

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: 9								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Justin NICKNAME LAST SUFFIX Ray	OFFICE USE ONLY Date Received RECEIVED JUL 15 2026 Sca									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 16321 Smith St. Jersey Village, TX 77040	Date Hand-delivered or Date Postmarked Electron 7/15/20									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	Receipt # Amount \$ Date Processed 7/15/26 Date Imaged 7/15/26									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Bobby NICKNAME LAST SUFFIX Worken	STATE, ZIP CODE TX 77040									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 15325 Walwyn Jersey Village, TX 77040										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 515-2958										
9 REPORT TYPE	☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded Modified Reporting Limit ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 26 THROUGH 6 / 30 / 26										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year / / ☐ Primary ☐ General ☐ Runoff ☐ Special ☐ Other Description										
12 OFFICE	OFFICE HELD (if any) CFISD Trustee	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

106.65

4. TOTAL POLITICAL EXPENDITURES

\$

1084.96

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

2,990.57

OUTSTANDING
LOAN TOTALS

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 Justin Ray, and my date of birth is 9-6-78

My address is 16321 Smith St. Jersey Village TX 77040 USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 15 day of July, 20 26
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1084.96
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	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Justin Ray	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 1084.96

5 CREDIT CARD
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 1084.96

(b) Date Expenditure Charged

4-16-26

(c) Date(s) Credit Card Issuer Paid

4-27-26

7 PAYEE

(a) Payee name

BYG

(b) Payee address;

City,

State, Zip Code

9453 Jones Road Houston, TX 77065

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Donation

(b) Description

Charity Event

☐ Political

☐ Non-Political

(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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ Non-Political

(c) 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

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ Non-Political

(c) 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