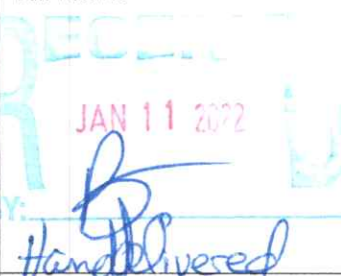


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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 NAME	MS / MRS / MR: _____ FIRST: <u>Joyce</u> MI: _____ NICKNAME: _____ LAST: <u>Guthmann</u> SUFFIX: _____	OFFICE USE ONLY Date Received: <u>JAN 11 2022</u>  Date Hand-delivered or Date Postmarked: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>P.O. Box 354</u> APT / SUITE #: _____ CITY: <u>Columbus TX</u> STATE: _____ ZIP CODE: <u>78934</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>732-7180</u> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Joyce</u> MI: _____ NICKNAME: _____ LAST: <u>Guthmann</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>P.O. Box 354</u> APT / SUITE #: _____ CITY: <u>Columbus TX</u> STATE: _____ ZIP CODE: <u>78934</u>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>732-7180</u> EXTENSION: _____		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 2022</u> THROUGH <u>01 / 11 / 2022</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>03 / 01 / 2022</u>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Joyce Guthman

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Joyce Guthman

*P.O. Box 354
Columbus TX. 78934*

Joyce Guthman

*P.O. Box 354
Columbus TX. 78934*

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

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.

Joyce Guthman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

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
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joyce

Guthman

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 354

Columbus, Tx 78934

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

732-7180

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joyce

Guthman

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 354 / 1703 Smith Row Rd

Columbus, Tx 78934

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

732-7180

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

12 / 14 / 2021

THROUGH

Month

Day

Year

03 / 02 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 01 / 2022

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Joyce Guthman 15 Filer ID (Ethics Commission Filers)

16 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.

GENERAL
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME
Joyce Guthman

COMMITTEE ADDRESS
P.O. Box 354 Columbus, Tx. 78934

COMMITTEE CAMPAIGN TREASURER NAME
Joyce Guthman

COMMITTEE CAMPAIGN TREASURER ADDRESS
P.O. Box 354 Columbus, Tx 78934

Additional Pages


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>—</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>—</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>—</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>—</u>

18 AFFIDAVIT

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.

Joyce M. Guthman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Jennifer Stancik, this the 02 day of March, 20 22, to certify which, witness my hand and seal of office.

Jennifer Stancik Printed name of officer administering oath
Jennifer Stancik Signature of officer administering oath
Notary Title of officer administering oath

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 NAME	MS / MRS / MR	FIRST JOYCE	MI	<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received <i>8</i></p> <p style="color: red; font-weight: bold; font-size: 1.2em;">NOV 10 2021</p> <p style="color: blue; font-weight: bold; font-size: 1.5em;">RECEIVED</p> <p>Date Hand-delivered or Date Postmarked <i>Hand delivered</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME	LAST GUTHMANN	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE									
	P.O. BOX 354 COLUMBUS TX 78934									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(979)	732-7180								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST JOYCE	MI							
	NICKNAME	LAST GUTHMANN	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE									
	P.O. BOX 354 COLUMBUS TEXAS 78934									
(Residence or Business)										
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(979)	732-7180								
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 checked="" 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							
	7	1	21							
THROUGH		Month	Day							
		11	10							
			21							
11 ELECTION	ELECTION DATE		ELECTION TYPE							
	Month	Day	Year							
11	2	21	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)		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 / 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								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

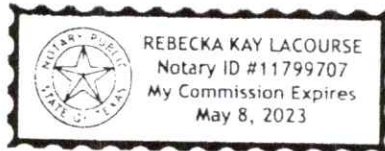
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME JOYCE GUTHMANN		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Joyce Guthmann
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joyce Guthmann this the 10th day of November, 2020, 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 _____, and my date of birth is _____.

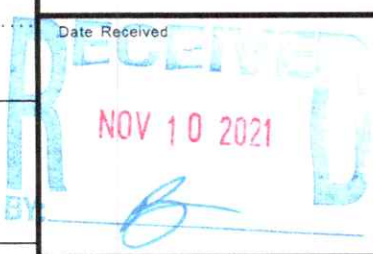
My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 NAME	MS / MRS / MR FIRST MI JOYCE NICKNAME LAST SUFFIX GUTHMANN	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked <i>Hand-delivered</i> Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. BOX 354 COLUMBUS TX 78934 Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 732-7180		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI JOYCE NICKNAME LAST SUFFIX GUTHMANN		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE SAME AS ABOVE (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () SAME AS ABOVE		
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 THROUGH Month Day Year 11 / 15 / 21 THROUGH 11 / 15 / 22		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary Runoff Other Description 3 / 1 / 22 General Special		
12 OFFICE	OFFICE HELD (if any)	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 / 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.		
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

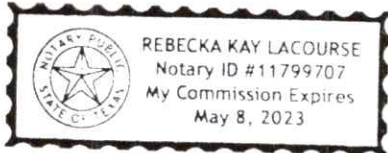
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME JOYCE GUTHMANN		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Joyce M. Guthmann
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joyce Guthmann this the 10th day of November, 2021 to certify which, witness my hand and seal of office.

Rebecca Kay Lacourse Printed name of officer administering oath Rebecca Kay Lacourse I.A./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____.

Signature of Candidate/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Filer ID #	Date Received	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	 Date Hand-delivered or Postmarked <i>Hand-delivered</i>
	P.O. BOX 354		COLUMBUS	TEXAS	78934	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$	Date Processed
	(979)	732-7180				
5 OFFICE HELD (if any)	COLORADO COUNTY TREASURER					Date Imaged
6 OFFICE SOUGHT (if known)						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		JOYCE			GUTHMANN	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	P.O. BOX 354		COLUMBUS	TEXAS	78934	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(979)	732-7180				
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Joyce Guthmann</i> Signature of Candidate</p> <p><i>11-10-2021</i> Date Signed</p>					

GO TO PAGE 2

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed: _____

OFFICE USE ONLY

Acct. #
FILED FOR RECORD
COLORADO COUNTY, TX
Date Received

2017 NOV 30 PM 1:26

KIMBERLY MENKE
COUNTY CLERK

2 CANDIDATE NAME

MS / MRS / MR FIRST MI
Joyce M
NICKNAME LAST SUFFIX
Guthmann

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 354 Columbus Tx 78934

4 CANDIDATE PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 732-7180

5 OFFICE HELD (if any)

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

6 OFFICE SOUGHT (if known)

County Treasurer

7 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX
Joyce Guthmann

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 354 Columbus Tx 78934

9 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 732-7180

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Joyce Guthmann
Signature of Candidate

11-30-17
Date Signed

GO TO PAGE 2

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 NAME	MS / MRS / MR: _____ FIRST: <u>Joyce</u> MI: _____ NICKNAME: _____ LAST: <u>Guthmann</u> SUFFIX: _____	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="font-size: x-large; color: blue; text-align: center; margin: 5px 0;">FILED FOR REPORT COLORADO COUNTY, TX</p> <p style="font-size: x-large; color: blue; text-align: center; margin: 5px 0;">2018 FEB 27 AM 9:38 ST</p> <p style="font-size: large; color: blue; text-align: center; margin: 5px 0;">KIMBERLY MENKE COUNTY CLERK</p> <p style="font-size: small; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX): <u>PO BOX 354</u> APT / SUITE #: _____ CITY: <u>Columbus, Tx</u> STATE: _____ ZIP CODE: <u>78934</u> <input type="checkbox"/> Change of Address								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>732-7180</u> EXTENSION: _____								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____								
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>()</u> PHONE NUMBER: _____ EXTENSION: _____								
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month: <u>01</u> Day: <u>16</u> Year: <u>18</u> THROUGH Month: <u>02</u> Day: <u>26</u> Year: <u>18</u>								
11 ELECTION	ELECTION DATE Month: <u>03</u> Day: <u>06</u> Year: <u>18</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Republican Primary</u>							
12 OFFICE	OFFICE HELD (if any):	13 OFFICE SOUGHT (if known): <u>Colorado County Treasurer</u>							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
JOYCE GUTHMANN

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

PO BOX 354 COLUMBUS, TX 78934

COMMITTEE CAMPAIGN TREASURER NAME

JOYCE GUTHMANN

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO BOX 354 COLUMBUS, TX 78934

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,011.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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.

Joyce Guthmann
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Joyce Guthmann*, this the *27th* day of *February*, 20 *18*, to certify which, witness my hand and seal of office.

Kimberly Menke
Signature of officer administering oath

Printed name of officer administering oath

County Clerk
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 FILER NAME JOYCE GUTHMANN	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date 02-12-18	5 Payee name VISTA PRINT
--------------------	------------------------------------

6 Amount (\$) 49.79	7 Payee address: City: State: Zip Code INTERNET
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	(b) Description <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 02-14-18	Payee name WEIMAR MERCURY
------------------	-------------------------------------

Amount (\$) 36.86	Payee address: City: State: Zip Code
----------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING AD	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
--	-------------------------------	---------------	-------------

Date 02-14-18	Payee name COLORADO COUNTY CITIZEN
------------------	--

Amount (\$) 80.00	Payee address: City: State: Zip Code
----------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING AD	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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 FILER NAME JOYCE GUTHMANN	3 Filer ID (Ethics Commission Filers)
4 Date 02-14-18	5 Payee name EAGLE LAKE HEADLIGHT	
6 Amount (\$) 35.00	7 Payee address; City: State: Zip Code EAGLE LAKE, TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	(b) Description <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 02-19-18	Payee name KVLG & K-BUK RADIO	
Amount (\$) 320.00	Payee address; City: State: Zip Code LAGRANGE, TEXAS	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING AD	Description <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 02-08-18	Payee name K U L M R A D I O	
Amount (\$) 200.00	Payee address; City: State: Zip Code COLUMBUS, TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 FILER NAME JOYCE GUTHMANN	3 Filer ID (Ethics Commission Filers)
4 Date 02-20-18	5 Payee name KULM RADIO	
6 Amount (\$) 200.00	7 Payee address: City: State: Zip Code COLUMBUS, TEXAS 78934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	(b) Description <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 02-24-18	Payee name DOLLAR STORE	
Amount (\$) 20.00	Payee address: City: State: Zip Code COLUMBUS, TEXAS 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 02-14-18	Payee name BANNER PRESS	
Amount (\$) 70.00	Payee address: City: State: Zip Code COLUMBUS, TEXAS 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 NAME	MS / MRS / MR FIRST <p style="text-align: center;">Joyce</p> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Guthmann</p>	<div style="text-align: center; font-weight: bold; font-size: small;">OFFICE USE ONLY</div> <p style="font-size: x-small; margin: 0;">Date Received</p> <p style="font-size: large; font-weight: bold; color: blue; margin: 0;">FILED FOR RECORD COLORADO COUNTY, TX</p> <p style="font-size: large; font-weight: bold; color: blue; margin: 0;">2018 JAN 12 PM 3:32</p> <p style="font-size: small; margin: 0;">KIMBERLY MENKE COUNTY CLERK </p> <p style="font-size: x-small; margin: 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">P.O. Box 354 Columbus, TX 78934</p>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 732-7180										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <p style="text-align: center;">Self</p> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">same as above</p>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () same as above										
9 REPORT TYPE	<table style="width:100%; font-size: small;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; font-size: small;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">11 / 30 / 2017</td> <td></td> <td style="text-align: center;">01 / 15 / 2018</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	11 / 30 / 2017		01 / 15 / 2018		
Month Day Year	THROUGH	Month Day Year									
11 / 30 / 2017		01 / 15 / 2018									
11 ELECTION	<table style="width:100%; font-size: small;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 03 / 06 / 2018 </td> <td style="width:30%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> <td style="width:40%; text-align: center;"> Republican Primary </td> </tr> </table>			ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	Republican Primary					
ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	Republican Primary									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: large;">County Treasurer</p>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Joyce Guthmann

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

P.O. BOX 354 Columbus, Tx. 78934

COMMITTEE CAMPAIGN TREASURER NAME

Joyce Guthmann

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. BOX 354 Columbus, Tx. 78934

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ **2,250.00**

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ **2,913.25**

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

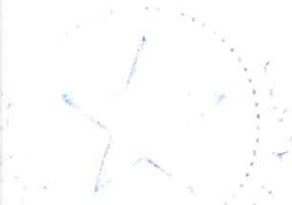
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Joyce Guthmann
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Joyce Guthmann**, this the **12th** day of **January**, 20 **18**, to certify which, witness my hand and seal of office.

Jean Perkins
Signature of officer administering oath

JEAN PERKINS
Printed name of officer administering oath

Chief Deputy
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joyce Guthmann

3 Filer ID (Ethics Commission Filers)

4 Date

12-14-17

5 Full name of contributor

Donald Peikert

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

600.00

6 Contributor address;

City; State; Zip Code

1526 Fm 949 Alleyton, Tx. 78935

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-14-17

Full name of contributor

James Guthmann

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

P.O. Box 354 Columbus, Tx. 78934

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-19-17

Full name of contributor

Betsy Brown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

3571 CR 106 Rock Island, Tx. 77470

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-9-18

Full name of contributor

Justin Guthmann

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

P.O. Box 354 Columbus, Tx. 78934

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joyce Guthmann

3 Filer ID (Ethics Commission Filers)

4 Date

1-9-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Joshua Guthmann

7 Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code

P.O. Box 384 Columbus, Tx. 78934

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-12-18

Full name of contributor out-of-state PAC (ID#: _____)

TrafCo

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

413 West Main Eagle Lake, Tx. 77434

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:		2 FILER NAME <i>Joyce Guthmann</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-12-17</i>		5 Payee name <i>Dollar General</i>			
6 Amount (\$) <i>19.49</i>		7 Payee address; City; State; Zip Code <i>1400 Walnut St. Columbus, Tx</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <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		Office sought	
Date <i>12-14-17</i>		Payee name <i>B+D Graphics</i>			
Amount (\$) <i>167.78</i>		Payee address; City; State; Zip Code <i>731 Walnut St. Columbus, Tx. 78934</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense Printing Expense</i>		Description <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		Office sought	
Date <i>12-19-17</i>		Payee name <i>Darwal Inc.</i>			
Amount (\$) <i>1,685.48</i>		Payee address; City; State; Zip Code <i>12404 State Highway 1555. Tyler, Tx. 75703</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <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		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joyce Guthmann</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-5-18</i>	5 Payee name <i>Colorado Feed</i>	
6 Amount (\$) <i>175.00</i>	7 Payee address; City; State; Zip Code <i>2105 Walnut Columbus, Tx. 78934</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <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 <i>12-21-17</i>	Payee name <i>Colorado County Citizen</i>	
Amount (\$) <i>115.50</i>	Payee address; City; State; Zip Code <i>P.O. BOX 548 Columbus, Tx. 78934</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <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 <i>12-7-17</i>	Payee name <i>Republican Party</i>	
Amount (\$) <i>750.⁰⁰</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Filing Fees</i>	Description <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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 NAME	MS / MRS / MR: _____ FIRST: Joyce MI: _____ NICKNAME: _____ LAST: Guthmann SUFFIX: _____	OFFICE USE ONLY Date Received: _____ <div style="border: 1px solid blue; padding: 5px; display: inline-block; color: blue;"> FILED FOR RECORD COLORADO COUNTY, TX 2018 FEB -2 AM 11:15 </div> Date Hand-Delivered or Date Postmarked: _____ <div style="border: 1px solid blue; padding: 5px; display: inline-block; color: blue;"> KINDERLY HENKE COUNTY CLERK </div> Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: P.O. Box 354 APT / SUITE #: _____ CITY: Columbus, TX STATE: TX ZIP CODE: 78934 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (979) PHONE NUMBER: 732-7180 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Self MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____	Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): same as above APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: () PHONE NUMBER: same as above EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 16 / 2018 THROUGH 02 / 05 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Republican Primary	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Treasurer	

GO TO PAGE 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joyce Guthmann

3 Filer ID (Ethics Commission Filers)

4 Date

01/28/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Doris & Ivy Guthmann

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City: State: Zip Code

206 Second Ave Columbus, Tx. 78934

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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)

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Joyce Guthmann

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

Joyce Guthmann

SPECIFIC

COMMITTEE ADDRESS

P. O. Box 354
Columbus, Texas 78934

COMMITTEE CAMPAIGN TREASURER NAME

Joyce Guthmann

COMMITTEE CAMPAIGN TREASURER ADDRESS

P. O. Box 354
Columbus, Texas 78934

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 200.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 255.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

18 AFFIDAVIT



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.

Joyce M. Guthmann
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joyce Guthmann, this the 2nd day of February, 20 18, to certify which, witness my hand and seal of office.

Kimberly Menke
Signature of officer administering oath

Kimberly Menke

Printed name of officer administering oath

County Clerk

Title of officer administering oath

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 NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> Change of Address										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION										
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX										
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE (Residence or Business)										
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION										
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2020 12 / 31 / 2020										
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 20	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) County Treasurer	13 OFFICE SOUGHT (if known)									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

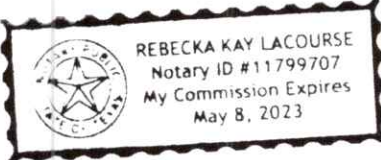
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <i>Joyce Guthman</i>
		COMMITTEE ADDRESS <i>P.O. Box 354 Columbus, Tx. 78934</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>Joyce Guthman</i>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>P.O. Box 354 Columbus, Tx. 78934</i>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Joyce Guthman
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Joyce Guthman*, this the *16th* day of *July*, 20*20*, to certify which, witness my hand and seal of office.

Rebecca Lacourse
Signature of officer administering oath

Rebecca
Printed name of officer administering oath

Notary Republic
Title of officer administering oath

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 NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joyce

Guthmann

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

P.O. Box 354

Columbus Tx 78934

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

732-7180

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joyce

Guthmann

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 354

Columbus, Tx. 78934

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

732-7180

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
7 / 1 / 18

THROUGH

Month Day Year
12 / 31 / 18

11 ELECTION

ELECTION DATE

Month Day Year

11 / 6 / 18

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

County Treasurer

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

Joyce Guthmann

COMMITTEE ADDRESS

P.O. BOX 354 Columbus, Tx. 78934

COMMITTEE CAMPAIGN TREASURER NAME

Joyce Guthmann

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. BOX 354 Columbus, Tx 78934

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

—

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

—

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

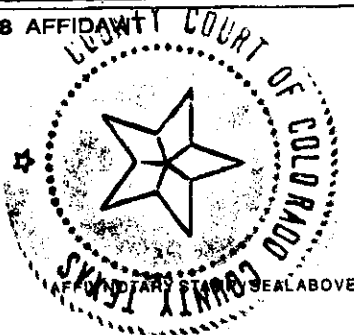
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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.

Joyce Guthmann

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JOYCE GUTHMANN, this the 16th day of JANUARY, 20 19, to certify which, witness my hand and seal of office.

Nancy Davenport
Signature of officer administering oath

NANCY DAVENPORT
Printed name of officer administering oath

DEPUTY CLERK
Title of officer administering oath

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Joyce</u> MI: _____ NICKNAME: _____ LAST: <u>Guthman</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 354 Columbus TX 78934</u>	Date Received	
<input type="checkbox"/> Change of Address	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>732-7180</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Joyce</u> MI: _____ NICKNAME: _____ LAST: <u>Guthman</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 354 Columbus TX 78934</u>	Date Processed	
(Residence or Business)	8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>732-7180</u> EXTENSION: _____	Date Imaged
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 checked="" 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 THROUGH Month Day Year <u>7 / 1 / 20</u> <u>12 / 31 / 20</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>11 / 2 / 21</u>	ELECTION TYPE: <input 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) <u>Treasurer</u>	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 / 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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <i>Joyce Guthman</i>		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Joyce M. Guthman
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joyce Guthman this the 14th day of January, 2021, to certify which, witness my hand and seal of office.

Rebecca Kay Lacourse
Signature of officer administering oath Printed name of officer administering oath 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)