		3 Filer ID (Ethics Commission Filers)
4 Date 1-06-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Tegler	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 135 West Alamo St Brenham Tx 77833		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Tegler Family Dealerships
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		