		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.	Filer ID (Etnics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	JUYCE	* 6	Date Received
	NICKNAME LAST	SUFFIX	RECE
	Outhmann		
4 CANDIDATE / OFFICEHOLDER	TALLOWER CONTROL OF THE PROPERTY OF THE PROPER	ITY: STATE: ZIP CODE	JAN 11 2072
MAILING ADDRESS	P.O. BOX 354 Co	12- 6	
Change of Address			THO O
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Handlivered
OFFICEHOLDER PHONE	19791 732-7180		Dåte Hand-defivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Cothman	SHOW THE	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SL	JITE #: CITY: STATE:	ZIP CODE
TREASURER ADDRESS	0 - 0 2 204	0.0170	78934
(Residence or Business)	P.O. BOX 354	Columbus TX	((3)
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-7/80	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign
			treasurer appointment (Officeholder Only)
	July 15 Bth day before elec	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01/01/2022	THROUGH UI	11 /2022
		THROUGH O()	11 / 2000
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	03/01/2022 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	GO TO	PAGE 2	
	GO 10	FAGE 2	

14 C/OH NAME	yce Gu	theman.	15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S							
	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	Joyce Guthmann						
	SPECIFIC	P.O. BOX 354						
		COLMOUS TK. 78934						
Additional Pages		Jule Guthman						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
		P.O. BOX 354						
		Colimbus TX 78934						
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN SED \$					
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL F	\$ 0						
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL P	* C						
18 AFFIDAVIT								
			erjury, that the accompanying report is ormation required to be reported by me					
		Loyce Cathrac	didate or Officeholder					
.==.0		Olyman of Carr	Sizale of Officerologi					
AFFIX NOTARY STAMI	P/SEALABOVE							
Sworn to and subscr	ibed before me, b	y the said	, this the					
		o certify which, witness my hand and seal of office.						
		,						
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath					

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	OFFICE USE ONLY
	NICKNAME LAST Gothman	SUFFIX	Date Received
4 CANDIDATE/	ADDDESS / DO DO		
OFFICEHOLDER MAILING ADDRESS	PO. BOX 354	CITY; STATE; ZIP CODE	
Change of Address	Columbus 1x 78	934	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	736-7100		on bate i commande
TREASURER NAME	Joyce	мі	Receipt # Amount \$ Date Processed
	NICKNAME LAST	SUFFIX	
	Gothman		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	THE #; CITY; STATE; 703 Smith Ray Rd	ZIP CODE
(Residence or Business)	Colombus Tx 789.		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732 - 7/80	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign
	July 15 8th day before elect	tion Exceeded \$500 limit	treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	12 /14/2021		02/2022
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other	
	03/01/2022 General	Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
		(II KIIGWII)	
	GO ТО Р	PAGE 2	

14 C/OH NAME						
JO JOHNAME	yce Gut	hmann	15 Filer	ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE SOFFICEHOLDER'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 Cothman				
	SPECIFIC	PO BUX 354 Colomb		78734		
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		Joyce Guthman COMMITTEE CAMPAIGN TREASURER ADDRESS				
			-	708346		
		P.O BO4 314 Columbes,	14	18434		
17 CONTRIBUTION TOTALS	1. TOTAL POPLEDGES	DLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T 5, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEM	HAN	\$		
	2. TOTAL P	OLITICAL CONTRIBUTIONS HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS,		\$		
EXPENDITURE TOTALS	3. TOTAL POUNLESS		\$			
коо к и и и и и и и и и и и и и и и и и	4. TOTAL P	OLITICAL EXPENDITURES		\$		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	ILITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
Notary My Com Jul	R ANNE STANCIK y ID #2315471 mission Expires y 11, 2022	I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code. Signature of Care	of ormation r	equired to be reported by me		
AFFIX NOTARY STAMP	SEALABOVE					
Sworn to and subscri		10000		this the		
day of March	, 20 <u>72</u> , to	certify which, witness my hand and seal of office	÷.			
Juny "	Samuel	Jennifer Stancile	N	otera.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of officer administering oath		

The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Tota	al pages filed:
3 CANDIDATE / OFFICEHOLDER NAME						OFFICE USE ONLY
NAME	NICKNAME	GUTHMANN		SUFFIX	Date Re	aceived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 354	APT / SUITE #; COLUMI	NOV 10 2021			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	732-7180	EXTENS	SION	Date Ha	and-delivered or/Date Postmarked # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	JOYCE LAST GUTHMANN	*****************	MI	Date Pro	ocessed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P.O. BOX 35	O PO BOX PLEASE); APT / S	UITE #; CITY	JMBUS	TE	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	(979)	732-7180	EXTENS	SION		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Ex	noff ceeded Modified porting Limit		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 21	THROUGH	Month 11		Year / 21
11 ELECTION	Month Day	Year Primary 21 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known	1)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE: ND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S O	DLITICAL COMMITTEES TO SUPPORT R OFFICEHOLDER'S KNOWLEDGE OR VE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL -	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO ТО	PAGE 2			

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	VER SHEET I SE
15 C/OH NAME	JOYCE GUTHMANN	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true and conquired to be reported by me under Title 15, Election Code.	prrect and includes all information

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL Sworn to and subscribed before me	ess my hand and seal of	Suthmar office.	in ala	this the 10	day of 1	buember Allot
Signature of officer administering oath	Printed na	me of officer administerir	ng oath		Title of office	r administering oath
CHARGE BURNEY C	Val ValValValle	OR			美華 新選案	
(2) Unsworn Declaration						
My name is		, an	d my date o	of birth is		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	f(month)	, 20	•
			Signature	of Candidate/Of	ficeholder (Decl	arant)

<u> </u>					
The C/OH Instruction C	Guide explains how to	complete this form.	1 Filer ID (Ethics (Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	JOYCE		MI	OFFICE USE ONLY
NAME	NICKNAME	GUTHMANN		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 354		MBUS TX	78934	NOV 1 0 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	732-7180	EXTENS	ION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	JOYCE		MI	Date Processed
	NICKNAME	GUTHMANN		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3-2-1	ME AS ABOVE	UITE #: CITY		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	SAME AS ABO	extens IVE	ION	
9 REPORT TYPE	January 15 July 15	30th day before e	ection Ex	noff ceeded Modified porting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day Year 15 / 21	THROUGH	Month 11	Day Year / 15 / 22
11 ELECTION	Month Day 3 / 1	Year Primary 22 General	Runoff Special	Other Description	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known	in):
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEI	HOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE	WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT VOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

FORM C/OH COVER SHEET PG 2

CAMITAIG	N FINANCE REPORT	Section of Section 1 (Section 2014) Section 1 (Section 2014) Section 1 (Section 1)
15 C/OH NAME	JOYCE GUTHMANN	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	Please complete either option below:	
}	Please complete either option below:	
(1) Affidavit	Notary ID #11799707 My Commission Expires May 8, 2023	
NOTARY STAMP/SEA	_ A /)	A 11. 1
Sworn to and subscribed	before me by Jake Guthmann this the 10	day of Novembe
20 to certif	y which, witness my hand and seal of office.	USP EAME
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	dion	
My name is	, and my date of birth is	
My address is	, and my date of bitting	*

Executed in

(street)

_ County, State of _____, on the ___

(city)

__ day of _

(month)

(state) (zip code)

Signature of Candidate/Officeholder (Declarant)

(year)

(country)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

	See CTA Instruction Guide for detailed instructions.							d:
2	CANDIDATE	MS / MRS / MR	FIRST		N	11	OFFICE	USE ONLY
	NAME		JOYCE			ł	Filer ID #	
		NICKNAME	LAST		S S	UFFIX		
			GUTHM	ANN			Date Received	
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; Z	IP CODE	NOV 10 2	.021
	MAILING ADDRESS	P.O. BOX 354		COLUMBUS	TEXAS 7	8934	13	
		Carta a straight angests Mark in				BY:_	Date Hand-delivered	or Postmarked
							Hand-c	olivered
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	R	EXTENSION		Receipt #	Amount \$
		(979)	732-7180				Date Processed	
5	OFFICE	601.05.50.5	V D I T I T T T T T T T T T T T T T T T T	CURE			Date Imaged	
	HELD (if any)	COLORADO CO	OUNTY TREA	ASURER				
6	OFFICE SOUGHT							
_	(if known)	MS/MRS/MR	FIRST	MI	NICKNAME		LAST	SUFFIX
7	CAMPAIGN TREASURER	MOTOTOTO.	rikai	1411	WORMANIE		LAST	SULLIN
	NAME	J	OYCE			GU	THMANN	
8	CAMPAIGN TREASURER	STREET ADDRESS:		APT / SUITE #;	CIT	Υ;	STATE:	ZIP CODE
	STREET ADDRESS	P.O. BOX 354			COL	LUMBUS	TEXAS	78934
(1	residence or business)							
9	CAMPAIGN TREASURER	AREA CODE	PHONE NUMBE	R	EXTENSION			
	PHONE	(979) 732-	7180					
		, ,						
10	CANDIDATE SIGNATURE	Lom susses	of the Name	atiom Law Ch	ontor E70	of the Ta	voc Couern	nont Codo
		i am aware	or the Nepo	otism Law, Ch	apter 5/3	or the rea	xas Governr	nent Code.
		I am aware	of my resp	onsibility to fil	e timely re	ports as	required by	title 15 of
		the Election		- 1 1000				
				ictions in title 1		lection C	ode on conti	ributions
		from corpor	ations and I	abor organiza	tions.			
		tauce	Guth	1/0-			11-10-1	021
		The fire	Signature of C	Candidate			Date Signe	ed
				GO TO PAGE	2			

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

BI A CAND							
See C	CTA Instruction Guide for detailed instructions.	1 Total pages filed:					
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY					
NAME .	NICKNAME LAST SUFFIX Guthmann	FILED FUR RECORD COLORADO COUNTY, TX 2017 NOV 30 PM 1: 26					
3 CANDIDATE MAILING ADDRESS	P. D. BUX 354 Columbus TX 78934	KIMBERLY MENKE COUNTY CLERK					
4 CANDIDATE PHONE	(979) 732-7180	Date Hand-delivered or Postmarked Date Processed					
5 OFFICE HELD (if any)		Date Imaged					
6 OFFICE SOUGHT (if known)	County Treasurer	AUTO V					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME JOYCL	Suffix Suffix					
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE #: CITY. STATE, P. D. BW 354 CHUMBS 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 T	exas Government Code.					
	I am aware of my responsibility to file timely reports a the Election Code.	as required by title 15 of					
	I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.						
	Signature of Candidate	//- 30 - / / Date Signed					
GO TO PAGE 2							

The C/OH Instruction G	Guide explains how to complete		ler ID (Ethics Commission F	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER		IRST	MI	OFFICE USE ONLY	
NAME		оусе	SUFFIX	COLORADO COUNTY, TX	
	Gut	hmann			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX APT / SU	2010 FEB 27 AM 9: 38 KIMBERLY MENKE COUNTY CLERK			
Change of Address				UUUN: 1 SI,ENN	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N		extension 0	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS MRS MR F	FIRST	N/+	Receipt # Amount \$	
TREASURER NAME	NUCKNAME			Date Processed	
	NICKNAME L	NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX P	LEASE: APT /SUITE #:	CITY. STATE	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	NUVBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before election	Runott	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
	Suly 13	eth day before election	1.400003135007	Final Report Attach Cloh - FR	
10 PERIOD COVERED	Month Day	Year	Me	onth Day Year	
COVERLED	01 16	18 TH	ROUGH 02	26 18	
11 ELECTION	Month Day Year 03 06 18	X Primary General	Runoti Other Descrip		
12 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT OF	known)	
			Colorado Cour	ntyTreasurer	
		GO TO PAG	E 2		

14 C/OH NAME J O Y	CE GUT	H M A N N	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WIT DIDATE / CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	XGENERAL		
	SPECIFIC	PO BOX 354 COLUMBUS, TX 78934	
		COMMITTEE CAMPAIGN TREASURER NAVE	
Additional Pages		JOYCE GUTHMANN	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		PO BOX 354 COLUMBUS, TX 78	8 9 3 4
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,011.65
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT	OLORADO COCUTY	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAN	4	0	indate of Sinceriolaer
Sworn to and subso		by the said Toyce Sethwann	, this the 27th
day of tebruar	20 18	to certify which, witness my hand and seal of office.	Course Made
Barranson	ntimor	TUMBERRY INCOME	worked Creak
Signature of officer	admihistering oath	Printed name of officer administering oath	Title of office administering oath

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
Credi Card Payment

Event Expense Fees Food/Beverage Expense Gilt/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 Card Payment	The instruction Guide explains how to c	omplete this form.	Office (called a called by not listed above)
1 Total pages Schedule F1:	2 FILER NAME JOYCE GUTHMANN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02-12-18	VISTA PRINT		
6 Amount (\$)	7 Payee address: City: State: Zip Code	- W- W	
49.79	INTERNET		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	ADVERTISING/PRINTING EXPENSE	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING/PRINTING EXPENSE	Check if Austin.	TX, officeholder living expense
CAPEITOITOIL			
6 Complete Ohll V if direct	Candidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OF		Omeo sough	Since nois
Date	Payee name		
02-14-18	WEIMAR MERCURY		
Amount (\$)	Payee address: City: State; Zip Code		
36.86			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outs	de of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING AD	Check if Austin.	TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
02-14-18	COLORADO COUNTY CITIZE	N	
Amount (\$)	Payee address; City: State; Zip Code		
80.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	ADVEDTICING AD		side of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING AD	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOYCE GUTHMANN 4 Date 5 Pavee name 02-14-18 EAGLE LAKE HEADLIGHT 6 Amount (\$) 7 Payee address; City: State: Zip Code **EAGLE LAKE, TEXAS** 35.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING/PRINTING EXPENSE OF Check if Austin, TX, officeholder fiving expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date **KVLG & K-BUK RADIO** 02-19-18 Amount (\$) Payee address: City: State: Zip Code LAGRANGE, TEXAS 320.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE ADVERTISING AD OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date KULM RADIO 02-08-18 Amount (\$) Payee address: City; State; Zip Code 200.00 COLUMBUS, TX 78934 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX officeholder living expense EXPENDITURE ADVERTISING EXPENSE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JOYCE GUTHMANN 4 Date 5 Payee name 02-20-18 **KULM RADIO** 6 Amount (\$) City: State: Zip Code 7 Payee address: COLUMBUS, TEXAS 78934 200.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** ADVERTISING/PRINTING EXPENSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02-24-18 **DOLLAR STORE** Amount (\$) Payee address: City: State; Zip Code COLUMBUS, TEXAS 78934 20.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02-14-18 **BANNER PRESS** Amount (\$) City; State; Zip Code Payee address: 70.00 COLUMBUS, TEXAS 78934 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Joyce	-	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Guthmann		SUFFIX	PALE RECeived FILEU ON THE LORD COLORADO COUNTY, TX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 354 Columbus,	CITY; STATE: TX 78934	ZIP CODE	2010 JAN 12 PM 3: 32 KIMBERLY MENKE COUNTY CLERK
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 732-7180	EXTENSIO	N	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Self NICKNAME LAST		SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S same as above	SUITE #; CITY;	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () same as above	EXTENSIO	N	
9 REPORT TYPE	July 15 30th day before		off eded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 11 / 30 / 2017	THROUGH	Month 01	Day Year 15 / 2018
11 ELECTION	Month Day Year Vear O3 06 2018 General	y Runoff [Other Description Repu	ublican Primary
12 OFFICE	OFFICE HELD (if any)	13 OFFICE S	Cour	nty Treasurer
	GO TO	PAGE 2		

14 C/OH NAME Jo	yce Guthmann		15 Filer ID	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REURES.	MADE WITHOUT THE	CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	P. O. BOX 354 Co	lumbus,	Tx. 78934
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Joyce Guthmann		
		P.O. BOX 384 Columbu	s, To. 70	8934
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTES, LOANS, OR GUARANTEES OF LOANS), UNLESS	HER THAN	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	2,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$
	4. TOTAL	POLITICAL EXPENDITURES	1	\$ 2913.25
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE PORTING PERIOD	HE LAST DAY	\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AY OF THE REPORTING PERIOD	AS OF THE	\$
18 AFFIDAVIT				
y e e e e	1		es all information r	at the accompanying report is equired to be reported by me
		Jayce Gut	hmann)
to the		Signature	of Candidate or	Officeholder
AFFIX NOTARY STAN	MP/SEALABOVE			
Swormto and subsc	crihad hafora ma	by the said JOUCE Guth ma	NA .	this the 12th
day of human		to certify which, witness my hand and seal o		
- Lean Ve	him	TEAN PERKINS	Chie	of Deputy
Senature of officer	administering oath	Printed name of officer administering oath	Title	of officer administering oath

MONETARY POLITICAL CONTRIBUTION	ONS SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Joyce Guthman	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12.14-17 Donald Peikert 6 Contributor address; City; State; Zip Coo	de 600.00
1526 FM 949 Alleyton, Tx. 789	
8 Principal occupation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	A MANAGEMENT AND THE SELECT
12-14-17 James Guthmann Contributor address; City; State; Zip Coo	
P.O. BOX 354 Columbus, Tx. 780	
Principal occupation / Job title (See Instructions) Emplo	yer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12-19-17 Betsy Brown Contributor address; City; State; Zip Coc	
3571 CR 106 Rock Island, Tx. 7	
Principal occupation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-9-18 Justin Guthmann Contributor address; City; State; Zip Cooperation of Columbus Tx. 78%	
Principal occupation / Job title (See Instructions) Emplo	oyer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED de for additional reporting requirements.
If contributor is out-of-state PAG, please see mistraction gas	99800000000000000000000000000000000000

The Instruction Guide explains how to complete this form.	pages Schedule A1:
2 FILER NAME JOYCE Guthmans 3 Filer 10	D (Ethics Commission Filers)
5 Full Hairie of Contribution	nt of contribution (\$)
1-9-18 Joshua Guthmann 6 Contributor address; City; State; Zip Code P.O. BOX 3SY Columbus, Tx. 78934	50.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
	int of contribution (\$)
1-12-18 Contributor address; City; State; Zip Code 413 West Main Eagle Lake, Tx. 77434	000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Findipal occupation, dec and (ede induced)	
Date Full name of contributor out-of-state PAC (ID#:) Amou	ant 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#:) Amou	unt 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 r	requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CAT	rEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Ever Fees Food by Gift/ al Committee Lega	nt Expense	Loan Repay Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense vense pense ages/Contract Labor	Transporta Travel In D Travel Out Other (ente	Of District er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	ce Gutha	narn		3 Filer II	(Ethics Commission Filers)
4 Date	5 Payee name	~ Genera	4			
6 Amount (\$)	7 Payee address		Zip Code			
19.49		Unut St. Co				
8	(a) Category (See	Categories listed at the top of the	nis schedule)	(b) Description Check if trave	el outside of Texas. (Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertis	ins Expense		Check if Au	stin, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
	Payee name	172				
Date 12-14-17	B+	D Graphic	5			
Amount (\$)	Payee address	; City; State;	Zip Code			
167.78	731 Wal	nut St. Col	lumbus,	Tx. 7893	34	
	Category (See	Categories listed at the top of the	nis schedule)	Description Check if trave	l outside of Texas. C	complete Schedule T.
PURPOSE OF	Advertis	ing Exper	se	Check if Aus	stin, TX, officehole	der living expense
EXPENDITURE	Printing	g Expense			× .	
		Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/Oh						
Date	Payee name					
12-19-17	DAN	wal INC.				
Amount (\$)	Payee address	; City; State;				
1,685.48		state Hishwa		60 296	7x. 7.	5703
	Category (See	Categories listed at the top of the	his schedule)	Description Check if trave	l outside of Texas. C	Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertis	ins Expens	e	Check if Aus	stin, TX, officehol	der living expense
	0 "11 1	Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OF	4	Officeholder name				
	ATTACH	ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Gothma	400	3 Filer ID (Ethics Commission Filers)
4 Date 1-5-18	5 Payee name Colorado Feed		
6 Amount (\$)		Code	
175.00	2105 Walnut Colum	bus, 1x. 18989	
8	(a) Category (See Categories listed at the top of this sch		utside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	15	
12-21-17	Colorado County C	itizen	
Amount (\$)	Payee address; City; State; Zip		
115.50	P.O. BOX S48 Colomi	bu, Tx. 78934	
	Category (See Categories listed at the top of this sche		il IT-re- Complete Cohedula T
PURPOSE OF EXPENDITURE	Printing		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-7-17	Republican Party		
Amount (\$)	Payee address; City; State; Zip C	Code	
750.00			
	Category (See Categories listed at the top of this scheen		ide of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Filing Fees	· ·	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

The C/OH Instruction G	uide 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 NICKNAME LAST Guthmann	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #: P.O. Box 354 Columbus, AREA CODE PHONE NUMBER	TX 78934	DLORADO COUNTY, TX 018 FEB -2 AM II: 15
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(979) 732-7180 MS / MRS / MR FIRST Self NICKNAME LAST	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	same as above same as above AREA CODE PHONE NUMBER () same as above	SUITE #: CITY: STATE; EXTENSION	ZIP CODE
9 REPORT TYPE	January 15 X 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 16 / 2018	THROUGH 02	Day Year 705 / 2018
11 ELECTION	BLECTION DATE Month Day Year X Primary 03 06 2018 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if kno	nty Treasurer
	GO TO	PAGE 2	

MONE	TARY POLITICAL CONTRIBUTION	S SCHEDULE A1
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	Joyce Guthmann	3 Filer ID (Ethics Commission Filers)
4 Date 01/28/18	6 Contributor address; City; State: Zip Code 206 Second Ave Columbus, Tx. 78934	\$200.00
8 Principal occ	supation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor aut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	
Principal occ	upation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	
Principal occ	upation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS NEEDED
	If contributor is out-of-state PAC, please see instruction guide for	or additional reporting requirements.

14 C/OH NAME	Joyce Guthmann		15 File	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR PO DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAN DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRE URES.	VE BEEN MADE WITHOUT	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	× GENERAL	Joyce Guthmann		
	[market]	COMMITTEE ADDRESS		
	SPECIFIC	P. O. Box 354 Columbus, Texas 78934		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Laura Carllanana		
		Joyce Guthmann COMMITTEE CAMPAIGN TREASURER ADDRESS		
		P. O. Box 354 Columbus, Texas 78934		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS ES, LOANS, OR GUARANTEES OF LOANS), U		\$ 0.00
		POLITICAL CONTRIBUTIONS 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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING L AY OF THE REPORTING PERIOD	OANS AS OF THE	\$
AFFICACION TO APPLIANT TO APPL	NA COLO AND COLO MANON	true and correct and under Title 15, Election	includes all informatio	that the accompanying report is in required to be reported by me this and or Officeholder this the 2nd
day of February	10	to certify which, witness my hand and s	eal of office.	. uns me
I was and att	Abuldo	W. 1 . 1 . W . 1	Count	y Clerk
DATIUMAGIA	I NOOLE	Kimberly Menke		,

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction Gu	uide explains how to complete this form.			
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST OG CE NICKNAME LAST	MI	OFFICE USE O	NLY
CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #:	CITY; STATE; ZIP CODE		
ADDRESS Change of Address	Columbis Tx. 759	34		
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 732-7180	EXTENSION	Date Hand-delivered or Date	
CAMPAIGN TREASURER	MS / MRS / MR	ME		ount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed Date Imaged	
CAMPAIGN TREASURER ADDRESS	P.O. BOX 354	SUITE #; CITY: STATE:	ZIP CODE	
(Residence or Business)	Columbus Ty. 189.	34		
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 733-7180	EXTENSION		
REPORT TYPE	January 15 30th day before July 15 8th day before	Franks & E00 limit	15th day after cam treasurer appointm (Officeholder Only) Final Report (Attach	ent
10 PERIOD COVERED	Month Day Year	THROUGH / 2	h Day Year / 31 / 2020	
11 ELECTION	ELECTION DATE Month Day Year Prima // 3 / 20 Gene	Descriptio		
12 OFFICE	County Treasurer	13 OFFICE SOUGHT (if kr	lown)	
		TO PAGE 2		
		thing state ty US	P	evised 9/8/

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE CO				
	GENERAL SPECIFIC	COMMITTEE NAME Joy Ce Guthman COMMITTEE ADDRESS		
		Columbus TY. 18934 COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Joyce Guthman COMMITTEE CAMPAIGN TREASURER ADDRESS P. U. BUY 354 Columbus Tx. 78934		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	Y \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI AY OF THE REPORTING PERIOD	\$	
Not Not	CKA KAY LACOURSE ary ID #11799707 commission Expires May 8, 2023	I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code. Signature of Candid	hation required to be reported by me	
Sworn to and stubsoday of Signature of officer	2020.	to certify which, witness my hand and seal of office. Printed name of officer administering oath	Title of officer administering oath	

		1 Filor ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)		
CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	2019 JAN 16 KINSER	
	Outhmenr	CITY: STATE; ZIP CODE		
CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / FO BOX.		1 1 1 2 1 2 1 2 1 2 1 1 2 1 1 1 1 1 1 1	
ADDRESS Change of Address	1 0 Dok 031	extension	PH 2:	
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 732-7/80	D	Date Hand-delivered or Date Postmarked	
CAMPAIGN	MS / MRS / MR	MI	Receipt # Amount \$	
TREASURER NAME	NICKNAME LAST	Date Processed Date Imaged		
	Guthma	nn	, and a second s	
CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /		ZIP CODE	
ADDRESS Residence or Business)	P.O. BOX 354	Colimbus, Tx	78939	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-7/8	EXTENSION (
REPORT TYPE	January 15 30th day befor	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before	e election Exceeded \$500 limit	t Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH /2	h Day Year /31 /18	
11 ELECTION	ELECTION DATE Month Day Year Prim.	Descriptio		
12 OFFICE	County Treasurer	13 OFFICE SOUGHT (If kr	nown)	
	GO 7	TO PAGE 2		
		othics state ty US	Revised 9/8/	

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 OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON 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 O YCC ON THE ADDRESS P.O. BOX 354 Columbus, COMMITTEE CAMPAIGN TREASURER NAME	Tx. 78934	
Additional Pages		JOYCE Guthmann COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. BN 354 Columbus TX	71934	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	s		
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ \$ —		
CONTRIBUTION BALANCE	5. TOTAL OF RE	· · · · · · · · · · · · · · · · · · ·		
OUTSTANDING LOAN TOTALS	LAST	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH DAY OF THE REPORTING PERIOD	\$	
Sworn to and subseday of JAMA	O DEALABOVE	i swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code. Signature of Candiby the said	nation required to be reported by me Mullipolitication of the second of	
Navy Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI				OFFICE USE ONLY		
INOME	NICKNAME	LAST GUT	thman	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; mbus TX	ZIP CODE 78934			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	732-7180	EXTENS	SION		ed or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Joyce		МІ	Receipt #	Amount \$	
NAME	NICKNAME	LAST		SUFFIY	Date Processed		
	Outhman Suffix			Date Imaged			
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY	f :	STATE;	ZIP CODE	
TREASURER ADDRESS	P.O BUX	354	Colon	Lbus	TX	78934	
(Residence or Business)	7						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	ION			
TREASURER PHONE (919) 732-7180							
9 REPORT TYPE	January 15	30th day before e	lection Ru	noff		after campaign appointment	
	July 15	8th day before ele	ouon	ceeded Modified porting Limit		ort (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Ye	ar	
COVERED	7.	11/20	THROUGH	121	131/2	O	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE			
	Month Day	Year Primary	Runoff	Other Description			
	11/2/	ZI General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known)			
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL	EXPENDITURES MA	ADE BY POLITICAL CO	OMMITTEES TO SUPPORT	
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE	WITHOUT THE CAND	IDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS		,		A STATE OF THE STA	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				
		COTO	DACE 2				
		GO TO	PAGE 2				

15 JC/OH NA		yce Guthman		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBL TOTALS	JTION 1.	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$	
	2.	TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, CONTRIBUTION OF THE PROPERTY OF THE P		\$	
EXPENDIT TOTALS	TURE 3.	TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$	
	4.	TOTAL POLITICAL EXPENDITUR	ES	\$	
CONTRIBU BALANC	5.	TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LA	ST DAY \$	
OUTSTAND LOAN TOT	· · ·	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		F THE \$	
18 SIGNATUR				and correct and includes all information	
	required to	be reported by me under Title 15, Election	Code.		
	· ·		Joine M.	6uthmans	
			ATATION	andidate/Officeholder	
		Please complete	e either option below	v:	
	-				
		REBECKA KAY LACOURSE NOLETY ID #11799707			
(1) Affidavit	160	May B, 2023			
	7				
NOTARY STA	AMP/SEAL			10	
Sworn to and subscribed before me by Toyce Gullmann this the 14th day of January.					
20, to certify which, witness my hand and seal of office.					
levely follows Rebeckalulouss					
Signature of office	r administering oath	Printed name of officer a	dministering oath	Title of officer administering oath	
OR AND					
(2) Unsworn D	Declaration				
My name is			, and my date of birth is		
My address is _					
		(street)		state) (zip code) (country)	
Executed in		County, State of, c	n the day of (mont	h) 20	
			Signature of Candi	date/Officeholder (Declarant)	