CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** MR **JESUS** G NAME Date Received LAST NICKNAME SHEELY RECEIVED **JESS RAMOS** ADDRESS / PO BOX: APT / SUITE #; FFB 2 9 2024 4 CANDIDATE / CITY STATE ZIP CODE **OFFICEHOLDER** PO BOX 1213 LAMPASAS TX 76550 MAILING **ADDRESS** √ Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512)734-5377 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER MRS CHRISTINA** Н Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **MEDRANO** STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE ZIP CODE CAMPAIGN TREASURER **PO BOX 482 KEMPNER** 76539 TX **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (512 788-8719 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year Year Month Day COVERED 25 2 24 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Month Description Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE SHERIFF SHERIFF 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	 				
15 C/OH NAME JESUS G. RAMOS			16 Fil	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT	NTEES OF LOANS, OR	R THAN	\$	
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN		OANS)	\$	4,220.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDI	TURES		\$ <	0,299.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF T	HE LAST DAY	\$	8,435.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		S AS OF THE	\$	
	wear, or affirm, under penalty of perjury, th		t is true and c	correct and it	ncludes all information
rec	uired to be reported by me under Title 15, El	ection Gode.			
		Signature	of Candidate	or Officeho	older
•	.				
1	Please compl	ete either option b	elow:		
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by	th	is the	day of_	,
20, to certify	which, witness my hand and seal of office.				·
Signature of officer administer	ring oath Printed name of office	er administering oath		Title of offi	cer administering oath
		OR			
(2) Unsworn Declaration	n				-
My name is JESUS G.		, and my date of I	birth is JULY	′ 17, 1962	
My address is 607 S SP	RING ST	, LAMPASAS	, <u>TX</u> ,	76550	. <u>U.S.</u>
I AMPASAS	(street)	(city)	(state) FEBRUARY	(zip code)	(country)
Executed in LAMPASAS	County, State of TEXAS	on the 29 day of f	(month)	, 20 <mark>24</mark> (year) .
		Signature of	Candidate/Offi	iceholder (D	eclarant)
		Oigitalait Oi			

SUBTOTALS - C/OH

	FILER NAME 20 Filer ID (Ethics Col	mmiss	ion Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
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.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	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	\$		

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: 3 6				
2 FILER NAME JESUS G.	RAMOS	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:) DIANE CALLOWAY	7 Amount of contribution (\$)				
02/01/2024	6 Contributor address; City; State; Zip Code	20.00				
O Deineinel seas	957 CR 3433 LAMPASAS, TX 76550	inna)				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
02/01/2024	CASSANDRA DOYAL	150.00				
	Contributor address; City; State; Zip Code 701 ROCKY HOLLOW DR BURNET, TX 78611	150.00				
	·					
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
02/01/2024	ANNE & BIBBY NIELSEN	400.00				
02/01/2024	Contributor address; City; State; Zip Code	100.00				
	541 CR 3351 KEMPNER, TX 76539					
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions) .				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
02/01/2024	DAVID W. SPRADLEY	000 00				
02,01,2021	Contributor address; City; State; Zip Code	200.00				
i j	4325 S HWY 183 LAMPASAS, TX 76550					
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

If the reques	sted 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 JESUS G.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/01/2024	6 Contributor address; City; State; Zip Code LAMPASAS, TX 76550	100.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/01/2024	Contributor address; City: State; Zip Code 1326 NARUNARO Lampasas TX	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/01/2024	GEORGE GONDORCHIN Contributor address; City; State; Zip Code 1023 CR 3365 KEMPNER TX 7653	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/01/2024	Contributor address; City; State; Zip Code	200.00
Principal occur	1108 BRIDGE ST LAMPASAS, TX 7655 pation / Job title (See Instructions) Employer (See Ins	
1 morpai occap	audit / Job title (See Instructions)	structions
		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	

If the reques	ted information is not applicable, DO NOT include	de this page in the r	eport.
The	Instruction Gulde explains how to complete this for	m.	1 Total pages Schedule A1: 💥 6
2 FILER NAME JESUS G.	RAMOS	-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
02/01/2024	6 Contributor address; City; S 481 CR 3107 KEMPNER,	tate; Zip Code TX 76539	100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
02/01/2024		tate; Zip Code AS TX 76550	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of contribution (\$)
02/01/2024	Contributor address; City; State; Zip Code 778 CR 3432 LAMPASAS, TX 76550		200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/01/2024		tate; Zip Code	300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction		

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 JESUS G.	RAMOS	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) JIM COLLINS	7 Amount of contribution (\$)			
02/01/2024	6 Contributor address; City; State; Zip Code 1002 SOUTH WALNUT ST LAMPASAS, TX 76550	500.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:) ALAN HARRY	Amount of contribution (\$)			
02/01/2024	Contributor address; City; State; Zip Code 2312 CR 1154 LAMPASAS, TX 76550	100.00			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date	Full name of contributor cut-of-state PAC (ID#:)	Amount of contribution (\$)			
02/01/2024	W.C. HARRINGTON JR. Contributor address; City; State; Zip Code 8684 CR 2001 LAMPASAS, TX 76550	100.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	· cions)			
Date	Full name of contributor out-of-state PAC (ID#:) STEPHEN R ELLISON	Amount of contribution (\$)			
02/01/2024	Contributor address; City; State; Zip Code 1962 FM 1478 LAMPASAS, TX 76550	400.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)			
1					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N				

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

If the reques	sted 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 JESUS G F	RAMOS	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) IVAN & CAROL GUSTIN	7 Amount of contribution (\$)	
02/01/2024	6 Contributor address; City; State; Zip Code LAMPASAS, TX 76550	100.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) BENNY M BOYD JR	Amount of contribution (\$)	
01/20/2024	Contributor address; City; State; Zip Code 601 N KEY AVE LAMPASAS, TX 76550	500.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) JAMES FRENCH TRACY JR	Amount of contribution (\$)	
01/30/2024	Contributor address; City; State; Zip Code PO BOX 1545 LAMPASAS, TX 76550	100.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) MATT CAWTHON	Amount of contribution (\$)	
01/21/2024	Contributor address; City; State; Zip Code PO BOX 611 CHINA SPRING, TX 76633-0611	250.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	lions)	
)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r		

If the reques	ted information is not applicable, DO NOT	include this page in the	report.
The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME JESUS G F	RAMOS		3 Filer ID (Ethics Commission Filers)
4 Date	JUAN G. RAMOS	PAC (ID#:)	7 Amount of contribution (\$)
01/30/2024	6 Contributor address; City; 1103 ACAPULCO CIR AL	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date .	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
;	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See-Instruc	tions)
	•		1
		0 OF THE COLUMN IS NOT	ILEDED.
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see Inc		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extension not listed shows)

Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	xpense Vages/Contract Labor	Other (enter a category not listed above)
Glouit Gard Taylindrik	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JESUS G. RAMOS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	 	
02/09/2024	TRACTOR SUPPLY		·
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
19.45	469 CENTRAL TX EXPY LAMPASA	AS, TX 76550	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	T-POST FOR	SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name JESUS G. RAMOS	Office sought SHERIFF	Office held SHERIFF
Date	Payee name		
02/12/2024	RANCHO SECO MEXICAN RESTAL	JRANT	
Amount (\$)	Payee address;	City;	State; Zip Code
357.00	108 E MAIN ST LOMETA TX 76853	3	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	FOOD AND BEVERAGE EXPENSE	MEET & GRE	ET
OF EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF
Date	Payee name		
02/24/2024	UDDERLY CREATIVE		
Amount (\$)	Payee address;	City;	State; Zip Code
124.49	317 E 3RD ST LAMPASAS, TX 76	550	
-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN LA	ABELS
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	JESUS G. RAMOS	SHERIFF	SHERIFF
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking, Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JESUS G. RAMOS 4 Date 5 Payee name 01/26/2024 DR. DONS BUTTONS, STICKERS & MORE 6 Amount (\$) 7 Pavee address: Zip Code 65.92 3906 W. MORROW DR. GLENDALE, AZ 85308 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE CAMPAIGN BUTTONS** ADVERTISING EXPENSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH JESUS G. RAMOS SHERIFF SHERIFF Payee name SUPER CHEAP SIGNS 01/26/2024 Zip Code Amount (\$) Payee address; City; 9200 WATERFORD CENTRE BLVE STE. 100 AUSTIN, TX 78758 445.02 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE POLITICAL SIGNS OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JESUS G. RAMOS SHERIFF SHERIFF Payee name Date 01/29/2024 HILL COUNTRY RADIO Zip Code Amount (\$) Payee address; City: State: LAMPASAS, TX 76550 1305 S KEY AVE STE 207 200.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** ADVERTISING EXPENSE RADIO AD OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JESUS G. RAMOS SHERIFF SHERIFF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME JESUS G. RAMOS		3 Filer ID (Ethics Commission Filers)			
4 Date 02/01/2024	5 Payee name PUTTERS & GUTTERS FUN					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
222.68	2341 US-281 LAMPASAS, TX 765	50 				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	OF TOOD BEVELVAGE EXTENSE INITET & GREET					
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name JESUS G. RAMOS	Office sought SHERIFF	Office held SHERIFF			
Date	Payee name					
02/01/2024	BUILDERS MART					
Amount (\$)	nount (\$) Payee address; City;					
18.68	507 N KEY AVE LAMPAS, TX 765	50				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE PLYWOOD FOR SIGNAGE					
	Check if travel outside of Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name Office sought		Office held			
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF			
Date	Payee name					
02/05/2024	KCYL 1450AM KACQ 101.9 FM					
Amount (\$)	Payee address;	City;	State; Zip Code			
846.00	505 NORTH KEY AVENUE LAMF	ASAS, TX 76550	0			
1	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	1 JESUS G. RAMOS	SHERIFF	SHERIFF			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					ed: 8	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	FIRST JESUS	·	мі G		USE ONLY
NAME	NICKNAME JESS	RAMOS		SUFFIX	Date Received REC	EIVED)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 121:		CITY; STA MPASAS T	TE; ZIP CODE X 76550	FEB 2	2 9 2024
✓ Change of Address			FUT	- Luntou		
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	734-5377	EXT	ENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	FIRST CHRISTINA		мі Н	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST		SUFFIX		
		MEDRANO			Date Imaged	
7 CAMPAIGN	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	PO BOX 482		KEM	PNER	TX	76539
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(512)	788-8719	EXT	ENSION		
	()					
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day aft treasurer ap (Officeholde	
3	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	7 /	27 / 23	THROUGH	1	/ 24 / 24	
11 ELECTION	ELECTION DAT			ELECTION TYPE		
To the state of th	Month Day	Year Primary	Runoff	Other		
	CONTRACTOR CONTRACTOR		Special	Description		
	3 / 5 /	24 General	Opecial			
42 055105	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if known)	
12 OFFICE	SHERIFF		SHE		7	
	SHERIFF		SITE	XII I		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
3	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	7		, , , , , , , , , , , , , , , , , , , ,
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	8		Sec.
	GO TO PAGE 2					
		00 10	. /			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME JESUS G. RAMOS		16 File	er ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 2	2,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
, ,	4. TOTAL POLITICAL EXPENDITURES		\$ 5	5,818.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	AST DAY	\$ 6	390.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$	
	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and c	orrect and inc	dudes all information
1	Signature of	Candidate	or Officeholi	der
	Please complete either option belo	\W'		
	riease complete ethici opuon bei	Jar.		
1				
(4) 455 1 1				
(1) Affidavit				
NOTABY CTAND (CEA				!
NOTARY STAMP/SEA				
Sworn to and subscribed		1e	day of	,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of officer administering oath		Title of offic	er administering oath
	OR			
(2) Unsworn Declarati	on			
My name is JESUS G.	RAMOS, and my date of birth	is JULY	17, 1962	
My address is 607 S SP	RING ST LAMPASAS	TX	76550	U.S.
	(street) (city)	(state)	(zip code)	(country)
Executed in LAMPASAS	S County, State of TEXAS, on the 29 day of (mo	RUARY	, 20 <u>24</u> (year)	- -
	- Jan	-		-1
	Signature of Car	ndidate/Offi	icenoider (De	clarant)

SUBTOTALS - C/OH

	FILER NAME 20 Filer ID (Ethics Cor	nmiss	ion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: 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.	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	\$	

If the reques	ited information is not applicable, DO NOT include	this page in the re	port.	
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 5 Full name of contributor out-of-state PAC (ID#:STANLEY G. WILSON			7 Amount of contribution (\$)	
11/05/2023	6 Contributor address; City; State; Zip Code 863 CR 1154 LAMPASAS TX 76550		1,000.00	
8 Principal occu		Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	
12/15/2023		ate; Zip Code 76710-7330	1,000.00	
Principal occup	eation / Job title (See Instructions)	mployer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	
01/04/2024	RICHARD SHONK Contributor address; City; Sta 890 CR 2136 LOMETA, T.	X 76853	200.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	
	Contributor address; City; Sta	ate; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
		 	ъ.	
	ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instruction			

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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel Out Of District
Other (enter a category not listed above)

Legal Services

Cledit Cald Payment	The instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JESUS G. RAMOS		3 Filer ID (Ethics Commission Filers)
4 Date 08/22/2023	5 Payee name 2B SIGNS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
66.90	508 S KEY AVE LAMPASAS, TX 76	3550	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	BUSINESS C	ARDS
	(c) Check if travel outside of Texes. Complete Schedule T.	Check if Aust	tin, TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H JESUS G. RAMOS	Office sought SHERIFF	Office held SHERIFF
Date	Payee name		
10/02/2023	HILL COUNTRY PUBLISHING, INC		
Amount (\$)	Payee address;	City;	State; Zip Code
661.50	PO BOX 631 LAMPASAS, TX 7655	0	
I	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL A	'D
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	JESUS G. RAMOS	SHERIFF	SHERIFF
Date '	Payee name		
11/30/2023	SUPER CHEAP SIGNS		
Amount (\$)	Payee address;	City;	State; Zip Code
1,581.88	9200 WATERFORD CENTRE BLVD	STE 100 AUS	STIN, TX 78758
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL SI	GNS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NET	EDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anther a national pot listed shows)

Candidate/Officeholder/Politica Credit Card Payment	<u> </u>	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 JESUS G. RAMOS		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
12/04/2023	SUPER CHEAP SIGNS			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
173.20	9200 WATERFORD CENTRE BLVE	STE 100 AUS	STIN, TX 78758	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL SI	IGNS	
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF	
Date	Payee name			
12/26/2023	TRACTOR SUPPLY			
Amount (\$)	Payee address;	City;	State; Zip Code	
98.98	469 CENTRAL TX EXPY LAMPAS	AS, TX 76550		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	T-POSTS FO	R SIGNS	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF	
Date	Payee name			
12/29/2023	TRACTOR SUPPLY			
Amount (\$)	Payee address;	City;	State; Zip Code	
27.68	469 CENTRAL TX EXPY LAMPAS	AS, TX 76550		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	T-POSTS FOR	RSIGNS	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Event Expense Fees Food/Beverage Expense Girl/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	• • • • • • • • • • • • • • • • • • • •	g Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	·	-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	•	J
01/05/2024	HILL COUNTRY PUBLISHING, INC	3	
Amount (\$)	7 Payee address;	City;	State; Zip Code
115.00	PO BOX 631 LAMPASAS, TX 76	550	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL A	D
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JESUS G. RAMOS	SHERIFF	SHERIFF
Date	Payee name		
01/03/2024	SUPER CHEAP SIGNS		
Amount (\$)	Payee address;	City;	State; Zip Code
1,880.49	9200 WATERFORD CENTRE BLV	D STE. 100 AU	STIN, TX 78758
ſ	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL S	IGNS
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if dispet	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		SHERIFF	SHERIFF
Date	Payee name		
01/19/2024	SUPER CHEAP SIGNS		
Amount (\$)	Payee address;	City;	State; Zip Code
848.68	9200 WATERFORD CENTRE BLVI	O STE. 100 AUS	STIN, TX 78758
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POLITICAL SI	GNS
ļ	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	JESUS G. RAMOS	SHERIFF	SHERIFF
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEI	EDED
	to Committee and the state of		Povince 1/1/2024

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

Event Expense Fees Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Printing Expense Selaries/Wages/Contract Labor Travel Out Of District Legal Services 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) JESUS G. RAMOS 4 Date 5 Pavee name 01/25/2024 DR. DONS BUTTONS, STICKERS & MORE 6 Amount (\$) 7 Payee address; City: State: Zip Code 303.99 3906 W. MORROW DR. GLENDALE, AZ 85308 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE ADVERTISING EXPENSE CAMPAIGN BUTTONS **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH JESUS G. RAMOS SHERIFF SHERIFF Pavee name Date HILL COUNTRY PUBLISHING, INC 01/05/2024 Amount (\$) Pavee address: City; State: Zip Code PO BOX 631 LAMPASAS TX 76550 60.00Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE POLITICAL AD OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JESUS G. RAMOS SHERIFF SHERIFF Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED