AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name: **James C. Stewart**

Filer ID #:

1. I swear or affirm that I have not accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in a calendar year.

2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5. I am filing this affidavit with the **Kimble Co. Clerk** report due on **2-26-24**. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

_____
Signature of officer administering oath

_____
Printed name of officer administering oath

_____
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **James Stewart**, and my date of birth is **2-6-70**.

My address is _____ (street), **Junction** (city), **TX** (state), **76849** (zip code), **US** (country).

Executed in **Kimble** County, State of **TX**, on the **26** day of **Feb** (month), 20 **24** (year).

_____
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: JAMES MI: C NICKNAME LAST: STEWART SUFFIX	**OFFICE USE ONLY** Date Received

| **4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ☐ Change of Address | ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
 Junction, TX 76849 | |

| **5** CANDIDATE / OFFICEHOLDER PHONE | AREA CODE   PHONE NUMBER   EXTENSION
 (325) 201-5327 | Date Hand-delivered or Date Postmarked |

| **6** CAMPAIGN TREASURER NAME | MS / MRS / MR: MR   FIRST: JAMES   MI: G
 NICKNAME   LAST: BARKER   SUFFIX: II | Receipt #   Amount $
 Date Processed
 Date Imaged |

OFFICE USE ONLY — Karen E. Page, County Clerk, Kimble County, Texas

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Junction TX 76849

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 215-9017

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 1 / Day 26 / Year 24 THROUGH Month 2 / Day 24 / Year 24

11 ELECTION

ELECTION DATE: Month 3 / Day 5 / Year 24

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known): SHERIFF

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

15 C/OH NAME   James C. Stewart

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1650.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1761.94
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2385.72
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3500.00

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 _____ this the _____ day of _____,

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

_____
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is   James Stewart   , and my date of birth is   2-6-70   .

My address is _____, Junction, TX, 76849, US.
                          (street)   (city)   (state)   (zip code)   (country)

Executed in   Kimble   County, State of   Texas   , on the 26 day of Feb , 20 24 .
                                                                                        (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
James C. Stewart	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1650 00/xx
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 CONTRIBUTIONS	$ 1761 94/xx
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 CONTRIBUTIONS	$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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
2 FILER NAME JAMES L STEWART	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:____)	**7** Amount of contribution ($)
2-2-24	RONNIE GEBAUER	500 00/XX
	6 Contributor address; City; State; Zip Code 2001 Cat Spring Rd Cat Spring TX 78933	
8 Principal occupation / Job title (See Instructions) LAND OWNER	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
2-2-24	ALAN W. SKOLNICK MD	100 00/XX
	Contributor address; City; State; Zip Code 723 MONTClair Blvd Sugar Land TX 77478	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
2-2-24	Hector Gonzales	300 00/XX
	Contributor address; City; State; Zip Code W Pine Junction TX 76849	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
2-2-24	Victor Gonzales	200 00/XX
	Contributor address; City; State; Zip Code W Pine Junction TX 76849	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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
2 FILER NAME James C Stewart	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:____)	**7** Amount of contribution ($)
2-2-24	Ed Savage	50 00/xx
	6 Contributor address; City; State; Zip Code 309 N 9th St Junction TX 76849	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
2-23-24	Taylor Whichard	500 00/xx
	Contributor address; City; State; Zip Code PO Box 464 Junction TX 76849	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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 F1: 2	2 FILER NAME JAMES Stewart	3 Filer ID (Ethics Commission Filers)

4 Date 2-20-24	5 Payee name Junction Eagle

6 Amount ($) 366 00/xx	7 Payee address; 215 N 6th ST	City; Junction	State; TX	Zip Code 76849

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Advertising Expense	**(b)** Description NewsPAPER AD.
	(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 | Office sought | Office held

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Date 2-23-24	Payee name Junction Eagle

Amount ($) 963 14/xx	Payee address; 215 N 16th St	City; Junction	State; TX	Zip Code 76849

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mailers
	☐ 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

---

Date 2-23-24	Payee name USPS

Amount ($) 348 96/xx	Payee address; 612 College St	City; Junction	State; TX	Zip Code 76849

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Postage for Mailers
	☐ 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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2024

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME James C. Stewart	3 Filer ID (Ethics Commission Filers)
4 Date 2·23-24	5 Payee name USPS	

6 Amount ($) 83 84/44	7 Payee address; 612 College St	City; Junction	State; TX	Zip Code 76849

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Fees	**(b)** Description Postage for mailers
	(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	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 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

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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