

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI CHRISTOPHER G. NICKNAME LAST SUFFIX CHRIS AYALA	OFFICE USE ONLY Date Received MAR 18 2024 FILED LINDSEY BROWN COUNTY CLERK, Gillespie Co., Texas By <i>Lance Stots</i> Deputy Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] FREDERICKSBURG TX 78624				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MARY WYN RUSHE NICKNAME LAST SUFFIX RUSCHE				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] FREDERICKSBURG TX. 78624				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 15 / 2023 12 / 15 / 2023 23				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 05 / 2024 <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SHERIFF			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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**

15 C/OH NAME CHRISTOPHER G. AYALA 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)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1713.89
	4. TOTAL POLITICAL EXPENDITURES	\$ 1713.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 500. ⁰⁰
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 CHRISTOPHER G. AYALA, and my date of birth is 08/17/1968.

My address is _____ FREDERICK 7804 GLENVIEW (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in GILLESPIE County, State of TEXAS, on the 15 day of DECEMBER, 2024.

Christopher G. Ayala
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

CHRISTOPHER G. AMARA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 368.29
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1345.39
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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.

1 Total pages Schedule F4: 1	2 FILER NAME CHRISTOPHER G. AYALA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 368.29
5 Date 12/29/2023	6 Payee name MASTER SIGNIFIED GRAPHIC PRINTING	
7 Amount (\$) 368.29	8 Payee address; City; State; Zip Code 157A PELAN CREEK RD. FREDERICKSBURG TX. 78624	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description BUMPER STICKERS BUTTONS CAMPAIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER G. AYALA	Office sought SHERIFF
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule G:	2 FILER NAME CHRISTOPHER G. AYALA	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2023	5 Payee name G.C.R.P. - GILLESPIE COUNTY REPUBLICAN PARTY	
6 Amount (\$) 750 ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 904 W. MAIN ST. FREDERICKSBURG TX. 78624	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description BALLOT FORMS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/15/2024	Payee name JUC MEDIA LLC.	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6856 ALAMO DOWNS PIKWAY SAN ANTONIO TX. 78221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN SIGNS
	<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	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED