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	MS / MRS MR	HETETOPIA	EL	Ğ.		USE ONLY	
NAME	NICKNAME CHRSES	AYALA		SUFFIX	Date Received WAK 1 8 2024 FILED		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STAT	TE; ZIP CODE		EY BROWN K-Gillespie Co., Texas	
MAILING			125 2211		Blace	a Gros	
ADDRESS Change of Address	TREDEC	MONSBUR T	x. 7867	24	· '	Deputy *	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER PHONE					Receipt #	Amount \$	
6 CAMPAIGN TREASURER	MS (MR)S / MR	YNN RUS	-14	MI	30 SQUARE CAR 40 SQ		
NAME	NICKNAME	LAST	-vc	SUFFIX	Date Processed		
	3.5.5 (3.5)	RUSCHE			Date Imaged	111111111111111111111111111111111111111	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #. (CITY;	STATE;	ZIP CODE	
ADDRESS	C	2-2460		701211			
(Residence or Business)	AREA CODE	PHONE NUMBER	The state of the s	ENSION			
8 CAMPAIGN TREASURER	AREA CODE	PHONE NOWBER	-	LITOION			
PHONE	,						
9 REPORT TYPE	January 15	30th day before	election	Runoff		ter campaign ppointment er Only)	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Yea		
OOVERED	9 /15 /2023 THROUGH 10 /15 /2023						
11 ELECTION	ELECTION DATE ELECTION TYPE Primary Runoff Other						
	Month Day Year Primary Runoff Other Description O3/05 /204 General Special						
	03/05/	2001					
12 OFFICE	OFFICE HELD (if any)		13 OFF	EKT K	n) >		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TE	REASURER ADDRES	SS			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	MISTOPHER G. AYALA	Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 941.54		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST IN OF REPORTING PERIOD	\$ 500°°		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$		
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declaration	on			
My name is CHES	STOPHENG, AY ALA, and my date of birth is	8/17/1968 72624 Gallespie		
Executed is Executed is	(street) (city) (state of County, State	e) (zip code) (country)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
	CHRISTOPHER G. AYAYA				
21	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 6			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ons \$ O			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0			
4.	SCHEDULE E: LOANS	S			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS \$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	ICAL CONTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	\$941.54			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	RIBUTIONS RETURNED \$			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

If the requested information is not applicable, DO NOT include this page in the report.						
EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica						
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 941.54						
5 Date 9 21 2623	6 Payee name STENT FIED GRAPHICE & PRINTING					
7 Amount (\$)	8 Payee address; State; Zip Code 1577 PECAN CREEK ROAD City; State; Zip Code					
941.54	TREPERLOKSBURG TEXAS 78674					
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) APPENSE (b) Description CAMPATEN PARADE					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CANDISTORY G. AYAYA SHERTA						
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Political					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						