CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The CIOH Instruction Guide explains how to complete this form. 1 Filer ID (Ethic Commission Fland) 2 Total pages filed: 8 3 CANDIDATE/ OFFICEHOLDER NAME Total Miles Total Status Miles OFFICE USE ONLY 4 CANDIDATE/ OFFICEHOLDER MALING ADDRESS /PO BOX Total Exc. City LE Date Status DEC 13 2022 RCVUp 4 CANDIDATE/ OFFICEHOLDER MALING ADDRESS /PO BOX AFT suits & City. Status Zeroce DEC 13 2022 RCVUp 6 CAMPAGEN MALING ADDRESS Address Borne Rules Extremision Det Hand-delived or Date Postmarket 6 CAMPAGEN TEEASURER NAME Miles Det Hand-delived or Date Postmarket Det Hand-delived or Date Postmarket 7 CAMPAGEN TEEASURER NAME Miles LAST Suffix Det Hand-delived or Date Postmarket 7 CAMPAGEN TREASURER PHONE Affic Address (NO PO BIX RELASE), ATT / BUTE # City. State: Zit Code 8 CAMPAIGEN TREASURER PHONE Affic Address (NO PO BIX RELASE), ATT / BUTE # Det Fund-delived or Date Postmarket 9 REPORT TYPE Affic Address (NO PO BIX RELASE), ATT / BUTE # Det Fund-delived or Code TATE: Zity Code TATE:					
OFFICE HOLDER NAME Justin M 4 CANDIDATE / MAUNG ADDRESS CANT SUTE / JOY LE MAINGAR Justin Joy 12 (2919 Dairy ASSH ADT / SUTE / MAINGAR Date Receive SUFFIC Date Receive DEC 13 2022 RCUD 6 CANDIDATE / PHONE Change of Address SUGA / LAND TX 7749 8 Date Maddedivered or Date Portmunded 6 CANDIDATE PHONE Mark coole PHONE FUNDER PHONE FUNDER EXTENSION Date Mand-delivered or Date Portmunded 7 CAMPAIGN TREEASURER NAME Mark coole PHONE FUNDER PHONE SUFFIX Date Processed 7 CAMPAIGN TREEASURER NAME STREET ADDRESS (NO PO BOX RESEL, ATT / SUTE # OTF STATE: ZIP COE 8 CAMPAIGN TREEASURER PHONE AREA COCE PHONE FUNDER EXTENSION STATE: ZIP COE 9 REPORT TYPE January 15 30h day balare dealor Rundf Standard Cole / FPI Receipting Linft Final Report (Maine COH - FPI Receipting Linft 10 PERIOD Month Day Year Boarded Modified Receipting Linft Final Report (Maine COH - FPI Receipting Linft Standard Coh, FPI Receipting Linft 10 PERIOD Month Day Year Rundf Standard Coh, FPI Receipting Linft Stand Receipting Linft Standard Linft	The C/OH Instruction C	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
4 CANDUATE/ MAILING ADDRESS Address /ro box APT JUITE # CTV: STATE: 20 CODE C GANDUATE/ PHONE Address Sung ur Land Tx 774988 Date Mandeleivered or Cate Postmarked C CANDIDATE/ PHONE Address Mack cool: PHONE NUMBER EXTENSION Date Mandeleivered or Cate Postmarked 6 CANDIDATE/ PHONE Mack cool: PHONE NUMBER EXTENSION Date Mandeleivered or Cate Postmarked 7 CAMPAIGN TREASURER NAME Mack with MR PHONE Mack NAME LAST SUFFX 7 CAMPAIGN TREASURER NADRESS STREET ADDRESS (NO PO BOX READE), APT / SUITE # CTV; STATE; 2P CODE 7 CAMPAIGN TREASURER PHONE I 3 8 2D Placit W vords Moth State Imaged Date Imaged 8 CAMPAIGN TREASURER PHONE I 3 8 2D Placit W vords Moth State Imaged Imaged Mack Coll - FR) 9 REPORT TYPE Jamary 15 30m day before election Runoff Imager / Mach Coll - FR) 10 PERIOD Month Day Year Description Imager / Mach Coll - FR) 10 PERIOD Month Day Year Description Imager / Mach Coll - FR) 11 ELECTION E	OFFICEHOLDER		Justin		Date Received
6 CANDIDATE/ OFFICEHOLDER AREA COOL (28) 49 1 - 60 (28) 49 1 - 60 (29) 49 1 - 60 (20) 49 1 - 60	OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Dairy Asl	CITY: STATE: ZIP CODE	
6 CAMPAIGN TREASURER NAME MS(MRG) MR PRST MALY Date Processed 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #. CITY. STATE: ZIP CODE 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #. CITY. STATE: ZIP CODE 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION STATE: ZIP CODE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officediader Only) 10 PERIOD Month Day Year Month Day 11 PERIOD Month Day Year Month Day 12 OFFICE OFFICE HELD (PMW) Year Primary Runoff Description 12 OFFICE OFFICE HELD (PMW) Year 13 OFROE SOUGHT (f Monon) SCMUL 14 NOTICE FROM POLITICAL COMMITTEE TYPE COMMITTEE NAME ' COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	5 CANDIDATE/ OFFICEHOLDER	AREA CODE (28) 2	PHONE NUMBER	EXTENSION	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	TREASURER		LAST	K	Date Processed
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 9 REPORT TYPE	TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI	L UITE#: CITY: \\\	STATE; ZIP CODE
January 15 Join Gay Deroite election Rundri Image: Second S	8 CAMPAIGN TREASURER				engar er a in
10 PERIOD COVERED Month Day Year Month Day Year 11 ELECTION ELECTION DATE ELECTION TYPE ELECTION TYPE 11 ELECTION Day Year Primary Runoff Other Description 12 OFFICE Month Day Year Primary Runoff Other Description 12 OFFICE Month Day Year If General Special 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 MADE MADE MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER THESE EXPENDITURES MADE MADE MADE MOTOR THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADD OFFICEHOLDERS AND OFFICEHOLDERS AND OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE COMMITTEE ADDRESS 12 Additional Pages GENERAL COMMITTEE ADDRESS 13 OFFICE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME	9 REPORT TYPE			totion Exceeded Modified	(Officeholder Only)
Month Day Year Primary Runoff Other 12 OFFICE OFFICE HELD (kenv) General Special 12 OFFICE OFFICE HELD (kenv) 13 OFFICE SOUGHT (if known) 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'S OF NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF NOTICE OF FOLL THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OF COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME ' GENERAL COMMITTEE ADDRESS GENERAL COMMITTEE CAMPAIGN TREASURER NAME		11 .	1 /2022	Month	31/2022
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 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 COMMITTEE (S) COMMITTEE(S) COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME ' GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION		Year Primary	Runoff Other Description	
POLITICAL COMMITTEE(S) 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 ' GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE	OFFICE HELD (Bany)	ud compty	13 OFFICE SOUGHT (if known	2
Additional Pages IGENERAL Image: Specific COMMITTEE CAMPAIGN TREASURER NAME	POLITICAL	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages			ASURER NAME	
			COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	· · · · · ·

orms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Justin M JOYCE 16 File	r 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)	\$ 5239.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,871.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,829.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18093.99
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true and co	priect and includes all information
	uired to be reported by me under Title 15, Election Code.	
rec	anca to be reported by the under fille 15, Election Code.	
	Terre -	
	Judo	7~
	Signature of Candidate	or Officeholder
	Please complete either option below:	• •
(1) Affidavit	CYNTHIA MARELE ID.#11514030 My Commission: Expires October 25, 2023	:
<u> </u>	before me by Justin M. Joyce this the 8th	day of December
2022, to certify	which, witness my hand and seal of office.	stary Public
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
and a second	A COR COR COR	the second
(2) Unsworn Declaratio		
My name is	, and my date of birth is	
		· · · · · · · · · · · · · · · · · · ·
my duuless is	······································	(
		(zip code) (country)
Executed in	County, State of, on theday of(month)	_, 20
	(month)	(year)
	Signature of Candidate/Offic	ceholder (Declarant)

		194 194			
SUB	TOTALS	- C/OH	a the shall we	COV	FORM C/OH ER SHEET PG 3
19 FILER NA	AME	Justin	MJOY	20 Filer ID (Ett	ics Commission Filers)
	LE SUBTOTALS		- · · · · · · · · · · · · · · · · · · ·		SUBTOTAL AMOUNT
1. 2	SCHEDULEA1	MONETARY POLITICAL CO	ONTRIBUTIONS	•	\$5239.40
2.	SCHEDULE A2	NON-MONETARY (IN-KINE) POLITICAL CONTRIBUT	ONS	\$
3.	SCHEDULE B:	PLEDGED CONTRIBUTION	s		\$
4.	SCHEDULE E:	LOANS			\$
5. 💢	SCHEDULE F1	POLITICAL EXPENDITUR	ES MADE FROM POLITIC	AL CONTRIBUTIONS	\$ 15871.65
6.	SCHEDULE F2	UNPAID INCURRED OBLIC	GATIONS		\$
7.	SCHEDULE F3	PURCHASE OF INVEST	IENTS MADE FROM POLI	TICAL CONTRIBUTIONS	s \$
8.	SCHEDULE F4	EXPENDITURES MADE	BY CREDIT CARD		\$
9.	SCHEDULE G:	POLITICAL EXPENDITURE	ES MADE FROM PERSON	AL FUNDS	\$
10.	SCHEDULE H:	PAYMENT MADE FROM PO		S TO A BUSINESS OF C	слон \$
11.	SCHEDULE I: N	ON-POLITICAL EXPENDITU	JRES MADE FROM POLITI	CALCONTRIBUTIONS	\$
12.	SCHEDULE K:	INTEREST, CREDITS, GAI TO FILER	NS, REFUNDS, AND CON	TRIBUTIONS RETURNE	D \$
. •			· · ·	· · ·	· · · · · · · · · · · · · · · · · · ·
				.*	
			;	· · ·	
			•		

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.	12 Total pages Schedule A1:
Justin M Joyle	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Dut-of-state PAC (ID#:	7 Amount of contribution (\$)
11 8 22 6 Contributor address; City; State; Zip Cod	189.4D
8101 Kirchner Rd. Manvet	Tx -1518
Principal occupation / Job title (See Instructions) 9 Employer (See	Instructions)
Winnager IDC	
Date Full name of contributor in out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Rutined Reti	ry
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
N 8 22 Alan Sandurson Contributor address; City; State; Zip Code	1,000.00
Principal occupation / Job title (See Instructions)	
rutinel	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
11/7/22 Contributor address; City; State; Zip Code	1000.00
1007 Wavecrest TX 774	127
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
	· · · · · · · · · · · · · · · · · · ·
:	

 $(\cdot \cdot$

ŀ .•

ļ

•

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JUSCE	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/7/22 = Contributor address; City; State: Zip Code 1311 Lampte of To 97479	1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc- N/A	ctions)
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)
11/7/22 Sant osh & Duraja (iVid) Contributor address; City; State; Zip Code Sugar hand 8 Mai ast; CN' 1, 24 - ix 22472	2000.00
Principal occupation / Job title See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor 🗌 out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	l ctions)
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
	ч.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

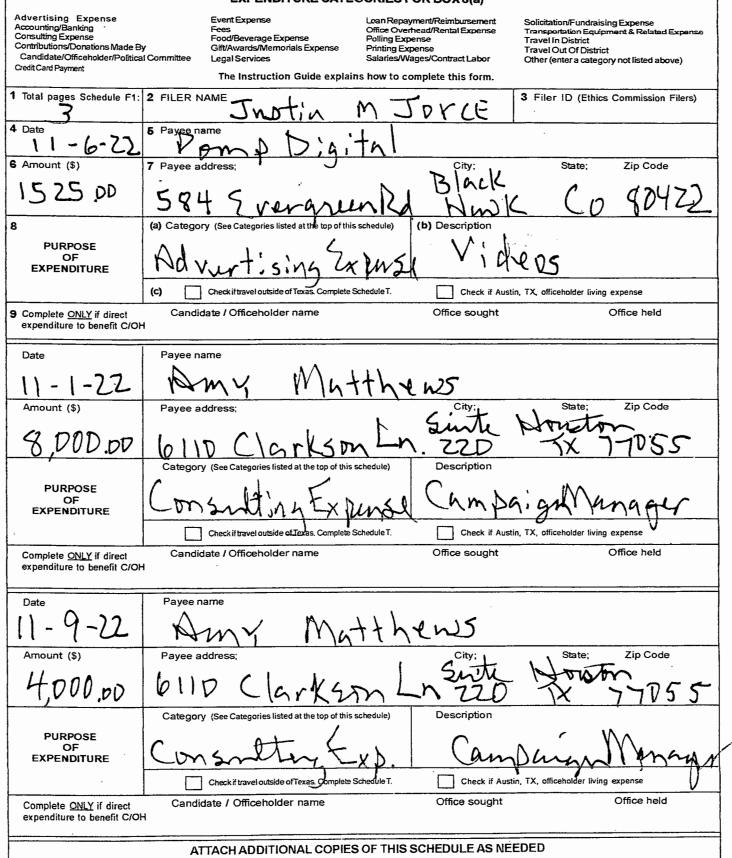
,

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)



Forms provided by Texas Ethics Commission

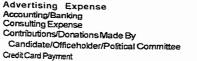
POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EventExpense

SCHEDULE F1

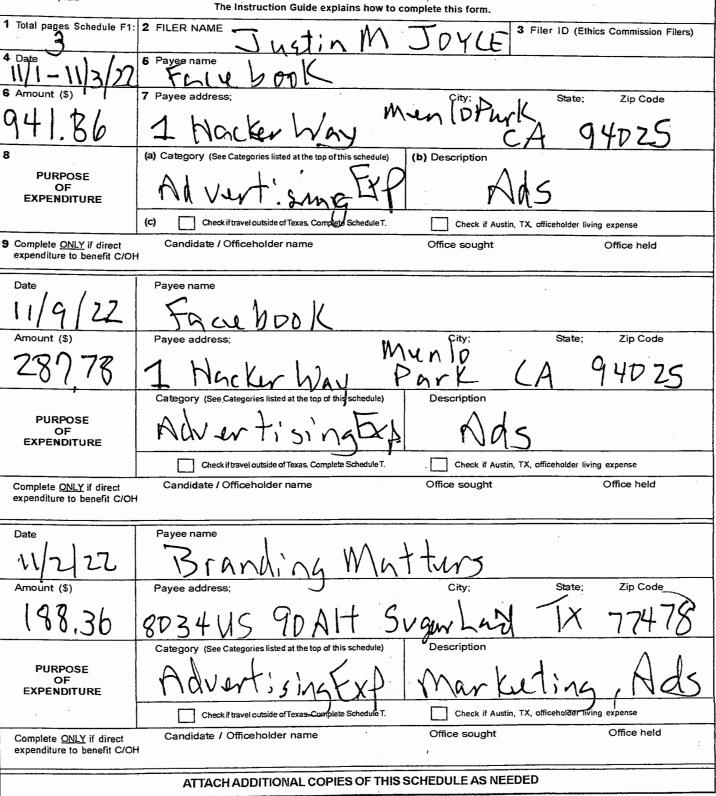
If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)



Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)



Forms provided by Texas Ethics Commission

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)
--------------------------------	------

Event Expense Loan Repayment/Re

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Caro Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Justin M J	PYLE 3 Filer ID	D (Ethics Commission Filers)
4 Date 11-9-22	5 Payee name (GIL) Re	inhed	
6 Amount (\$)	7 Payee address;	City;	Zip Code
500.0D	2407 Wood mere	Dr. Ot	441Db
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	, Add
PURPOSE OF EXPENDITURE	Advert; sing Exp	Markets	ng Exp.
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeho	older living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11 28 22	Facebook		
Amount (\$)	Payee address;	vento Park "	ate; Zip Code
428.65	1 Nacker Way	ICAN D FAIR (94025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Exp	Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	Ider living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
		,	
Amount (5)	Deve a direct		7. 0 .
Amount (\$)	Payee address;	· City; St	ate; Zip Code
			·
	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, officeho	lder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	