

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

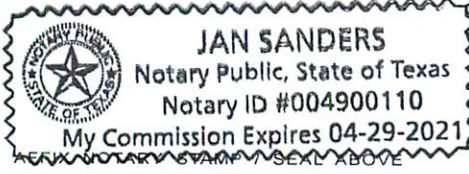
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>4</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		Date Received			
MS / MRS / MR: <b>Mrs</b>		FIRST: <b>Julia</b>		<b>RECEIVED</b> <b>AUG 02 2017</b> <b>CITY SECRETARY'S</b> <b>CITY OF AMARILLO</b>	
NICKNAME: <b>Hays</b>		MI: <b>Elaine</b>			
4 ORIGINAL REPORT TYPE		LAST: <b>Hays</b>		Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		Receipt # _____ Amount \$ _____	
5 ORIGINAL PERIOD COVERED		Date Processed		Date Imaged	
Month Day Year		Month Day Year			
04 / 29 / 2017		THROUGH 06 / 30 / 2017			

6 EXPLANATION OF CORRECTION  
 Added a non-monetary (in-kind) political contribution of \$323.48 from Nobox Creative. Learned about the omission on July 27th.

7 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Julia Elaine Hays*  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 2nd day of August

20 17, to certify which, witness my hand and seal of office.

*Jan Sanders*      Jan Sanders      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>4</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <b>Mrs. Julia Elaine</b>			
4 ORIGINAL REPORT TYPE		NICKNAME LAST SUFFIX <b>Hays</b>		Date Hand-delivered or Date Postmarked <b>CITY SECRETARY'S CITY OF AMARILLO</b>	
5 ORIGINAL PERIOD COVERED		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt #    Amount \$	
		Month    Day    Year    Month    Day    Year <b>04 / 29 / 2017 THROUGH 06 / 30 / 2017</b>		Date Processed	
				Date Imaged	

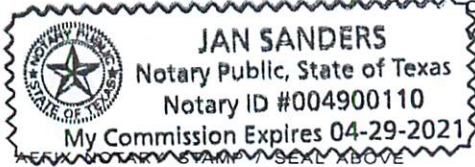
6 EXPLANATION OF CORRECTION  
 Added a non-monetary (in-kind) political contribution of \$323.48 from Nobox Creative. Learned about the omission on July 27th.

7 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

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*Julia Elaine Hays*  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 2nd day of August, 2017, to certify which, witness my hand and seal of office.

Jan Sanders                      Jan Sanders                      Notary  
 Signature of officer administering oath    Printed name of officer administering oath    Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>4</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <b>Mrs Julia Elaine</b>			
4 ORIGINAL REPORT TYPE		NICKNAME LAST SUFFIX <b>Hays</b>		CITY SECRETARY'S CITY OF AMARILLO	
		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year    Month Day Year <b>04 / 29 / 2017 THROUGH 06 / 30 / 2017</b>		Receipt #    Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION  
*Added a non-monetary (in-kind) political contribution of \$323.48 from Nobox Creative. Learned about the omission on July 27th.*

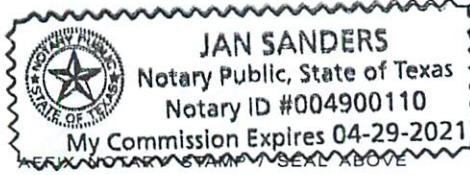
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Julia Elaine Hays*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 2nd day of August, 2017, to certify which, witness my hand and seal of office.

*Jan Sanders*                      Jan Sanders                      Notary  
Signature of officer administering oath    Printed name of officer administering oath    Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Julia Elaine Hays 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

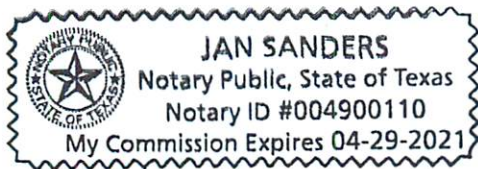
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,573.48
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 24.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,399.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,164.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Julia Elaine Hays  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 2nd day of August, 20 17, to certify which, witness my hand and seal of office.

Jan Sanders  
Signature of officer administering oath

Jan Sanders  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Julia Elaine Hays*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,250. <sup>00</sup>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 323.48
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,816.73
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,493.82
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 741.10
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>323.48</b>	
5 Date <b>5-22-17</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nobox Creative</b>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <b>1001 SE 3rd Avenue, Amarillo TX 79102</b>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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:  11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mrs Julia Elaine Hays		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	PO Box 2072 Amarillo TX 79105		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(806) 676-6772			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr Greg Wayne Houlette		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	4613 Matador Trail Amarillo TX 79109		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(806) 676-5673			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	04 / 29 / 2017		THROUGH 06 / 30 / 2017
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05 / 06 / 2017		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Amarillo City Council Place 1		

OFFICE USE ONLY

Date Received

RECEIVED

JUL 17 2017

CITY SECRETARY'S  
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Julia Elaine Hays

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 / 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,250.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 24.00

4. TOTAL POLITICAL EXPENDITURES

\$ 20,075.65

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,164.62

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

18 AFFIDAVIT



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.

Julia Elaine Hays  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie Elaine Hays, this the 17 day of July, 20 17, to certify which, witness my hand and seal of office.

Frances Hibbs  
Signature of officer administering oath

FRANCES HIBBS  
Printed name of officer administering oath

CITY SECRETARY  
Title of officer administering oath



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Julia Elaine Hays

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,250. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,816. <sup>73</sup>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,493. <sup>82</sup>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 741. <sup>10</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR: _____) <b>Perry Williams</b> 6 Contributor address; City; State; Zip Code: <b>P.O. Box 30206 Amarillo TX 79120</b>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See instructions) <b>Real Estate</b>		9 Employer (See instructions) <b>Williams Group</b>
Date <b>5/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR: _____) <b>Steve + Stephanie Bowen</b> Contributor address; City; State; Zip Code: <b>6216 Jameson Rd Amarillo 79106</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR: _____) <b>Gene + Vicki Scisally</b> Contributor address; City; State; Zip Code: <b>1506 S. Lamar Amarillo 79102</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR: _____) <b>W.H. Brian, JR.</b> Contributor address; City; State; Zip Code: <b>P.O. Box 9238 Amarillo 79105</b>	Amount of contribution (\$) <b>100</b>
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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filer)
4 Date <b>5/3</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR: _____) <b>Dan Henke</b> 6 Contributor address; City: State; Zip Code: <b>4004 Van Tassel Amarillo (79121)</b>	7 Amount of contribution (\$) <b>100</b>
8 Principal occupation / Job title (See instructions) <b>Director of Pharmacy</b>		9 Employer (See instructions) <b>Northurst TX Healthcare</b>
Date <b>5/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR: _____) <b>Janice McCown</b> Contributor address; City: State; Zip Code <b>P.O. Box 8872 Amarillo TX 79114</b>	Amount of contribution (\$) <b>300</b>
Principal occupation / Job title (See instructions) <b>Homemaker</b>		Employer (See instructions) <b>N/A</b>
Date <b>5/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR: _____) <b>Donald Smith Ellis</b> Contributor address; City: State; Zip Code <b>5 Champions Circle Amarillo TX 79124</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See instructions) <b>Banking / CEO</b>		Employer (See instructions) <b>FirstBank Southwest</b>
Date <b>5/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR: _____) <b>David Ellis</b> Contributor address; City: State; Zip Code <b>6605 Hemlock Place TX (79124)</b>	Amount of contribution (\$) <b>100</b>
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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <b>James McCown</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 8872 Amarillo TX (79114)</b>	7 Amount of contribution (\$) <b>200</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>6/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <b>Robert E. Garrett</b> Contributor address; City; State; Zip Code <b>5701 Time Square Blvd, Suite 210, 79119-2513</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>Caldwell Banker</b>
Date <b>6/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <b>Amarillo Matters</b> Contributor address; City; State; Zip Code <b>PO Box 1532 Amarillo TX 79105</b>	Amount of contribution (\$) <b>5,000</b>
Principal occupation / Job title (See instructions) <b>Political Action Committee</b>		Employer (See instructions) <b>Non-Corporate</b>
Date <b>6/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <b>Amarillo Association of Realtors</b> Contributor address; City; State; Zip Code <b>5601 Enterprise Circle Amarillo TX 79106</b>	Amount of contribution (\$) <b>2,000</b>
Principal occupation / Job title (See instructions) <b>Political Action Committee</b>		Employer (See instructions) <b>Non-Corporate</b>

**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

### EXPENDITURE CATEGORIES FOR BOX 6(a)

Advertising Expense  
Accounting/Bookkeeping  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Offshoreholder/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/Purchasing 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: <b>2</b>	2 FILER NAME <b>Julia Elaine Hays</b>	3 Filer ID (Ethics Commission Filer)
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4 Date <b>5/2/17</b>	5 Payee name <b>No box Creative</b>
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6 Amount (\$) <b>6594.21</b>	7 Payee address; City; State; Zip Code <b>1001 SE 3rd Avenue, Amarillo TX 79102</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	8(a) Category (See Categories listed at the top of this schedule) <b>Advertising + Consulting Expense</b>	8(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, offshoreholder living expense <b>Campaign expenses</b>
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9 Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Offshoreholder name	Office sought	Office held
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Date <b>5/2/17</b>	Payee name <b>Postmaster General</b>
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Amount (\$) <b>73.50</b>	Payee address; City; State; Zip Code <b>505 E 9th Avenue Amarillo TX 79105</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Overhead / Rental Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, offshoreholder living expense <b>Stamps</b>
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Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Offshoreholder name	Office sought	Office held
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Date <b>6/2/17</b>	Payee name <b>No box Creative</b>
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Amount (\$) <b>3456.48</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd Avenue Amarillo TX 79102</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, offshoreholder living expense <b>Campaign advertising</b>
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Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Offshoreholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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  
Credit Card Payment

Event Expenses  
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: <b>2</b>	2 FILER NAME <b>Julia Elaine Hays</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6/13/17</b>	5 Payee name <b>Nobox Creative</b>
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6 Amount (\$) <b>4692.54</b>	7 Payee address; City; State; Zip Code <b>1001 SE 3rd Avenue, Amarillo TX 79102</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>campaign advertising</b>
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9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <b>ONLY</b> 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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officerholder/Political Committee

Event Expenses  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia 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 F2: <b>1</b>	2 FILER NAME <b>Julia Elaine Hays</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 4,493.82</b>
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5 Date <b>4/27/17</b>	6 Payee name <b>Nobox Creative</b>
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7 Amount (\$) <b>4,493.82</b>	8 Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense <b>Campaign advertising</b>
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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, officerholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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  
Printing 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.

<b>1</b> Total pages Schedule G:  1	<b>2</b> FILER NAME  Julia Elaine Hays	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  6/30/17	<b>5</b> Payee name  see attachment	
<b>6</b> Amount (\$)  741.10  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  see attachment	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  see attachment	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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**



**EXPENDITURES MADE BY CREDIT CARD**

Date	Payee Name	Amount	Address	City	State	Zip	Type	Category	Description	1st Report
3/3/2017	Market Street	\$65.08	2530 S Georgia	Amarillo TX	79109	79109	Political Food/Beverage Expense	Political Food/Beverage Expense	Solicitation/Fundraising event	x
3/23/2017	Sweet Creations	\$32.45	2618 Wolfkin Ave	Amarillo TX	79109	79109	Political Food/Beverage Expense	Political Food/Beverage Expense	Meeting to discuss campaign issue	x
3/27/2017	Office Depot	\$19.99	2622 Wolfkin Villeg	Amarillo TX	79109	79109	Political Office Overhead/Rental	Political Office Overhead/Rental	Campaign office supplies	x
3/10/2017	Downtown Amarillo	\$98.00	505 E 9th Ave	Amarillo TX	79105	79105	Political Office Overhead/Rental	Political Office Overhead/Rental	Expens Stamps	x
3/25/2017	Home Depot	\$130.81	2410 S Georgia	Amarillo TX	79109	79109	Political Advertising Expense	Political Advertising Expense	Sign posts for Candidate advertisin	x
3/30/2017	Downtown Amarillo	\$147.00	505 E 9th Ave	Amarillo TX	79105	79105	Political Office Overhead/Rental	Political Office Overhead/Rental	Expens Stamps	x
		<u>\$493.33</u>								

**CONTRIBUTION REPORT #2**

Date	Payee Name	Amount	Address	City	State	Zip	Type	Category	Description	1st Report
4/15/2017	Schlotzky's Deli	\$55.65	3440 Bell St. #322	Amarillo TX	79109	79109	Political Food/Beverage Expense	Political Food/Beverage Expense	Solicitation/Fundraising event - lun	x
4/22/2017	Schlotzky's Deli	\$54.12	3440 Bell St. #322	Amarillo TX	79109	79109	Political Food/Beverage Expense	Political Food/Beverage Expense	Solicitation/Fundraising event - lun	x
		<u>\$109.77</u>								

**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

Date	Payee Name	Amount	Address	City	State	Zip	Type	Category	Description	1st Report
2/17/2017	City of Amarillo	\$100.00	509 SE 7th Ave	Amarillo TX	79101	79101	Political Fees	Political Fees	Candidate filing fees	x
2/21/2017	Downtown Amarillo	\$38.00	505 E 9th Ave	Amarillo TX	79105	79105	Political Office Overhead/Rental	Political Office Overhead/Rental	Post office box rental	x
		<u>\$138.00</u>								

Schedule G Total Personal Funds \$741.10