

# 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: **12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR      FIRST      MI  
**MR**                      **JESUS**                      **G**  
 -----  
 NICKNAME                      LAST                      SUFFIX  
**JESS**                      **RAMOS**

OFFICE USE ONLY

Date Received  
**RECEIVED**  
**FEB 29 2024**  
 BY: \_\_\_\_\_

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
**PO BOX 1213**                      **LAMPASAS TX 76550**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
**( 512 )**      **734-5377**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR      FIRST      MI  
**MRS**                      **CHRISTINA**                      **H**  
 -----  
 NICKNAME                      LAST                      SUFFIX  
**MEDRANO**

Receipt #      Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS  
 (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
**PO BOX 482**                      **KEMPNER TX 76539**

8 CAMPAIGN TREASURER PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
**( 512 )**      **788-8719**

9 REPORT TYPE

January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)  
 July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month      Day      Year      Month      Day      Year  
**1 / 25 / 24**      THROUGH      **2 / 24 / 24**

11 ELECTION

ELECTION DATE      ELECTION TYPE  
 Month      Day      Year       Primary       Runoff       Other Description  
**3 / 5 / 24**       General       Special

12 OFFICE

OFFICE HELD (if any)  
**SHERIFF**

13 OFFICE SOUGHT (if known)  
**SHERIFF**

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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC Additional Pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> JESUS G. RAMOS		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 4,220.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,299.24
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,435.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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**

My name is JESUS G. RAMOS, and my date of birth is JULY 17, 1962

My address is 607 S SPRING ST, LAMPASAS, TX, 76550, U.S.  
(street) (city) (state) (zip code) (country)

Executed in LAMPASAS County, State of TEXAS, on the 29 day of FEBRUARY, 2024.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> JESUS G. RAMOS		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,220.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 229924
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	\$

# 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: <b>\$ 6</b>
2 FILER NAME <b>JESUS G. RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DIANE CALLOWAY</b> 6 Contributor address; City; State; Zip Code <b>957 CR 3433 LAMPASAS, TX 76550</b>	7 Amount of contribution (\$) <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CASSANDRA DOYAL</b> Contributor address; City; State; Zip Code <b>701 ROCKY HOLLOW DR BURNET, TX 78611</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ANNE &amp; BIBBY NIELSEN</b> Contributor address; City; State; Zip Code <b>541 CR 3351 KEMPNER, TX 76539</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID W. SPRADLEY</b> Contributor address; City; State; Zip Code <b>4325 S HWY 183 LAMPASAS, TX 76550</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>16</b>
2 FILER NAME <b>JESUS G. RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BACILIO CANTU ZAMANIEGO</b>	7 Amount of contribution (\$)  <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>LAMPASAS, TX 76550</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TIM HEFLEY</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>1326 NARUNARO Lampasas TX 76550</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>GEORGE GONDORCHIN</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1023 CR 3365 KEMPNER TX 76539</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MARY JO HOWELL</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>1108 BRIDGE ST LAMPASAS, TX 76550</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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: \* 6

2 FILER NAME  
JESUS G. RAMOS

3 Filer ID (Ethics Commission Filers)

4 Date  
02/01/2024

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
YVONNE L. COOK

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
481 CR 3107 KEMPNER, TX 76539

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/01/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
ROBERT KATNISS

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1904 GRAND CANYON LAMPASAS TX 76550

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/01/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
JOHN W. PALM

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
778 CR 3432 LAMPASAS, TX 76550

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/01/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
MICHAEL C. SIMMONS

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1225 CR 1225 LAMPASAS, TX 76550

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME  
**JESUS G. RAMOS**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/01/2024**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**JIM COLLINS**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**1002 SOUTH WALNUT ST LAMPASAS, TX 76550**

**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**02/01/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**ALAN HARRY**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**2312 CR 1154 LAMPASAS, TX 76550**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/01/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**W.C. HARRINGTON JR.**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**8684 CR 2001 LAMPASAS, TX 76550**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/01/2024**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**STEPHEN R ELLISON**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**1962 FM 1478 LAMPASAS, TX 76550**

**400.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**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: <b>6</b>
2 FILER NAME <b>JESUS G RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/01/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>IVAN &amp; CAROL GUSTIN</b> 6 Contributor address; City; State; Zip Code <b>LAMPASAS, TX 76550</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/20/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BENNY M BOYD JR</b> Contributor address; City; State; Zip Code <b>601 N KEY AVE LAMPASAS, TX 76550</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/30/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAMES FRENCH TRACY JR</b> Contributor address; City; State; Zip Code <b>PO BOX 1545 LAMPASAS, TX 76550</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/21/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MATT CAWTHON</b> Contributor address; City; State; Zip Code <b>PO BOX 611 CHINA SPRING, TX 76633-0611</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>JESUS G RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/30/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JUAN G. RAMOS</b> 6 Contributor address; City; State; Zip Code <b>1103 ACAPULCO CIR ALICE TX 78332</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor 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 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 out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

Advertising Expense	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.

<b>1</b> Total pages Schedule F1: <b>X 3</b>	<b>2</b> FILER NAME JESUS G. RAMOS	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/09/2024	<b>5</b> Payee name TRACTOR SUPPLY
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<b>6</b> Amount (\$) 19.45	<b>7</b> Payee address; 469 CENTRAL TX EXPY LAMPASAS, TX 76550	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description T-POST FOR SIGNS
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JESUS G. RAMOS	Office sought SHERIFF	Office held SHERIFF
--	---	--------------------------	------------------------

Date 02/12/2024	Payee name RANCHO SECO MEXICAN RESTAURANT
--------------------	--

Amount (\$) 357.00	Payee address; 108 E MAIN ST LOMETA TX 76853	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD AND BEVERAGE EXPENSE	Description MEET & GREET
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JESUS G. RAMOS	Office sought SHERIFF	Office held SHERIFF
---	---	--------------------------	------------------------

Date 02/24/2024	Payee name UDDERLY CREATIVE
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Amount (\$) 124.49	Payee address; 317 E 3RD ST LAMPASAS, TX 76550	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN LABELS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JESUS G. RAMOS	Office sought SHERIFF	Office held SHERIFF
---	---	--------------------------	------------------------

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.

<b>1</b> Total pages Schedule F1: <b>* 3</b>	<b>2</b> FILER NAME <b>JESUS G. RAMOS</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/26/2024</b>	<b>5</b> Payee name <b>DR. DONS BUTTONS, STICKERS &amp; MORE</b>	
<b>6</b> Amount (\$) <b>65.92</b>	<b>7</b> Payee address; City; State; Zip Code <b>3906 W. MORROW DR. GLENDALE, AZ 85308</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>CAMPAIGN BUTTONS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JESUS G. RAMOS</b>	Office sought <b>SHERIFF</b>
		Office held <b>SHERIFF</b>
Date <b>01/26/2024</b>	Payee name <b>SUPER CHEAP SIGNS</b>	
Amount (\$) <b>445.02</b>	Payee address; City; State; Zip Code <b>9200 WATERFORD CENTRE BLVE STE. 100 AUSTIN, TX 78758</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POLITICAL SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JESUS G. RAMOS</b>	Office sought <b>SHERIFF</b>
		Office held <b>SHERIFF</b>
Date <b>01/29/2024</b>	Payee name <b>HILL COUNTRY RADIO</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>1305 S KEY AVE STE 207 LAMPASAS, TX 76550</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>RADIO AD</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JESUS G. RAMOS</b>	Office sought <b>SHERIFF</b>
		Office held <b>SHERIFF</b>

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.

<b>1</b> Total pages Schedule F1: A 3	<b>2</b> FILER NAME JESUS G. RAMOS		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/01/2024	<b>5</b> Payee name PUTTERS & GUTTERS FUN			
<b>6</b> Amount (\$) 222.68	<b>7</b> Payee address; 2341 US-281 LAMPASAS, TX 76550		City;	State;
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE		<b>(b)</b> Description MEET & GREET	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JESUS G. RAMOS		Office sought SHERIFF	Office held SHERIFF
Date 02/01/2024	Payee name BUILDERS MART			
Amount (\$) 18.68	Payee address; 507 N KEY AVE LAMPAS, TX 76550		City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description PLYWOOD FOR SIGNAGE	
	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 JESUS G. RAMOS		Office sought SHERIFF	Office held SHERIFF
Date 02/05/2024	Payee name KCYL 1450AM KACQ 101.9 FM			
Amount (\$) 846.00	Payee address; 505 NORTH KEY AVENUE LAMPASAS, TX 76550		City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description RADIO AD	
	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 JESUS G. RAMOS		Office sought SHERIFF	Office held SHERIFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED