

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:

14

| | | | | | | | |
|--|--|--------------------------------|-----------|--|--------|-------------------|--------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST | SUFFIX | | | | |
| Joshua Guinn | | | | RECEIVED OCT 10 2023 BY: _____ | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | | | | STATE; |
| [REDACTED] Midland, TX 79707 Change of Address | | | | Date Hand-delivered or Date Postmarked | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Receipt # | | | |
| [REDACTED] | | | | Amount \$ | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Date Processed | | | |
| | NICKNAME | LAST | SUFFIX | Date Imaged | | | |
| Kimberly Fotis | | | | Date Processed | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); | | | APT / SUITE #; | CITY; | STATE; ZIP CODE | |
| [REDACTED] Midland, TX 79707 (Residence or Business) | | | | Date Imaged | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Processed | | | |
| [REDACTED] | | | | Date Imaged | | | |
| 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| 1 / 1 / 23 THROUGH 9 / 28 / 23 | | | | | | | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | Primary | Runoff | Other Description | |
| 11 / 7 / 23 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | | |
| | | | | Midland ISD District 7 | | | |
| 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 | Josh Guinn for MISD District 7 | | | | | |
| | COMMITTEE TYPE | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | [REDACTED] Midland, TX 79707 | | | | | |
| COMMITTEE TYPE | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| SPECIFIC | Kimberly Fotis | | | | | | |
| COMMITTEE TYPE | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |
| SPECIFIC | [REDACTED] Midland, TX 79707 | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|-------------------------------------|---|---|
| 15 C/OH NAME Joshua Guinn | | 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) | \$ 30,406.64 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,317.96 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 25,088.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

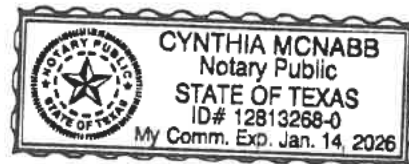
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joshua Guinn this the 10 day of October 2023, to certify which, witness my hand and seal of office.

Cynthia McNabb _____ NOTARY
 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Joshua Guinn

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|--------------|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 30,406.64 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | SCHEDULE E: LOANS | \$ 0.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,317.96 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 |
| 2 FILER NAME Joshua Guinn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/16/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Paul Martin Garmon | 350.00 |
| | 6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79710 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/23/2023 | Full name of contributor out-of-state PAC (ID#: _____) S&D Trucking LLC | 5,000.00 |
| | Contributor address; City; State; Zip Code [REDACTED] TX 79766 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/05/2023 | Full name of contributor out-of-state PAC (ID#: _____) Thomas Wolfmueller | 500.00 |
| | Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79701 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/07/2023 | Full name of contributor out-of-state PAC (ID#: _____) Samantha Larson | 156.15 |
| | Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79707 | |
| Principal occupation / Job title (See Instructions) MHM Resources | | Employer (See Instructions) Office Admin |

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

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Joshua Guinn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/07/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Kimberly Fotis 6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79707 | 7 Amount of contribution (\$) 260.25 |
| 8 Principal occupation / Job title (See Instructions) Sales | | 9 Employer (See Instructions) BL Pipeco Services |
| Date 09/07/2023 | Full name of contributor out-of-state PAC (ID#: _____) Beth Goolsby Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77449 | Amount of contribution (\$) 104.10 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/07/2023 | Full name of contributor out-of-state PAC (ID#: _____) Rebecca Young Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79706 | Amount of contribution (\$) 520.51 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Young's Building Systems |
| Date 09/07/2023 | Full name of contributor out-of-state PAC (ID#: _____) Norma Crossland Contributor address; City; State; Zip Code [REDACTED] Fredericksburg, TX 78624 | Amount of contribution (\$) 520.51 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Joshua Guinn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/30/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Matthew Hamilton 6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79707 | 7 Amount of contribution (\$) 1,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/22/2023 | Full name of contributor out-of-state PAC (ID#: _____) Twenty-Twelve Holdings Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79701 | Amount of contribution (\$) 7,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/07/2023 | Full name of contributor out-of-state PAC (ID#: _____) Classic Crane and Transport Contributor address; City; State; Zip Code [REDACTED] Stepenville, TX 75401 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/21/2023 | Full name of contributor out-of-state PAC (ID#: _____) RJ Steel Trading, LLC Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79707 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Joshua Guinn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/15/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Mike Byrd 6 Contributor address; City; State; Zip Code [REDACTED] Abilene, TX 79608 | 7 Amount of contribution (\$) 5,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/07/2023 | Full name of contributor out-of-state PAC (ID#: _____) Permian Electric Motors Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79706 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/26/2023 | Full name of contributor out-of-state PAC (ID#: _____) James Henry Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79703 | Amount of contribution (\$) 2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/22/2023 | Full name of contributor out-of-state PAC (ID#: _____) Don Sparks Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79705 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Joshua Guinn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/25/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Diann Barker 6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79705 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/08/2023 | Full name of contributor out-of-state PAC (ID#: _____) Chad White Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79706 | Amount of contribution (\$) 2,000.00 |
| Principal occupation / Job title (See Instructions) Motor Repair | | Employer (See Instructions) Premier Electric Motors |
| Date 09/10/2023 | Full name of contributor out-of-state PAC (ID#: _____) Susan Branum Contributor address; City; State; Zip Code [REDACTED] Odessa, TX 79762 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2023 | Full name of contributor out-of-state PAC (ID#: _____) Trudy Rodriguez Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79705 | Amount of contribution (\$) 1,041.02 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joshua Guinn

3 Filer ID (Ethics Commission Filers)

4 Date

09/20/2023

5 Full name of contributor

Charles Hall

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

6 Contributor address;

City;

State;

Zip Code

Midland, TX 79707

7 Amount of contribution (\$)

104.10

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

09/20/2023

Full name of contributor

Thomas WolfmueLLer

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

Contributor address;

City;

State;

Zip Code

Midland, TX 79701

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 | 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: 5 | 2 FILER NAME Joshua Guinn | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|------------------------------------|--|
| 4 Date 08/30/2023 | 5 Payee name Harland Clarke |
|------------------------------------|--|

| | |
|--------------------------------------|--|
| 6 Amount (\$) 28.45 | 7 Payee address; City; State; Zip Code 15955 La Cantera Pkwy, San Antonio, TX 78256 |
|--------------------------------------|--|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Checks |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------------|--------------------------------------|
| Date 09/11/2023 | Payee name Finch Media Co. |
|---------------------------|--------------------------------------|

| | |
|------------------------------|--|
| Amount (\$) 200.00 | Payee address; City; State; Zip Code 705 W Wadley Ave, Midland, TX 79705 |
|------------------------------|--|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Headshots |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------------|--|
| Date 09/19/2023 | Payee name CAZ Consulting, LLC |
|---------------------------|--|

| | |
|------------------------------|---|
| Amount (\$) 400.00 | Payee address; City; State; Zip Code 1616 S Voss Rd. Houston TX 77057 |
|------------------------------|---|

| | | |
|-------------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Logo |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

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

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 Joshua Guinn | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/12/2023 | 5 Payee name WinRed | |
| 6 Amount (\$) 6.15 | 7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, VA 22219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description WinRed processing fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

| | |
|--|--|
| Date 09/12/2023 | Payee name WinRed |
| Amount (\$) 10.25 | Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, VA 22219 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking |
| | Description WinRed processing fee |
| (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

| | |
|--|--|
| Date 09/12/2023 | Payee name WinRed |
| Amount (\$) 4.10 | Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, VA 22219 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking |
| | Description WinRed processing fee |
| (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

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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 | 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 Joshua Guinn | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-----------------------------|-------------------------------|
| 4 Date 09/12/2023 | 5 Payee name WinRed |
|-----------------------------|-------------------------------|

| | | | | |
|--------------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 20.51 | 7 Payee address; 1776 Wilson Blvd. Suite 530, VA 22219 | City; | State; | Zip Code |
|--------------------------------------|--|-------|--------|----------|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description WinRed processing fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 09/12/2023 | Payee name WinRed |
|--------------------|----------------------|

| | | | | |
|-----------------------------|---|-------|--------|----------|
| Amount (\$) 20.51 | Payee address; 1776 Wilson Blvd. Suite 530, VA 22219 | City; | State; | Zip Code |
|-----------------------------|---|-------|--------|----------|

| | | |
|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description WinRed processing fee |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 09/13/2023 | Payee name WinRed |
|--------------------|----------------------|

| | | | | |
|-----------------------------|---|-------|--------|----------|
| Amount (\$) 78.80 | Payee address; 1776 Wilson Blvd. Suite 530, VA 22219 | City; | State; | Zip Code |
|-----------------------------|---|-------|--------|----------|

| | | |
|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description WinRed processing fee |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

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

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 Joshua Guinn | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/14/2023 | 5 Payee name WinRed | |
| 6 Amount (\$) 3.94 | 7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, VA 22219 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description WinRed processing fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/21/2023 | Payee name WinRed | |
| Amount (\$) 41.02 | Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, VA 22219 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description WinRed processing fee |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/25/2023 | Payee name WinRed | |
| Amount (\$) 4.10 | Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, VA 22219 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description WinRed processing fee |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Joshua Guinn | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/28/2023 | 5 Payee name A-1 Sign Engravers, Inc. | |
| 6 Amount (\$) 4,500.13 | 7 Payee address; City; State; Zip Code 1200 Garden City Hwy, Midland, TX 79701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Signs |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. 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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. 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 |

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