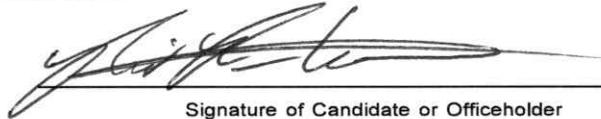


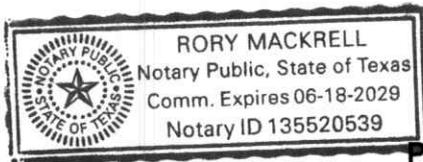
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME Ricky Gleason | | 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) | \$ 147.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 8,227.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 13,117.30 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 21,134.75 |
| OUTSTANDING LOAN TOTALS | 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.


Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ricky Gleason this the 11th day of February, 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Rory Mackrell Printed name of officer administering oath Notary 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 | | \$ 8,227.00 |
| 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 | | \$ 12,421.30 |
| 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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 695.97 |
| 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: 3 |
| 2 FILER NAME Ricky Gleason | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-2-26 | 5 Full name of contributor out-of-state PAC (ID#: _____) Arthur Humpries 6 Contributor address; City; State; Zip Code 102 Rusty Land, Boerne, TX 78006 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 1-7-26 | Full name of contributor out-of-state PAC (ID#: _____) Charles P. Hill Contributor address; City; State; Zip Code 28 Cordillera Trace, Boerne, TX 78006 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) President & COO | | Employer (See Instructions) DH Investment Co. |
| Date 1-12-26 | Full name of contributor out-of-state PAC (ID#: _____) Robert Thornton Contributor address; City; State; Zip Code 616 E. Blanco, # 300A, Boerne, TX 78006 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Robert S Thornton, LP |
| Date 1-13-26 | Full name of contributor out-of-state PAC (ID#: _____) Stephen Schiffman Contributor address; City; State; Zip Code 118 Spring Hill Dr., Boerne, TX 78006 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) SBS Construction |

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: 3 |
| 2 FILER NAME Ricky Gleason | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/14/26 | 5 Full name of contributor out-of-state PAC (ID#: _____) Kristi Schmidt 6 Contributor address; City; State; Zip Code 109 Brookside Ln., Boerne, TX 78006 | 7 Amount of contribution (\$) 49.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 1-14-26 | Full name of contributor out-of-state PAC (ID#: _____) MiKinley Schmidt Contributor address; City; State; Zip Code 109 Brookside Ln., Boerne, TX 78006 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) Student | | Employer (See Instructions) N/A |
| Date 1-14-26 | Full name of contributor out-of-state PAC (ID#: _____) Steven Ranck Contributor address; City; State; Zip Code 67 Alex Circle, Boerne, TX 78006 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 1-14-26 | Full name of contributor out-of-state PAC (ID#: _____) William Bunker Contributor address; City; State; Zip Code 202 Cinnamon Creek, Boerne, TX 78006 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) Contractor | | Employer (See Instructions) Jayme Bunker |

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: 3 |
| 2 FILER NAME Ricky Gleason | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-15-26 | 5 Full name of contributor out-of-state PAC (ID#: _____) Barrett Adams <hr/> 6 Contributor address; City; State; Zip Code 216 Beristain Cv., Boerne, TX 78006 | 7 Amount of contribution (\$) 25.00 |
| 8 Principal occupation / Job title (See Instructions) Paramedic | | 9 Employer (See Instructions) Kendall County |
| Date 1-22-26 | Full name of contributor out-of-state PAC (ID#: _____) Bill Bird <hr/> Contributor address; City; State; Zip Code 410 E. Hosack St., Boerne, TX 78006 | Amount of contribution (\$) 4,803.00 |
| Principal occupation / Job title (See Instructions) Auto | | Employer (See Instructions) Auto |
| Date | Full name of contributor out-of-state PAC (ID#: _____) <hr/> 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#: _____) <hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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.

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: 1 |
| 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Ricky Gleason | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-5-26 | 5 Payee name Grant Public Strategies | |
| 6 Amount (\$) 2,500.00 | 7 Payee address; City; State; Zip Code P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Web Hosting, Design and Consulting |
| | (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 1-13-26 | Payee name Grant Public Strategies | |
| Amount (\$) 639.00 | Payee address; City; State; Zip Code P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description 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 | Office sought Office held |

| | | |
|--|---|---------------------------------|
| Date 1-2-26 | Payee name Newsworthi.ai | |
| Amount (\$) 1,548.00 | Payee address; City; State; Zip Code 607 E. Blanco Rd., Boerne, TX 78006 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Online Marketing |
| | <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 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.

| | | |
|--|--------------------------------------|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Ricky Gleason | 3 Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|--|

| | |
|--------------------------|--|
| 4 Date 1-14-26 | 5 Payee name Grant Public Strategies |
|--------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) 1,146.08 | 7 Payee address; City; State; Zip Code P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small> |
|----------------------------------|--|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Web Hosting, Design and Consulting |
| | (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 Ricky Gleason | Office sought Kendall County Judge | Office held |
|---|--|---------------------------------------|-------------|

| | |
|-----------------|---------------------------------------|
| Date 1-14-26 | Payee name Grant Public Strategies |
|-----------------|---------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) 6,588.22 | Payee address; City; State; Zip Code P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small> |
|-------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description 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 | Office held |
|--|--|---------------------------------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|---|
| Amount (\$) | Payee address; City; State; Zip Code <small>Check if individual's residence address.</small> |
|-------------|---|

| | | |
|-------------------------------|---|-------------|
| 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 | 2 FILER NAME Ricky Gleason | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-9-26 | 5 Payee name The UPS Store | |
| 6 Amount (\$) 173.21 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code 215 W. Bandera Rd., Boerne, TX 78006 <input checked="" type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Card stock and copies |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 Ricky Gleason Kendall County Judge | |
| Date 1-10-26 | Payee name The Home Depot | |
| Amount (\$) 271.07 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 633 W. Bandera Rd., Boerne, TX 78006 Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sign hanging materials |
| | 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 Ricky Gleason Kendall County Judge | |
| Date 1-11-26 | Payee name Taylor's Ace | |
| Amount (\$) 63.00 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 1313 S. Main St., Suite A, Boerne, TX 78006 Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sign hanging materials |
| | 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 Ricky Gleason 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.

| | | |
|---|---|---|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Ricky Gleason | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-5-26 | 5 Payee name Taylor's Ace | |
| 6 Amount (\$) 18.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code 1313 S. Main, Suite A, Boerne, TX 78006 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Sign materials |
| | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Ricky Gleason | Office sought / Office held Kendall County Judge |
| Date 1-7-26 | Payee name The UPS Store | |
| Amount (\$) 127.74 <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> | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Push Cards |
| | <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 / Office held Kendall County Judge |
| Date 1-7-26 | Payee name HEB | |
| Amount (\$) 42.95 <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> | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food & Beverage Expense | Description Event snacks |
| | <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 / Office held Kendall County Judge |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED