

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: **7**

OFFICE USE ONLY

Date Received

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

DATE RECEIVED
FEB 23 2024
DENISE VALLES
CLERK COUNTY CLERK, WARD 03-TEXAS
CLERK COUNTY CLERK, WARD 03-TEXAS

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Amount

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MR

FIRST

Guy

MI

D

NICKNAME

LAST

THAMES

SUFFIX

JR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

409 PECAN ST MONAHANS, TX 79756

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 728-2286

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MR

FIRST

Guy

MI

D

NICKNAME

LAST

THAMES

SUFFIX

JR

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

409 PECAN ST MONAHANS, TEXAS 79756

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 728-2286

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 11 / 2024

THROUGH

Month

Day

Year

2 / 23 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 5 / 2024

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Ward County Commissioner #1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--|---|--|
| 15 C/OH NAME <u>Guy DONALD THAMES JR</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>0</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1,029.19</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>0</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

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

Guy Donald Thames Jr
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Guy Donald Thames Jr. this the 23rd day of February.

2024, to certify which, witness my hand and seal of office.

Lorna Hawkins Lorna Hawkins Chief Deputy Clerk
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

Guy DONALD THAMES JR

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ 0 |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 1,029.19 |
| 9. | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
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
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: **2** 2 FILER NAME **GUY DONALD THAMES JR** 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **1,029.19**

5 CREDIT CARD ISSUER Name of financial institution **CHASE BANK**

6 PAYMENT (a) Amount Charged \$ **21.41** (b) Date Expenditure Charged **1-13-2024** (c) Date(s) Credit Card Issuer Paid

7 PAYEE (a) Payee name **ACE HARDWARE** (b) Payee address; City, State, Zip Code **P.O. BOX 1090 MONAHANS, TX 79756**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **CABLE TIES**
☒ Political
☐ Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **N/A** Office Sought Office Held

PAYMENT (a) Amount Charged \$ **476.00** (b) Date Expenditure Charged **2-8-2024** (c) Date(s) Credit Card Issuer Paid

PAYEE (a) Payee name **U.S. POSTAL SERVICE** (b) Payee address; City, State, Zip Code **201 S. BETTY AVE MONAHANS, TX 79756**

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **STAMPS**
☒ Political
☐ Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office Sought Office Held

PAYMENT (a) Amount Charged \$ **476.00** (b) Date Expenditure Charged **2-9-2024** (c) Date(s) Credit Card Issuer Paid

PAYEE (a) Payee name **U.S. POSTAL SERVICE** (b) Payee address; City, State, Zip Code **201 S. BETTY AVE MONAHANS, TX 79756**

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **STAMPS**
☒ Political
☐ Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **N/A** Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
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
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: **2** 2 FILER NAME **GUY DONALD THAMES JR** 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **1,029.19**

5 CREDIT CARD ISSUER Name of financial institution **CHASE BANK**

6 PAYMENT (a) Amount Charged \$ **40.85** (b) Date Expenditure Charged **2-19-2024** (c) Date(s) Credit Card Issuer Paid

7 PAYEE (a) Payee name **ACE HARDWARE** (b) Payee address; City, State, Zip Code **P.O. BOX 1090 MONAHANS, TX 79756**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **SIGNS**
☒ Political
☐ Non-Political
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **N/A** Office Sought Office Held

PAYMENT (a) Amount Charged \$ **14.93** (b) Date Expenditure Charged **2-19-2024** (c) Date(s) Credit Card Issuer Paid **SIGNS**

PAYEE (a) Payee name **ACE HARDWARE** (b) Payee address; City, State, Zip Code **P.O. BOX 1090 MONAHANS, TX 79756**

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **SIGNS**
☒ Political
☐ Non-Political
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **N/A** Office Sought Office Held

PAYMENT (a) Amount Charged \$ (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid

PAYEE (a) Payee name (b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
☐ Political
☐ Non-Political
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, 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 NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: 2 | 2 FILER NAME Guy DONALD THAMES JR | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-13-2024 | 5 Payee name ACE HARDWARE | |
| 6 Amount (\$) 21.41 | 7 Payee address; City; State; Zip Code P.O. BOX 1090 MONAHANS, TX 79756 | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description CABLE TIES |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name N/A Office sought Office held | | |
| Date 2-8-2024 | Payee name U.S. POSTAL SERVICE | |
| Amount (\$) 476.00 | Payee address; City; State; Zip Code 201 S. BETTY AVE MONAHANS, TX 79756 | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description STAMPS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name N/A Office sought Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 2-9-2024 | Payee name U.S. POSTAL SERVICE | |
| Amount (\$) 476.00 | Payee address; City; State; Zip Code 201 S. BETTY AVE MONAHANS, TX 79756 | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description STAMPS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name N/A Office sought Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule G: 2 | 2 FILER NAME GUYDONALD THAMES JR | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-19-2024 | 5 Payee name ACE HARDWARE | |
| 6 Amount (\$) 40.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; P.O. BOX 1090 MONAHANS, TX 79756 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description SIGNS |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 2-19-2024 | Payee name ACE HARDWARE | |
| Amount (\$) 14.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; P.O. BOX 1090 MONAHANS, TX 79756 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description SIGNS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED