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 Mr	FIRST James	M: W	OFFICE USE ONLY
1207910155	NICKNAME J.W.	LAST Guthrie	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 20414 N. U.S.		city; state: zip code (springs Tx 78880)	
Changa of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER 642-1144	extension	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Paula	MI MI	Receipt # Amount \$
NAME	Mrs		K	Date Processed
	NICKNAME	Epperson	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 1549 B N. U	NO PO BOX PLEASE); APT / S S HWY 377	Rocksprings	STATE: ZIP CODE TX 78880
8 CAMPAIGN TREASURER PHONE	(830)	683-7321	ĘXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/CH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	7	/ 1 / 23	THROUGH 12	/ 31 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
()	Month Day	Year Primary	Runoff Other Description	
	3 / 5 /	24 General	Special	
12 OFFICE	Sheriff	= 1	13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMINTEES M	THE CANDIDATE / GESIC	PHOLIPPR THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDAYE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
EVI marine marine a marine				
Additional Pages	GENERAL	COMMITTEE ADDRESS		
FCV. U	VA SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	and provided the second se
HA REYES COLEUX UNTY TEXAS	TI SUVARUS LY	COMMITTES CAMPAIGN TRE	EASURER ADDRESS	eren egemente de de la companya del la companya de
Proped		CO TO	PAGE 2	
		9010	FAGE 4	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME James (J.W.) Guthrie	ə		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)		\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	v
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE,		\$	
	4.	TOTAL POLITICAL EXPENDITURES		\$	750.00
CONTRIBUTION BALANCE	5,	TOTAL POLITICAL CONTRISUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERICD	DAY	\$	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	390.16
18 SIGNATURE I S	wear, or a	ffirm, under penalty of perjury, that the accompanying report is true	and cor	rept and In	cludes all information

required to be reported by me under Title 15, Election Code.

Please complete either option below:

(1) Affidavit



APRIL DAWN LEIGHTON My Notary+D # 132449251

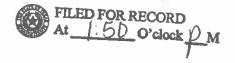
NOTARY STAN

Sworn to and su	ubscribed before me by Jam	es CT.V	v) Gutt	rie	this	the 10	_ day of(phany.
april DON	- 11	April	Dawn			Admi		ve Assistan
Signature of officer	r administering oath	Printed nan	ne of officer adn OR	ninistering o	ath	D. S. Carrier	Title of officer	r administering oath
(2) Unsworn D	ecleration tA	de de	A STATE OF THE PARTY OF THE PAR					HER LESS STORY OF THE SECOND
My name is My address is	A STATE OF THE PARTY OF	- · · · · · · · · · · · · · · · · · · ·		, and m	y date of bird	th is	·	
,	(street))	-	1	(city)	(state)	(zip code)	(country)
Executed in	County, Stat	e of ್ಷ	, on	the	day of (m	onth)	, 20 (year)	•
•	Control of the Contro			, Si	gnature of Ca	endidate/Offi	ceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	ERNAME	20 Filer ID (Ethics Co	mmission Filers)	
آ	Tames W. Guthrie			
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT	
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE EL LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 750.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$	



JAN 1 0 2024

OLGA LYDIA REYES
COUNTY CLERK
EDWARDS COLBETY, TEXAS
By: Deputy

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

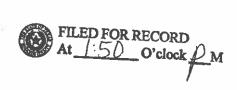
Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidato/Officeholder/Political Committee
Credit Card Payment

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

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

Citrier (enter a category not listed

· ·	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James W. Guthrie		3 Filer ID (Ethics	Commission Filers)
4 Date 11/15/2023	5 Payee name Edwards County Republican Party			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
750.00	309 S College Str.	Rocksprings	TX	78880
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	other	Filing fee		
	(c) Chack if travel outside of Texas, Complete Schedule T.	Check If Austin	i, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	111	
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee name			
Amount (\$)	Payee address;	City:	State;	Zip Code
دام تانیخ دام تانیخ	· A A A		i i	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	8	
OF EXPENDITURE	LAI			
	Check if travel outsids of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED	



JAN 1 0 2024

OLGA LYDIA REYES
COUNTY CLERK
EDWARDS COUNTY TEXAS
By: Deputy

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MR James W NAME Date Received NICKNAME LAST SUFFIX J.W. Guthrie ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / CITY; STATE; ZIP CODE **OFFICEHOLDER** 20414 N US Hwy 377 Rocksprings TX 78880 **MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (325)642-1144 PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Paula Mrs K Date Processed NAME LAST NICKNAME SUFFIX Date Imaged **Epperson** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER TX 1549 B N. US HWY 377 78880 Rocksprings **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE (830 683-7321 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Dav Year COVERED 19 24 ′ 31 12 23 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Month Day Year Description General Special 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Sheriff Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME James (J.W.) Guthrie		16 Fiter ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	lan \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 2,500.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
20	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ 2,890.16
requ	uired to be reported by me under Title 15, Election Code.	Suthie
	Signature of	Candidate or Officeholder
	(
	Please complete either option belo	ow:
My Notary I	WN LEIGHTON ID # 132449251 April 23, 2024	10
Sworn to and subscribed to	before me by James this t	he M day of Muau.
20 20 , to certify w	which, witness my hand and seal of office. April Dawn Giath	adum. Asst.
Signature of officer administeri	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	ก	
My name is	, and my date of birth	n is
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on theday of	onth) , 20 (year)
	Signature of Car	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		BTOTAL MOUNT
	\$ 2	2,500.00
ons	\$	
	\$	
	\$	
AL CONTRIBUTIONS	\$	
	\$	
TICAL CONTRIBUTIONS	\$	
	\$	
AL FUNDS	\$	
S TO A BUSINESS OF C/OH	\$	
CAL CONTRIBUTIONS	\$	
RIBUTIONS RETURNED	\$	
	AL CONTRIBUTIONS TICAL CONTRIBUTIONS AL FUNDS S TO A BUSINESS OF C/OH CAL CONTRIBUTIONS	S AL CONTRIBUTIONS S TICAL CONTRIBUTIONS S TO A BUSINESS OF C/OH CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS S TO A BUSINESS OF C/OH S CAL CONTRIBUTIONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	sted information is not applicable	e, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1: 1
2 FILER NAME James (J.	W.) Guthrie			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Luis Martin Ainslie	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
01/19/2024	6 Contributor address;	city: agle Pass	State; Zip Code	2,500.00
8 Principal occur Security Con	pation / Job title (See Instructions)		9 Employer (See Instruc	otions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	-	Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
24	Contributor address;	City;	State; Zip Code	O.
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
M	AT O'CHO POR RECOR	U(ä	o. =
	in striff			3
Kijebij V	SYPRANTIAD IN ACHADDITIO	NAL COPIES please see Inst	OF THIS SCHEDULE AS Nuction guide for additional	NEEDED reporting requirements.



JAN 1 9 2024

OLGA LYDIA REYES
/COUNTY-CLERK
EDWARES COUNTY, TEXAS
By: ////

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 fil	ed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr.	FIRST James	MI W	OFFICE	USE ONLY
NAME	NICKNAME J.W.	LAST Guthrie	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; zip code cksprings Tx 78880	io	
Change of Address	181				
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER 642-1144	EXTENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mrs	Paula	K	Date Processed	,
	NICKNAME	Epperson	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S S Hwy 377	UITE #; CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)		-			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(830)	683-7321			
9 REPORT TYPE	January 15	30th day before e	efection Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	•
	1 /	/ 1 / 24	THROUGH 2	/ 27 / 24	
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year	Runoff Li Other Description		
	3 / 5 /	24 General	Special		
12 OFFICE	OFFICE HELD (if any) Sheriff		13 OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES & S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		-	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		÷
			D. O. F. O.		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME James (J.W.) Guthrie		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 890.16
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	F THE \$
1	wear, or affirm, under penalty of perjury, that the accompanying report is trujuired to be reported by me under Title 15, Election Code.	e and correct and includes all information
		Julline
	Signature of Ca	andidate or Officeholder
	/	
	Please complete either option below	w:
My Notar	AWN LEIGHTON y1D # 132449251 s April 23, 2024	22 51014 10144
Sworn to and subscribed	before me by <u>Tames W. Guttine</u> this the	27 day of CONGRY.
april Dawn	which, witness my hand and seal of office. HIGHER DOWN LIGHTEN	Title of officer administering oath
Signature of officer administe		Fille of Officer administrating Cath
(2) Unsworn Declaration	on	· · · · · · · · · · · · · · · · · · ·
My name is	, and my date of birth i	s
		,
		(state) (zip code) (country)
Executed in	County, State of , on the day of (mon	, 20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILI	ER NAME :	20 Filer ID (Ethics Commiss	ion Filers)
Jame	es (J.W.) Guthrie		
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$	2,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED \$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

AdvertIsing Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of Salaries/Wages/Contract Lebor Other (enter a

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 complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James (J.W.) Guthrie		3 Filer ID (Ethics Commission File
4 Date	5 Payee name		
02/16/2024	Edwards County Republican Part		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,000.00	309 S College Str.	Rocksprings	TX 78880
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	.,,,
PURPOSE OF EXPENDITURE	Event Expense	Canidate Foru	m
	(C) Check if travel outside of Texas. Complete Schedule T	. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
•			
Amount (\$) O'clock M	FOR FOR I	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE NO CONTROL OF EXPENDITURE	V 0 837		
Sayas	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY & ANTENT & expenditure typhendfit C/OL	ไม่บบ⊊andigat gg Officeholder name L่างใ	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED



FEB 2 7 2024