



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

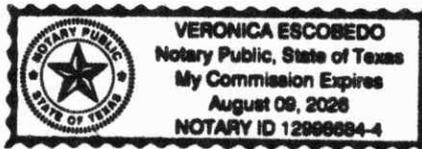
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Ricky Gleason		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,540.30
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,354.67
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 29,932.05
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

**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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Richard Gleason this the 14 day of January, 2026, to certify which, witness my hand and seal of office.  
[Signature] Veronica Escobedo Universal Banker  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Ricky Gleason		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33,530.30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,358.25
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 996.42
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	\$

Reset Form

Reset Page

# 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 Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Matthew Murphy 6 Contributor address; City; State; Zip Code 278 English Oaks Cr., Boerne, TX 78006	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) Partner/Investor		9 Employer (See Instructions) Eldon Pass
Date 11-6-25	Full name of contributor out-of-state PAC (ID#: _____) James P. Cohoon Contributor address; City; State; Zip Code 108 Stage Springs, Boerne, TX 78006	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Legar Ketchum & Cohoon, PLLC
Date 11-11-25	Full name of contributor out-of-state PAC (ID#: _____) Brandi Quinn Contributor address; City; State; Zip Code 407 Prado Crossing, Boerne, TX 78006	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Phyllis Browning Company
Date 11/11/25	Full name of contributor out-of-state PAC (ID#: _____) David Spencer Contributor address; City; State; Zip Code 149 Kitty Kat Lane, Boerne, TX 78006	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Prytime Medical

**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 Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/25	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Upton 6 Contributor address; City; State; Zip Code 105 High Cliff Dr., Boerne, TX 78006	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions) General Manager		9 Employer (See Instructions) Incredible Rugs & Decor
Date 11-18-25	Full name of contributor out-of-state PAC (ID#: _____) James Schuepbach Contributor address; City; State; Zip Code 606 Frey Street, Boerne, TX 78006	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions) Principal/COO		Employer (See Instructions) Ryoak Capital Partners
Date 11-19-25	Full name of contributor out-of-state PAC (ID#: _____) Lance Hirsch Contributor address; City; State; Zip Code 3722 Rio Cordillera, Boerne, TX 78006	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/26/25	Full name of contributor out-of-state PAC (ID#: _____) Judy Gleason Contributor address; City; State; Zip Code 73 Mariposa Pkwy W., Boerne, TX 78006	Amount of contribution (\$)  2,000.00
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) St. Peter the Apostle Catholic Church

**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: <b>6</b>
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/25	5 Full name of contributor out-of-state PAC (ID#: _____) Bobbi Shipman ..... 6 Contributor address; City; State; Zip Code 303 Vista Verde, Boerne, TX 78006	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions) Sr. Sourcing Manager		9 Employer (See Instructions) MedStar Health
Date 12/5/25	Full name of contributor out-of-state PAC (ID#: _____) Charles Hueber ..... Contributor address; City; State; Zip Code 203 2nd Street, Center Point, TX 78010	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self
Date 12/9/25	Full name of contributor out-of-state PAC (ID#: _____) James Wilson ..... Contributor address; City; State; Zip Code 16 Canario Ln., Boerne, TX 78006	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) USG
Date 12/10/25	Full name of contributor out-of-state PAC (ID#: _____) John Adams ..... Contributor address; City; State; Zip Code 107 Woody Way, Boerne, TX 78006	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

**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: <b>6</b>
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/25	5 Full name of contributor out-of-state PAC (ID#: _____) Noel Day ..... 6 Contributor address; City; State; Zip Code 255 Sabinas Creek Ranch Rd., Boerne, TX 78006	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Alpha Centauri Kid
Date 12/2/25	Full name of contributor out-of-state PAC (ID#: _____) Joe Mims ..... Contributor address; City; State; Zip Code 114 Legend Hollow, Boerne, TX 78006	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/4/25	Full name of contributor out-of-state PAC (ID#: _____) Robert Simpson ..... Contributor address; City; State; Zip Code 29 Woodland View, Fair Oaks Ranch, TX 78015	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/9/25	Full name of contributor out-of-state PAC (ID#: _____) Arthur Humphries ..... Contributor address; City; State; Zip Code 102 Rusty Lane, Boerne, TX 78006	Amount of contribution (\$)  480.31
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

**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.		<b>1</b> Total pages Schedule A1: <b>6</b>
<b>2</b> FILER NAME Ricky Gleason		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/12/25	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Steve Stewart <hr/> <b>6</b> Contributor address; City; State; Zip Code 110 Escalera Circle Boerne, TX 78006	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions) IT		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 12/18/25	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Donna Terrell <hr/> <b>Contributor address;</b> City; State; Zip Code 239 Well Springs, Boerne, TX 78006	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b> Loan Officer		<b>Employer (See Instructions)</b> Legacy Mutual Mortgage
<b>Date</b> 12/24/25	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Andrew Cutkomp <hr/> <b>Contributor address;</b> City; State; Zip Code 701 Oak Park Dr. # 6311, Boerne, TX 78006	<b>Amount of contribution (\$)</b>  1,550.00
<b>Principal occupation / Job title (See Instructions)</b> Account Executive		<b>Employer (See Instructions)</b> Rainwater CPA
<b>Date</b> 12/29/25	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Justin Bendele <hr/> <b>Contributor address;</b> City; State; Zip Code 124 Cascade Caverns Rd., Boerne, TX 78006	<b>Amount of contribution (\$)</b>  1,000.00
<b>Principal occupation / Job title (See Instructions)</b> Mechanic		<b>Employer (See Instructions)</b> Lone Star Automotive & Diesel

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>6</b>
<b>2</b> FILER NAME Ricky Gleason		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/29/25	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Bill Bird <hr/> <b>6</b> Contributor address; City; State; Zip Code 410 E. Hosack St., Boerne, TX 78006	<b>7</b> Amount of contribution (\$)  5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Automotive		<b>9</b> Employer (See Instructions) Bird Properties
<b>Date</b> 12/30/25	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Sara Baird <hr/> <b>Contributor address;</b> City; State; Zip Code 210 W. Hosack St., Boerne, TX 78006	<b>Amount of contribution (\$)</b>  2,000.00
<b>Principal occupation / Job title (See Instructions)</b> Realtor/Broker		<b>Employer (See Instructions)</b> LoneStar Properties
<b>Date</b> 12/31/25	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Brian Garrison <hr/> <b>Contributor address;</b> City; State; Zip Code 102 Frey St., Boerne, TX 78006	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b> Restaurant		<b>Employer (See Instructions)</b> Self
<b>Date</b> 12/4/25	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) William Bibb <hr/> <b>Contributor address;</b> City; State; Zip Code 7540 Sweetwind Circle, Boerne, TX 78006	<b>Amount of contribution (\$)</b>  2,000.00
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Joy Pipe USA

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000.00
5 Date of loan 11/5/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ricky Gleason	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 14 Canario Lane, Boerne, TX 78006	10 Interest rate 0.00%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Advisor		13 Employer (See Instructions) Prime Capital
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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	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: 2	<b>2</b> FILER NAME Ricky Gleason	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/17/25	<b>5</b> Payee name Grant Public Strategies	
<b>6</b> Amount (\$) 2,500.00	<b>7</b> Payee address; P.O. Box 25326, Austin, TX 78755 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Web Hosting, Design and Consulting
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricky Gleason	Office sought Kendall County Judge
<b>Date</b> 11/17/25	<b>Payee name</b> Grant Public Strategies	
<b>Amount (\$)</b> 2,500.00	<b>Payee address;</b> P.O. Box 25326, Austin, TX 78755 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense	<b>Description</b> Web Hosting, Design and Consulting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricky Gleason	Office sought Kendall County Judge
<b>Date</b> 11/17/25	<b>Payee name</b> Kendall County Republican Party	
<b>Amount (\$)</b> 750.00	<b>Payee address;</b> 624 N. Main Street, Boerne, TX 78006 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Ballot Filing Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricky Gleason	Office sought Kendall County Judge

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: 2	<b>2</b> FILER NAME Ricky Gleason	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/18/25	<b>5</b> Payee name Grant Public Strategies	
<b>6</b> Amount (\$) 108.25	<b>7</b> Payee address; City; State; Zip Code P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Web Hosting, Design and Consulting
	<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 Ricky Gleason	Office sought Kendall County Judge
<b>Date</b> 12/2/25	<b>Payee name</b> Grant Public Strategies	
<b>Amount (\$)</b> 2,500.00	<b>Payee address; City; State; Zip Code</b> P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense	<b>Description</b> Web Hosting, Design and Consulting
	<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 Ricky Gleason	Office sought Kendall County Judge
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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	Office sought
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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	Office sought

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.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Ricky Gleason	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/28/25	<b>5</b> Payee name The UPS Store	
<b>6</b> Amount (\$) 255.47 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 215 W. Bandera Road, Boerne, TX 78006 <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Cardstock/Pushcards
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricky Gleason	Office sought / Office held Kendall County Judge
Date 12/2/25	Payee name The UPS Store	
Amount (\$) 27.07 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 215 W. Bandera Rd., Boerne, TX 78006 <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricky Gleason	Office sought / Office held Kendall County Judge
Date 12/10/25	Payee name The UPS Store	
Amount (\$) 63.88 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 215 W. Bandera Rd., Boerne, TX 78006 <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Pushcards
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricky Gleason	Office sought / Office held Kendall County Judge

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.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Ricky Gleason	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/12/25	<b>5</b> Payee name Shannon Amick	
<b>6</b> Amount (\$) 650.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 3625 Copper River, Bulverde, TX 78163 <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Caps
	<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 Ricky Gleason	Office sought / Office held Kendall County Judge
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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 <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