

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST GAY	MI L
	NICKNAME	LAST OLIVARES	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 54 SKIDMORE, TX 78389		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 542-6594		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST RONNIE	MI
	NICKNAME	LAST OLIVARES	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 707 FM 797 SKIDMORE, TX 78389		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 542-9139		
9 REPORT TYPE	<input checked="" 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 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 Month Day Year 11 / 2 / 2025 THROUGH 1 / 15 / 26		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 3 / 26 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <u>Gay Lynn Olivares</u>		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)	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>- 0 -</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1690.28</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1690.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>- 0 -</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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.

Gay Lynn Olivares
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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Gay Lynn Olivares, and my date of birth is 1/30/1964
My address is 707 FM 797 / PO Box 54, SKIDMORE, TX, 78389, Bee
(street) (city) (state) (zip code) (country)
Executed in Bee County, State of Texas, on the 13TH day of January, 20 26
(month) (year)
Gay Lynn Olivares
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Gay Lynn Olivares***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1255.39
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 463.90
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <u>1</u>	2 FILER NAME <u>Gay Lynn Olivares</u>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>1255.39</u>
5 CREDIT CARD ISSUER	Name of financial institution <u>Rally Bank - Mastercard</u>	
6 PAYMENT	(a) Amount Charged \$ <u>1060.85</u>	(b) Date Expenditure Charged <u>12/16/25</u>
	(c) Date(s) Credit Card Issuer Paid <u>12/16/25</u>	
7 PAYEE	(a) Payee name <u>SIGNS2GO</u>	(b) Payee address; City, State, Zip Code <u>304 E. Pecan Blvd Ste. U McAllen, TX 78501</u>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	(b) Description <u>Political Signs</u>	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>GayLynn Olivares</u>	
	Office Sought <u>Justice of the Peace Prct 4</u>	Office Held <u>—</u>
PAYMENT	(a) Amount Charged \$ <u>119.54</u>	(b) Date Expenditure Charged <u>12/21/25</u>
	(c) Date(s) Credit Card Issuer Paid <u>12/21/25</u>	
PAYEE	(a) Payee name <u>Vista Print</u>	(b) Payee address; City, State, Zip Code <u>vista print.com. (online order)</u>
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Solicitation Expense</u>	
	(b) Description <u>Postcards</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>GayLynn Olivares</u>	
	Office Sought <u>Justice of the Peace Prct 4</u>	Office Held <u>—</u>
PAYMENT	(a) Amount Charged \$ <u>75.00</u>	(b) Date Expenditure Charged <u>12/19/25</u>
	(c) Date(s) Credit Card Issuer Paid <u>12/19/25</u>	
PAYEE	(a) Payee name <u>SIGNS2GO</u>	(b) Payee address; City, State, Zip Code <u>304 E Pecan Blvd Ste U. McAllen, TX 78501</u>
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	(b) Description <u>Design Setup.</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>GayLynn Olivares</u>	
	Office Sought <u>Justice of the Peace Prct 4</u>	Office Held <u>—</u>

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

Event Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center;">1</div>	2 FILER NAME <div style="text-align: center;">Gay LYNN Olivares</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">12/17/25</div>	5 Payee name <div style="text-align: center;">Tractor Supply Co.</div>			
6 Amount (\$) <div style="text-align: center;">\$591.89</div> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <div style="text-align: center;">1305 E. Sinton St.</div>		City; <div style="text-align: center;">Sinton</div>	State; <div style="text-align: center;">TX</div>
		Zip Code <div style="text-align: center;">78389</div>		
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Advertising Expense</div>		(b) Description <div style="text-align: center;">T-Post</div>	
	<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 <div style="text-align: center;">GayLYNN Olivares</div>				
		Office sought <div style="text-align: center;">Justice of the Peace Per 4</div>		Office held <div style="text-align: center;">—</div>
Date <div style="text-align: center;">11/12/26</div>	Payee name <div style="text-align: center;">Bee County Elections office</div>			
Amount (\$) <div style="text-align: center;">\$29.01</div> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <div style="text-align: center;">107 S. St. Mary's St.</div>		City; <div style="text-align: center;">Beeville</div>	State; <div style="text-align: center;">TX</div>
		Zip Code <div style="text-align: center;">78102</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">OTHER</div>		Description <div style="text-align: center;">Voter list.</div>	
	<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 <div style="text-align: center;">GayLYNN Olivares</div>				
		Office sought <div style="text-align: center;">Justice of the Peace Per 4.</div>		Office held <div style="text-align: center;">—</div>
Date <div style="text-align: center;">11/12/25</div>	Payee name <div style="text-align: center;">Bee County Elections Office</div>			
Amount (\$) <div style="text-align: center;">\$375.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <div style="text-align: center;">107 S. St. Mary's St.</div>		City; <div style="text-align: center;">Beeville</div>	State; <div style="text-align: center;">TX</div>
		Zip Code <div style="text-align: center;">78102</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">OTHER</div>		Description <div style="text-align: center;">Filing Fee</div>	
	<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 <div style="text-align: center;">GayLYNN Olivares</div>				
		Office sought <div style="text-align: center;">Justice of the Peace Per 4.</div>		Office held <div style="text-align: center;">—</div>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED