

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 / MR Ray			MI C	OFFICE USE ONLY HOLLY THOMAS, COUNTY CLERK JASPER COUNTY, TEXAS	
	NICKNAME LAST Lewis			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY: Jasper	STATE: TX ZIP CODE 75951	FILLED JAN 13 2026 By <i>Melissa Smith</i> DEPUTY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (409)	PHONE NUMBER 224-0564	EXTENSION Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ray			MI C	Receipt # Amount \$	
	NICKNAME LAST Lewis			SUFFIX 388	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY: Jasper	STATE: TX ZIP CODE 75951	
8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 224-0564	EXTENSION			
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 10	Day 31	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 3 Day 3 Year 26	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Justice of the Peace, Precinct #1		
14. 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.					
✓ Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Ray Lewis				
	COMMITTEE ADDRESS	<input type="checkbox"/> Jasper, TX 75951				
	COMMITTEE CAMPAIGN TREASURER NAME	Ray Lewis				
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<input type="checkbox"/> Jasper, TX 75951				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Ray Lewis	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) \$ 0.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,847.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00 4. TOTAL POLITICAL EXPENDITURES \$ 3,570.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 276.94
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.

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

Executed in JASPER County, State of TEXAS, on the 13th day of JANUARY, 2026
(month) 19 (year)

Ray Charles Lewis

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Ray Charles Lewis	3 Filer ID (Ethics Commission Filers)	
4 Date 11/09/2025	5 Payee name Dirt Cheap Signs		
6 Amount (\$) 57.47	7 Payee address; [REDACTED] Check if individual's residence address.	City; Lago Vista State; TX Zip Code 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Car Magnets	
	(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 11/10/2025	Payee name VistaPrint		
Amount (\$) 109.74	Payee address; [REDACTED] Check if individual's residence address.	City; Lexington State; MA Zip Code 02421	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Matte Business Cards	
	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 11/14/2025	Payee name EverythingU		
Amount (\$) 332.45	Payee address; [REDACTED] Check if individual's residence address.	City; Jasper State; TX Zip Code 75951	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Shirts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ray Charles Lewis	3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2025	5 Payee name T-Mobile		
6 Amount (\$) 159.23	7 Payee address; [REDACTED] Check if individual's residence address.	City: Jasper State: TX Zip Code 75951	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Cell Phone	
	(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 11/20/2025	Payee name USPS		
Amount (\$) 33.40	Payee address; [REDACTED] Check if individual's residence address.	City: Jasper	State: TX Zip Code 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Stamp to send off filing fee.	
	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 11/21/2025	Payee name Dirt Cheap Signs		
Amount (\$) 385.61	Payee address; [REDACTED] Check if individual's residence address.	City: Lago Vista	State: TX Zip Code 78645
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Yard Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
12/05/2025	Texas Secretary of State		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
375.00	[REDACTED]	Austin TX 78711-2887	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expenses	Cell Phone	
(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	Payee name		
11/24/2025	VistaPrint		
Amount (\$)	Payee address;	City: State: Zip Code	
175.79	[REDACTED]	Lexington MA 02421	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expenses	Yard Signs	
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		
12/02/2025	WalMart		
Amount (\$)	Payee address;	City: State: Zip Code	
151.37	[REDACTED]	Jasper TX 75951	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expenses	Jasper Christmas Parade	
Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Ray Charles Lewis			
4 Date	5 Payee name			
12/08/2025	KJAS			
6 Amount (\$)	7 Payee address;	City: Jasper	State: TX	Zip Code: 75951
100.00	[REDACTED]			
Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expenses	Christmas Parade Entry Fee		
	(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	Payee name			
12/05/2025	VistaPrint			
Amount (\$)	Payee address;	City: Lexington	State: MA	Zip Code: 02421
688.29	[REDACTED]			
Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expenses	Yard Signs, etc.		
	(c) 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			
12/09/2025	WalMart			
Amount (\$)	Payee address;	City: Jasper	State: TX	Zip Code: 75951
241.77	[REDACTED]			
Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expenses	Jasper Christmas Parade		
	(c) 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				

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: 5
2 FILER NAME CHARLES Ray Lewis				3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2025	5 Full name of contributor Ray Charles Lewis	6 Contributor address; [REDACTED]	7 Amount of contribution (\$) 500.00	out-of-state PAC (ID#: _____)
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 11/01/2025	Full name of contributor Janett Denice Lewis	Contributor address; [REDACTED]	Amount of contribution (\$) 5.00	out-of-state PAC (ID#: _____) City; State; Zip Code Jasper TX 75951
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/09/2025	Full name of contributor Janett Denice Lewis	Contributor address; [REDACTED]	Amount of contribution (\$) 5.00	out-of-state PAC (ID#: _____) City; State; Zip Code Jasper TX 75951
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/09/2025	Full name of contributor Janett Denice Lewis	Contributor address; [REDACTED]	Amount of contribution (\$) 57.47	out-of-state PAC (ID#: _____) City; State; Zip Code Jasper TX 75951
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>Charles Ray Lewis</i> Ray Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2025	5 Full name of contributor Janett Denice Lewis	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
6 Contributor address; [REDACTED]		City; State; Zip Code Jasper TX 75951	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/11/2025	Full name of contributor Bertha Kyle	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]		City; State; Zip Code Hillister, TX 77624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2025	Full name of contributor Mary Williams	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
Contributor address; [REDACTED]		City; State; Zip Code Pearland TX 77584-8003	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2025	Full name of contributor Kathy Bass	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
Contributor address; [REDACTED]		City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Ray Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2025	5 Full name of contributor Cheadrick Porter	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/16/2025	Full name of contributor Sonya Taylor	out-of-state PAC (ID#:)	Amount of contribution (\$) 30.00
	Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/2025	Full name of contributor Tiffany Adams	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/2025	Full name of contributor Kathy Bass	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Ray Lewis <i>CHARLES RAY</i>			3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2025	5 Full name of contributor Tracey Fowler	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
6 Contributor address; [REDACTED]		City; State; Zip Code Jasper TX 75951	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/30/2025	Full name of contributor Deloris Traylor	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]		City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2025	Full name of contributor Rodney Coleman	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
Contributor address; [REDACTED]		City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2025	Full name of contributor Camisha Johnson	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
Contributor address; [REDACTED]		City; State; Zip Code Jasper TX 75951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>CHARLES RAY</i> Ray Lewis			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2025	5 Full name of contributor Ray Charles Lewis	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 200.00
6 Contributor address; [REDACTED]	City; Jasper	State; TX	Zip Code 75951
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/18/2025	Full name of contributor Claudell Moye	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]	City; Jasper	State; TX	Zip Code 75951
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/2025	Full name of contributor MeAnnca Moye	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]	City; Jasper	State; TX	Zip Code 75951
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor Kathy Bass	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
Contributor address; [REDACTED]	City; Jasper	State; TX	Zip Code 75951
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.			

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ray Charles Lewis		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2025	5 Payee name Dirt Cheap Signs		
6 Amount (\$) 385.61	7 Payee address; [REDACTED]	City; Lago Vista	State; Zip Code TX 78645
8 PURPOSE OF EXPENDITURE Advertising Expenses		(a) Category (See Categories listed at the top of this schedule) (b) Description Signs	
		(c) Check if individual's residence address. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
Date 12/11/2025	Payee name VistaPrint		
Amount (\$) 374.80	Payee address; [REDACTED]	City; Lexington	State; Zip Code MA 02421
PURPOSE OF EXPENDITURE Advertising Expenses		Category (See Categories listed at the top of this schedule) Description Yard Signs, etc.	
		Check if individual's residence address. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
		Check if individual's residence address.	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			