

FORM C/OH  
COVER SHEET PG 1

Revised 1/1/2024

**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****19 FILER NAME****JESUS G. RAMOS****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,992.4
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>5 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:

76

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#: \_\_\_\_\_)

BACILIO CANTU ZAMANIEGO

6 Contributor address;

City;

State;

Zip Code

LAMPASAS, TX 76550

7 Amount of contribution (\$)

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#: \_\_\_\_\_)

TIM HEFLEY

Contributor address;

City;

State;

Zip Code

1326 NARUNARO Lampasas TX 76550

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GEORGE GONDORCHIN

Contributor address;

City;

State;

Zip Code

1023 CR 3365 KEMPNER TX 76539

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARY JO HOWELL

Contributor address;

City;

State;

Zip Code

1108 BRIDGE ST LAMPASAS, TX 76550

Amount of contribution (\$)

200.00

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 (\$)

100.00

**6** Contributor address;

City;

State;

Zip Code

481 CR 3107 KEMPNER, TX 76539

**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 (\$)

100.00

Contributor address;

City;

State;

Zip Code

1904 GRAND CANYON LAMPASAS TX 76550

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 (\$)

200.00

Contributor address;

City;

State;

Zip Code

778 CR 3432 LAMPASAS, TX 76550

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 (\$)

300.00

Contributor address;

City;

State;

Zip Code

1225 CR 1225 LAMPASAS, TX 76550

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: **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****6 Contributor address;**

City;

State;

Zip Code

**1002 SOUTH WALNUT ST LAMPASAS, TX 76550**

7 Amount of contribution (\$)

**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****Contributor address;**

City;

State;

Zip Code

**2312 CR 1154 LAMPASAS, TX 76550**

Amount of contribution (\$)

**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.****Contributor address;**

City;

State;

Zip Code

**8684 CR 2001 LAMPASAS, TX 76550**

Amount of contribution (\$)

**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****Contributor address;**

City;

State;

Zip Code

**1962 FM 1478 LAMPASAS, TX 76550**

Amount of contribution (\$)

**400.00**

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: <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**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>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)
<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.		

**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  
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.

<b>1</b> Total pages Schedule F1: <b>X 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>02/09/2024</b>	<b>5</b> Payee name <b>TRACTOR SUPPLY</b>	
<b>6</b> Amount (\$) <b>19.45</b>	<b>7</b> Payee address; City; State; Zip Code <b>469 CENTRAL TX EXPY LAMPASAS, TX 76550</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>T-POST FOR SIGNS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<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>02/12/2024</b>	Payee name <b>RANCHO SECO MEXICAN RESTAURANT</b>	
Amount (\$) <b>357.00</b>	Payee address; City; State; Zip Code <b>108 E MAIN ST LOMETA TX 76853</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD AND BEVERAGE EXPENSE</b>	Description <b>MEET &amp; GREET</b>
	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 <b>JESUS G. RAMOS</b>	Office sought <b>SHERIFF</b>
	Office held <b>SHERIFF</b>	
Date <b>02/24/2024</b>	Payee name <b>UDDERLY CREATIVE</b>	
Amount (\$) <b>124.49</b>	Payee address; City; State; Zip Code <b>317 E 3RD ST 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>CAMPAIGN LABELS</b>
	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 <b>JESUS G. RAMOS</b>	Office sought <b>SHERIFF</b>
	Office held <b>SHERIFF</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**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  
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: <b>* 3</b>	2 FILER NAME <b>JESUS G. RAMOS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/26/2024</b>	5 Payee name <b>DR. DONS BUTTONS, STICKERS &amp; MORE</b>	
6 Amount (\$) <b>65.92</b>	7 Payee address; City; State; Zip Code <b>3906 W. MORROW DR. GLENDALE, AZ 85308</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>CAMPAIGN BUTTONS</b>
	(c) 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 <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>	
PURPOSE OF EXPENDITURE	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. Check if Austin, TX, officeholder living expense	
Complete ONLY 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>	
PURPOSE OF EXPENDITURE	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. Check if Austin, TX, officeholder living expense	
Complete ONLY 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: <b>3</b>	<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; City; State; Zip Code 2341 US-281 LAMPASAS, TX 76550	
<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	(b) Description MEET & GREET
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> 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; City; State; Zip Code 507 N KEY AVE LAMPAS, TX 76550	
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 <u>ONLY</u> 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; City; State; Zip Code 505 NORTH KEY AVENUE LAMPASAS, TX 76550	
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 <u>ONLY</u> 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

# 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: **8**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

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

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

✓ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 734-5377

6 CAMPAIGN  
TREASURER  
NAME

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

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  
7 / 27 / 23 THROUGH 1 / 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

☐ GENERAL  
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 2,200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,818.30
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,390.49
<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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,200.00
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	\$ 5,818.30
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: **1****2** FILER NAME**JESUS G. RAMOS****3** Filer ID (Ethics Commission Filers)**4** Date**11/05/2023****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**STANLEY G. WILSON****7** Amount of contribution (\$)**1,000.00**

Contributor address;

City;

State;

Zip Code

**863 CR 1154 LAMPASAS TX 76550****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**12/15/2023**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**DAVID L WILLIE**

Amount of contribution (\$)

**1,000.00**

Contributor address;

City;

State;

Zip Code

**3730 FRANKLIN AVE WACO, TX 76710-7330**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/04/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**RICHARD SHONK**

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**890 CR 2136 LOMETA, TX 76853**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>JESUS G. RAMOS</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>08/22/2023</b>	<b>5</b> Payee name <b>2B SIGNS</b>		
<b>6</b> Amount (\$) <b>66.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>508 S KEY AVE LAMPASAS, TX 76550</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>(b) Description</b> <b>BUSINESS CARDS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<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>10/02/2023</b>	Payee name <b>HILL COUNTRY PUBLISHING, INC</b>		
Amount (\$) <b>661.50</b>	Payee address; City; State; Zip Code <b>PO BOX 631 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>POLITICAL AD</b>
	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 <b>JESUS G. RAMOS</b>	Office sought <b>SHERIFF</b>	Office held <b>SHERIFF</b>
Date <b>11/30/2023</b>	Payee name <b>SUPER CHEAP SIGNS</b>		
Amount (\$) <b>1,581.88</b>	Payee address; City; State; Zip Code <b>9200 WATERFORD CENTRE BLVD 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. Check if Austin, TX, officeholder living expense		
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>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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  
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: 4	2 FILER NAME JESUS G. RAMOS	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2023	5 Payee name SUPER CHEAP SIGNS	
6 Amount (\$) 173.20	7 Payee address; City; State; Zip Code 9200 WATERFORD CENTRE BLVD STE 100 AUSTIN, TX 78758	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNS
	(c) 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 JESUS G. RAMOS	Office sought SHERIFF Office held SHERIFF
Date 12/26/2023	Payee name TRACTOR SUPPLY	
Amount (\$) 98.98	Payee address; City; State; Zip Code 469 CENTRAL TX EXPY LAMPASAS, TX 76550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T-POSTS FOR SIGNS
	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 12/29/2023	Payee name TRACTOR SUPPLY	
Amount (\$) 27.68	Payee address; City; State; Zip Code 469 CENTRAL TX EXPY LAMPASAS, TX 76550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T-POSTS FOR SIGNS
	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

**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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>JESUS G. RAMOS</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>01/05/2024</b>	<b>5</b> Payee name <b>HILL COUNTRY PUBLISHING, INC</b>			
<b>6</b> Amount (\$) <b>115.00</b>	<b>7</b> Payee address; <b>PO BOX 631 LAMPASAS, TX 76550</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</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>POLITICAL AD</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<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>01/03/2024</b>	Payee name <b>SUPER CHEAP SIGNS</b>			
Amount (\$) <b>1,880.49</b>	Payee address; <b>9200 WATERFORD CENTRE BLVD STE. 100 AUSTIN, TX 78758</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</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>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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>01/19/2024</b>	Payee name <b>SUPER CHEAP SIGNS</b>			
Amount (\$) <b>848.68</b>	Payee address; <b>9200 WATERFORD CENTRE BLVD STE. 100 AUSTIN, TX 78758</b>		<b>City;</b>	<b>State;</b> <b>Zip Code</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>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

# 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  
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: 4	2 FILER NAME JESUS G. RAMOS	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2024	5 Payee name DR. DONS BUTTONS, STICKERS & MORE	
6 Amount (\$) 303.99	7 Payee address; City; State; Zip Code 3906 W. MORROW DR. GLENDALE, AZ 85308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN BUTTONS
	(c) 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 JESUS G. RAMOS	Office sought SHERIFF
		Office held SHERIFF
Date 01/05/2024	Payee name HILL COUNTRY PUBLISHING, INC	
Amount (\$) 60.00	Payee address; City; State; Zip Code PO BOX 631 LAMPASAS TX 76550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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