

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <i>2/23/2026</i> <i>3:25pm</i> Date Hand-delivered or Date Postmarked <i>Spicker</i> Receipt # Amount \$ Date Processed Date Imaged
		Mr.	Ricky	
	NICKNAME	LAST	SUFFIX	
		Gleason		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	14 Canario Lane, Boerne, TX 78006			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	379-8063		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		Mr.	Carlin	
	NICKNAME	LAST	SUFFIX	
		Friar	R	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	213 W. Highland Dr., Boerne, TX 78006			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	355-9783		
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 checked="" 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	
	1	23	26	
		THROUGH		
		Month	Day	
		2	21	
		Year	26	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
		03	03	
		26		
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
		<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Kendall County Judge	
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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

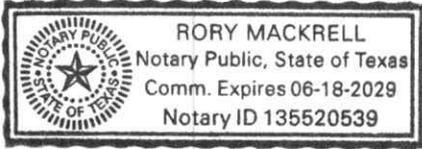
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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)	\$ 500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,713.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,905.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,942.52
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.

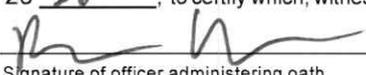

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ricky Gleason this the 23rd day of February, 2020, to certify which, witness my hand and seal of office.
 Printed name of officer administering oath Rory Mackrell Title of officer administering oath Notary

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_____.

 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		\$ 21,213.30
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		\$ 28,900.53
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		\$ 191.62
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: 5
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 1-23-26	5 Full name of contributor out-of-state PAC (ID#: _____) Charles Hiler 6 Contributor address; City; State; Zip Code 607 N. School St., Boerne, TX 78006	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Leadership		9 Employer (See Instructions) Actalent Inc.
Date 1-23-26	Full name of contributor out-of-state PAC (ID#: _____) Barbara Hill Contributor address; City; State; Zip Code 546 Cordillera Trace, Boerne, TX 78006	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) DH Investment Co.
Date 1-23-26	Full name of contributor out-of-state PAC (ID#: _____) Richard Barkley Contributor address; City; State; Zip Code 117 Timber Mountain Dr., Boerne, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Prime Capital
Date 1-28-26	Full name of contributor out-of-state PAC (ID#: _____) David McNease Contributor address; City; State; Zip Code 41 Mariposa Pkwy W., Boerne, TX 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) NAM		Employer (See Instructions) Dart Containers

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: 5
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/26	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Dryden	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 615 Live Oak, Boerne, TX 78006		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Cibolo Creek Land Services
Date 1-29-26	Full name of contributor out-of-state PAC (ID#: _____) Philip Ochoa	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 207 Falcon Point, Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) 8A Properties LLC
Date 2-4-26	Full name of contributor out-of-state PAC (ID#: _____) Melissa Ivancovich	Amount of contribution (\$) 3,000.00
Contributor address; City; State; Zip Code 416 Menger Springs, Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Singing Water Vineyards
Date 2-6-26	Full name of contributor out-of-state PAC (ID#: _____) Alan Rich	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 104 Riverwalk, Boerne, TX 78006		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Whitley Penn
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 2-6-26	5 Full name of contributor out-of-state PAC (ID#: _____) Steven Kluck 6 Contributor address; City; State; Zip Code 222 Fawn Valley Dr., Boerne, TX 78006	7 Amount of contribution (\$) 19.21
8 Principal occupation / Job title (See Instructions) Mechanical Engineer		9 Employer (See Instructions) Self
Date 2-9-26	Full name of contributor out-of-state PAC (ID#: _____) Carmel Widner Contributor address; City; State; Zip Code 491 Augusta, Boerne, TX 78006	Amount of contribution (\$) 96.06
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 2-9-26	Full name of contributor out-of-state PAC (ID#: _____) Erin Crawford Contributor address; City; State; Zip Code 6 Foster Ln., Boerne, TX 78006	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Software Sales		Employer (See Instructions) Workday
Date 2-9-26	Full name of contributor out-of-state PAC (ID#: _____) Cleveland Hogarth Contributor address; City; State; Zip Code 318 Park Ridge, Boerne, TX 78006	Amount of contribution (\$) 100.00
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: 5
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-26	5 Full name of contributor out-of-state PAC (ID#: _____) Tammy Leach 6 Contributor address; City; State; Zip Code 123 Greystone Pt., Boerne, TX 78006	7 Amount of contribution (\$) 10,000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Rock Electric Supply
Date 2-11-26	Full name of contributor out-of-state PAC (ID#: _____) Cleveland Hogarth Contributor address; City; State; Zip Code 318 Park Ridge, Boerne, TX 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 2-13-26	Full name of contributor out-of-state PAC (ID#: _____) Wilfrido Garcia Contributor address; City; State; Zip Code 52 Thunder Ridge, Boerne, TX 78006	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Electi Oilfield Services LLC
Date 2-18-26	Full name of contributor out-of-state PAC (ID#: _____) Andrew Waterman Contributor address; City; State; Zip Code 7753 Pimlico Lane, Fair Oaks Ranch, TX 78015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Construction Management		Employer (See Instructions) Waterman Construction

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Ricky Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-26	5 Full name of contributor out-of-state PAC (ID#: _____) Pauline Mumme 6 Contributor address; City; State; Zip Code 190 La Cancion Drive, Boerne, TX 78006	7 Amount of contribution (\$) 48.03
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date	Full name of contributor out-of-state PAC (ID#: _____) 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#: _____) 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#: _____) 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
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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 <input checked="" type="checkbox"/> 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: 4	2 FILER NAME Ricky Gleason	3 Filer ID (Ethics Commission Filers)
4 Date 1-27-26	5 Payee name Grant Public Strategies	
6 Amount (\$) 1,801.86	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
Date 1-30-26	Payee name Grant Public Strategies	
Amount (\$) 541.25	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
Date 2-3-26	Payee name Grant Public Strategies	
Amount (\$) 2,500.00	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 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.

1 Total pages Schedule F1: 4	2 FILER NAME Ricky Gleason	3 Filer ID (Ethics Commission Filers)
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4 Date 2-6-26	5 Payee name Grant Public Strategies
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6 Amount (\$) 4,059.38	7 Payee address; P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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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
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Date 2-10-26	Payee name Grant Public Strategies
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Amount (\$) 575.00	Payee address; P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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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
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Date 2-11-26	Payee name Grant Public Strategies
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Amount (\$) 1,849.08	Payee address; P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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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
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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: 4	2 FILER NAME Ricky Gleason	3 Filer ID (Ethics Commission Filers)
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4 Date 2-11-26	5 Payee name Grant Public Strategies
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6 Amount (\$) 639.60	7 Payee address; P.O. Box 25326, Austin, TX 78755 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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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) <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 Kendall County Judge	Office held
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Date 2-13-26	Payee name Grant Public Strategies
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Amount (\$) 7,967.18	Payee address; P.O. Box 25326, Austin, TX 78755 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description 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	Office held
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Date 2-13-26	Payee name Boerne Radio
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Amount (\$) 1,000.00	Payee address; PO Box 664, Boerne, TX 780065 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Advertising
	<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	Office held
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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: 4	2 FILER NAME Ricky Gleason	3 Filer ID (Ethics Commission Filers)
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4 Date 2-17-26	5 Payee name Grant Public Strategies
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6 Amount (\$) 7,967.18	7 Payee address; City; State; Zip Code P.O. Box 25326, Austin, TX 78755 <small>Check if individual's residence address.</small>
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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) <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 Kendall County Judge	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought	Office held
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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: 1	2 FILER NAME Ricky Gleason	3 Filer ID (Ethics Commission Filers)
4 Date 2-3-26	5 Payee name The UPS Store	
6 Amount (\$) 191.62 <small>Reimbursement from political contributions intended</small>	7 Payee address; 215 W. Bandera Rd., Boerne, TX 78006 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Cardstock and copies
	(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 Kendall County Judge
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED