CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE (USE ONLY	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	Date Received		
OFFICEHOLDER NAME	Mrs Julia	SUFFIX		EIVED	
	Hays	•	AUG 0	2 201/	
4 ORIGINAL REPORT TYPE	January 15 Run	The same of the sa	CITY OF A	RETARY'S	
		n day after treasurer pointment (officeholder only)	Date Hand-delivered o	r Date Postmarked	
		al report	Boosint #	Amount \$	
			Receipt #	Amount	
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Processed		
	04/29/2017 11	100gh 06/30/2017	Date Imaged		
6 EXPLANATION OF CO	DRRECTION				
Added a	non-monethry (i	n-kind) political co c Creative. Learned	ntr.bution		
of \$37	23.48 from Nobox	Creative. Learned	about the		
omi	ssion on July 27th				
7 AFFIDAVIT	7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.				
	Check C	NLY if applicable:			
	made in	nual reports: I swear, or affirm, the good faith and without an intent information contained in the repo	to mislead or to		
	report no that the r	eports: I swear, or affirm, that I ot later than the 14th business da report as originally filed is inaccura	y after the date te or incomplete	I learned e. I swear,	
	and the same of th	, that any error or omission in the	report as origi	nally filed	
JAN SANDERS was made in good faith. Notary Public, State of Texas					
	ry ID #004900110 {	1.0" 9//			
		Julia (Can	Jac.		
My Commission Expires 04-29-2021 Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Julia Elaine Hays, this the and day of August.					
20 7 to certify	which, witness my hand and seal of offic	e			
My Sanders John Sanders Works					
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 Com	mission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs Julia NICKNAME LAST	SUFFIX	RECEIVED		
4 ORIGINAL REPORT TYPE	January 15 Run July 15 Exce 30th day before election 15th app		CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	Month Day Year 04 / 29 /2017 THE	Month Day Year ROUGH OL / 30 /2017	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					
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. Notary Public, State of Texas Notary ID #004900110 My Commission Expires 04-29-2021 Signature of Candidate or Officeholder Sworm to and subscribed before me, by the said La Carrel August 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 Comm	ission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE/	MS/MRS/MR FIRST	MI	Date Received		
OFFICEHOLDER NAME	Mrs Julia	SUFFIX	RECEIVED		
	Hays	•	AUG 02 2017		
4 ORIGINAL REPORT TYPE	January 15 Run July 15 Exc		CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked		
	I I Join day before election I I	pointment (officeholder only)			
	8th day before election Final	al report	Receipt # Amount \$		
5 ORIGINAL PERIOD	Month Day Year	Month Day Year	Date Processed		
COVERED		100GH 06/30/2017	Date Imaged		
6 EXPLANATION OF CO	RRECTION				
Added a	non-monethry (i	n-kind) political co c Creative. Learned	ntr.bution		
of \$32	23.48 from Nobox	c Creative. Learned	about the		
7 AFFIDAVIT			that this corrected		
	the state of the s	or affirm, under penalty of perjury, true and correct.	mai mis conecied		
	Check C	DNLY if applicable:			
	made in	nual reports: I swear, or affirm, the good faith and without an intent information contained in the repo	to mislead or to misrepre-		
	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				
JAN SANDERS Was made in good faith. Notary Public, State of Texas Notary ID #004900110 My Commission Expires 04-29-2021 Signature of Candidate or Officeholder					
and a					
17	Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 3 rd day of Hugust.				
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					
U					
Re	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	Iulia El	aine Hays	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR IN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,573.48
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 24,00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 20,399.13
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAI PORTING PERIOD	\$ 3.164.62
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
Notary Notary	AN SANDERS Public, State of ary ID #0049001 on Expires 04-29	Texas 10	nation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE	11: 010: 11-	and
Sworn to and subsc	1 -7	by the said JUIA ELAINE HAYS to certify which, witness my hand and seal of office.), this the
gan 3	anders	Jan Sunders	Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co			ion Filers)
	Julia Elaine Itays			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	DNS	\$	323.48
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				14,816.73
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	4,493,82
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRETURNED TO FILER	RIBUTIONS	\$	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

				-	-
SCH	FD	III	F	A	2

	Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:		Total pages Schedule A2:
2 FILER NAME Julia Elaine Hays				3	Filer ID (Ethics Commission Filers)	
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTI	IONS	\$	323.48
	Date 5-22-11	6 Full name of contributor □ out-of-state PAC (ID#:	e TX-	79102	8	Amount of Contribution \$ 9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11		_	FOR NON-JUDICIAL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	ıtor	's job title (FOR JUDICIAL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of	f 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	de)		Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	er (FOR NON-JUDICIAL) (See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)		Contribu	itor	's job title (FOR JUDICIAL) (See Instructions)
	Contributor's	employer/law firm (FOR JUDICIAL)		Law firm	n of	contributor's spouse (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		ATTACULA PRITIQUAL GORIFO OF T		2011501		
		ATTACH ADDITIONAL COPIES OF T	HIS S	SCHEDU	JLE	E AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE	USE ONLY
NAME	Mrs Julia	Elaine	Date Received	
	Hays		REC	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2072	CITY; STATE; ZIP CODE		17 2017 ECRETARY'S
Change of Address	Amarillo TX 79105			FAMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	(806) 676-6772	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	Wayne	Date Processed	
	Houlette		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4613 Matador Trail	as promoted as the second and a second and a second as the second as the second as the second as the second as	ZIP CODE	
(Residence or Business)	Amarillo Tx 79109			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 676-5673	EXTENSION		
9 REPORT TYPE	January 15 30th day before eld		15th day afti treasurer ap (Officeholder	
	July 15 Eth day before elec	ction Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04 / 29 / 2017	THROUGH 56	Day Year / 30 / 20	רן
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other		
	05 / 06 /2017 Seneral	Description Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)		
	Amarillo City Council Place 1			
	GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	. I. E.	' U	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR IS SUPPORT THE CAME	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINGENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	TTHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
-		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,250,00°		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 24.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 20,075.65		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 3,164.62		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	*		
18 AFFIDAVIT					
FRANCES HIBBS NOTARY PUBLIC, STATE OF TEXAS My Commission Expires 08-19-2019 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					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Sull Elelle Idea, this the day of July, 20 , to certify which, witness my hand and seal of office.					
1100					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Fliers)
<u> </u>	Julia Elaine Hays	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,250.00
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	\$ 14,816,73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,493, 8 2
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	\$ 741,10
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	\$
		

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)
4 Date	8 Full name of contributor out-of-class MC (IDI:)	7 Amount of contribution (6)
5/2	Perry Williams 6 Contributer address; City: State; Zp Code:	500
	10. Box 30206 Amarillo TX 79120	
Real	TState William	S GROUP
Dete	Full name of contributor , out-of-state PMC (FDR)	Amount of contribution (5)
5/3	Steve + St-ghanie Bowen Contributor address; City: State: Zp Code	100
	6 216 Jameson Ro Amarillo 791	
Principal occup	salion / Job title (See Instructions) Employer (See Instruc	
Dete	Full name of contributor out-of-case PMC (IDE)	Amount of contribution (8)
5/4	Gene y Vicka Scivally Contributor address: City: State: Zp Cope) 1506 S. Lamar Amarillo 79102	loo
		Sonal
Principal deau	pasion / Job title (See Instructions) Employer (See Instruc	
Date	Pull name of contributor	Amount of contribution (8)
5/9	Contributor address; City: State; Zip Code	- 100
	4.0.60x 9238 Amarillo	
Principal coop	pation / Job title (See Instructions) Employer (See Instruc	
	•	
		TEACO.
	ATTACH ADDITIONAL COPIEB OF THIS SCHEDULE AS N 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: 4
2 FLER NAME Julia Elaina Hays	3 Filer ID (Ethics Commission Filers)
4 Date 5 Pull name of contributor Cost-of-state PAC (DR:	7 Amount of contribution (8)
5/3 Dan Henke 6 Contributor address: City: State: Zp Code)	100
4004 Van Tassel Amaril	10/79121)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Northur	est TX Heathcare
Date Full name of contributor col-of-state PAC (IDI:	Amount of contribution (5)
5/11 Janice McCoun Contributor address; City: State: 210 Code	300
P.O.Box 8872 Amarillo 7911	4
Principal opcupation / Job Citie (Gas Instructions) Employer (Gas U A	PEROQUORES
Date Pull name of contributor out-of-state PMC (IDR	Amount of contribution (8)
5/11 Double Smith Ellis Contributer address; Const. Zip Coopenar 5 Champions Citcle TX7	rillo 250
Proposed cognection / Job title (See Instructions) Proposed cognection / Job title (See Instructions) Employer (See	9124
Principal conspection / Job (the (See Instructions) Banking CEO First	Back Southwest
Date Full name of contributor out-of-state PMC (IDI:	Amount of contribution (8)
S/ David Ellis Constitutor address: City: Base: 20 offman 6605 Hemlock Place T Principal occupation / Job title (See Instructions) Employer (See	idio 100
1605 Henlock Place Topografion (Job title (Ree Instructions) Employer (See	X (79124)
Principal cocupation / Job title (See Instructions) Employer (See	
·	•
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL It contributor is out-of-state PAC, please see instruction guide for ad	E AS NEEDED Iditional reporting regularments.

MONE	TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date	8 Full resme of contributor out-of-state PMC (DR:_		7 Amount of contribution (6)
5/24	James McCoun 6 Contributor address: City: State: Zip	_	200
	8.0. Box 8872 Amarill	0 TX (79114)
6 Principal coor	psilon / Job title (See Instructions) 9 En	sployer (See Instruct	ions)
Date	Robert E. Garrett		Amount of contribution (8)
6/9	Contributor address; City; State; Zip	1	500'
	5701 Time SO, ARE BYO	2,5014	190,79119-2513
Principal occur		aldwell 8	
Date	Full name of contributor out-ci-ciate PMC (DR:		Amount of contribution (5)
618	Amarillo Matters Contributor address; City: State: 250		5,000
	PO Box 1532 Amarillo T		
	, , , , , , , , , , , , , , , , , , , ,	phoyer (See Instruct	
Date	Pull name of contributor out-of-state PMC (IDR:		Amount of contribution (6)
6/15	Amarillo Association of Real Contributor address; City; State; Zp	Hers Code	2,000
'	5601 Enterprise Circle Ame		
		nployer (See Instruct DN - CO CAPACA	
. TO1171	cul Action Committee N		
	•		
			· .
	ATTACH ADDITIONAL COPIES OF THEE If contributor is out-of-state PAC, please see instruction	SCHEDULE AS M guide for additional	BEDED reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

_		EXPENDITURE CATE	GORNES	FOR BOX 8(a)	
Advertising Expense Accounting Banking Consuling Expense Contributions United State Candidate/Officeholder/Politic Codit Card Payment	o By fact Committee	Event Expense Food Severage Expense GEY/America Mismorials Expense Lagal Services The Instruction Guide stepisin:	Poling Exp Printing Ex Balartee/V	opense Reges/Contract Labor	Solicitation/Fundreleing Expense Transportation Equipment & Related Expense Travel Out Of District Other (unter a calaptry not listed above)
1 Total pages Schedule F1]	Julia Elaine Ha	LYS_		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/17	No bo	ox Creative	•		
6 Amount (\$)	7 Payee add		Ip Code		
6594.21	1001	SE 3rd Avance,	Ama	ilb TX 79	102
8	(st) Category ((See Categories listed at the top of this ac	checkée)	(b) Description	
PURPOSE OF EXPENDITURE	l l	ertising + Consulti	ing		dalde of Texas. Complete Schedule T. 1, TX, officeholder Being expense
	E	xpnre		campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit G/O		ste / Officeholder name		Office sought	Office held
Date	Payee nam	ne .			
5/2/17	Post	master Genera Irosa; City; Status; Zip	<u>ا</u>		
Amount (6)	Payee addr	ress; City; State; Zir	p Code		
73.50	505	E 9th Avenue	Ama	116 TX 79	105
	Category (#	(See Categories listed at the top of this act	hedde)	Description	
PURPOSE OF EXPENDITURE	Office	e Overhead /Renga	ا د	Chack Franci culate	ide of Texas. Complete Scheckle T. TX., officeholder living expense
	EX	cpence		Stomps	
Complete <u>CNLY</u> if direct expenditure to benefit C/O+		te / Officeholder name		Office sought	Office held
Date	Payee name	te			
6/2/17	Nob	ox Creative			
Amount (8)	Payee addre	ress; City; State; Zip	Code		
3456.48	1001	SE 318 Afterna	Amar	ille TX 7911	02
	Catagory (8	Bee Categories listed at the top of this solu	ectule)	Description	
PURPOSE OF EXPENDITURE	Advas	ctising Expense		Check If Austin, 17	de of Rema. Complete Guhedule T. TX, officeholder Sving expense
	1			campaign	advertising

Complete <u>CNLY</u> If direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Foos Food/Beverage Expense Gitt/Awards/Memorials Expense Local Services

Loss Repsyment/Reimbursement Office Overhead/Rontal Expense Poling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Politic	el Committee Log	al Services	Selector/Wi	perse agee/Contract Labor	Travel Out Of Dist Other (enter a cets	rict gary not listed above)
Credit Card Payment	10	he instruction Guide explain	se thow to co	emplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Julia Elaina	e Hay	S	3 Filer ID (Eth	cs Commission Filers)
4 Date 6/13/(マ	5 Pavee name	Creative	•			
6 Amount (\$)	7 Payee address	a; City; State; Z	ip Code			
4692.54	1001 5	E 3rd Avame,	Amor	illo TX 79	1102	
8	(x) Category (See	Categories listed at the top of this a	chedule)	(b) Description		
PURPOSE OF	A AULA	tising Expense	}		ështe af Texas. Complete i, TX, afficeholder livtn	
EXPENDITURE	7,000				n adverti	•
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee addres	s; City; State; Zi	p Code			
	Catagory (See	Categories listed at the top of this so	chedule)	Description		
PURPOSE OF					ide of Texas. Complete 8 TX, officeholder living	
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH		Office holder name	<u>.</u>	Office sought	-	Office held
Date	Payee name					
Amount (\$)	Payee address	; City; State; Zip	Code C			
	Category (Sec	Categories listed at the top of this so	hedule)	Description		
PURPOSE OF					ide of Texas. Complete S	
EXPENDITURE				La Check & Austin, 1	TX, officeholder living	Expense
Complete ONLY If direct	Candidate / (Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
	ATTACH	ADDITIONAL COPIES O	FTHIS SC	HEDULE AS NEED	ED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		<u>-</u>		
	EXPENDITURE	CATEGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Benking Consulting Expense Constitutions/Donations Made 6 Candidate/Officeholder/Politic	ni Committee Legal Services	Office Overhead Polling Expensions Printing Expensions	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not fisted above)
1 Total pages Schedule F2:	2 FILERNAME Julia Elain	e Hays		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED		į	• 4,493.82
5 Date 4 /27 /17	8 Payeo name Nobox Cresh	we		
7 Amount (\$)	· · · · · · · · · · · · · · · · · · ·	State; Zip Code		
4,493,82	1001 SE 318,	Amarillo T	× 79107	L
9 TYPE OF EXPENDITURE	Political	Non-Political		,
10	(a) Catagory (See Catagories listed at th	e top of this schedule)	(b) Description	n
PURPOSE OF EXPENDITURE	Advertising Ex	pense	Check If	revel cutable of Texas. Complete Schedule 7. Austin, TX, officeholder Sking expense Lign G. J. Vertrising
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na	ime Office	sought	Office held
Date	Payoo name			
Amount (6)	Payee address; City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	CEREGORY (See Categories listed at the	e top of this schedule)		n avel outside of Taxas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me Office	sought	Office held
	ATTACH ADDITIONAL COP	NES OF THIS SAME	DIU C AO ACE	, ,

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Constitutions/Constions Made By Event Expense Focs Food/Beverago Expense Git/Awards/Memorials Expense

Loan Repsyment/Reimbursoment Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Exponse Transportation Equipment & Related Exponse Travel in District Travel Out Of District

Credit Card Payment	ical Committee	The Instruction		Sciaries/Wages/Contract Li how to complete this f		or a cetegory not listed above)
1 Total pages Schedule G:		Julia	Elaine	Hays	3 Filer I	D (Ethics Commission Filers)
4 Date 6/30/17	5 Payee nam	10 _ at tachn	nent	•		
6 Amount (\$) 7 41.10 Peinturemention	7 Payoo add	ress. Ch	y; State; Zip (òde		
political contributions intended	60 Category (f	See Categories listed a		(b) Description		
PURPOSE OF EXPENDITURE	Į.	attachn		Check II to	i zoral cutaldo al Texza. Com Austin, TX, alficeholder	
Complete ONLY If direct expenditure to benefit CA		te / Officeholder	name	Office sought		Office held
Date	Payoo nam	6				
Amount (\$)	Payee addi	ess; City	y; State; Zip C	code		
Reimbursoment from political contributions intended						
PURPOSE OF EXPENDITURE	Category (8	leo Categories listed e	t the top of this schedu	Check I tre	ovel outside of Tissue. Comp Austin, TX, officeholder I	
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder	name	Office sought	****	Office held
Date	Payee name)				
Amount (\$)	Payee addr	885; City	; State; Zip C	ode		· · · · · · · · · · · · · · · · · · ·
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (Se	ee Categories Rated at	the top of this schedu	Check If tran	vel cutelde of Texas. Compl uzstin, TX, officeholder D	·
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder	namo	Office sought		Office held
	ATTAC	H ADDITIONAL	. COPIES OF TI	HIS SCHEDULE AS I	NEEDED	

EXPENDITURES MADE BY CREDIT CARD	1		i	·		181
r dyce Ivanie	ı	City State		Category	Description	Report
3/3/2017 Market Street	\$65.08 2530 S Georgia	Amerille TX		79109 Politica Food/Beverage Expense	Solicitation/Pundraising event	×
3/23/2017 Sweet Creations	\$32.45 2618 Wolflin Ave Amarille TX	Amanille TX	79109 Politi	79109 Politica Food/Beverage Expense	Meeting to discuss campaign issue	*
3/27/2017 Office Depot	\$19.99 2622 Wolflin Villag Amarille TX	Amarille TX	79109 Politi	ca Office Overhead/Rental Ex	79109 Politica Office Overhead/Rental Exnens Campaign office sumplies	: >
3/10/2017 Downtown Amerillo	\$98.00 505 E 9th Ave	Amerille TX	79105 Politi	79105 Politica Office Overhead/Rental Pynena Stamps	ruens Stamms	
3/25/2017 Home Depot	\$130.81 2410 S Georgia	Amerille TX	70100 Politi	70100 Politice Advertising Presses		< ;
3/30/2017 Downtown Amerilla	C147 ON CAS E ON A	A monthly TV	70105 D-11:	ca Auventaining Expense	Sign posts for Candidate advertigin	×
	100 to 700	All Miller I.A.	/ylus roun	79105 Folitica Office Overhead/Kental Expens Stamps	rpens Stamps	×
	2000					
CONTRIBUTION REPORT #2						1
Payee Name	Amount Address	City State Zin Tyme Category	Zin Tyne	Categority	Description	181
4/15/2017 Schlotzky's Deli	St #322	Amarille TX	70100 Poliss	to End/Persons D	c-1:	2
4/22/2017 Schlotzlova Deli	CC4 12 3440 D-11 C+ 4222	A	10107 TOTAL	a i course capense	Soliciumon/rumaraising event - lur	×
ocmores a rem	52-1.4 3440 Dell 31, #324 Amaniic I.X /9109 Politica Food/Beverage Expense	Ameniic I X	79109 Politi	ca Food/Beverage Expense	Solicitation/Fundraising event - lur	×
	3109.77					
EXPENDITURES MAI	POLITICAL EXPENDITURES MADE FROM PERSONAL FINDS					,
Pavec Name		3	Zin Time		:	18 18
2/17/2017 Ciby of Amonths	1 174	ŀ	State Cale Category	Category	Describation	Report
2017 Desertain Amerilla	626 OO SOS DE /III AVE	Ameniic IX 79101 Politica Fees	79101 Politi	Ca Fees	Candidate filing fees	×
COMMENTAL COMMENTED	\$36.00 303 E 9th AVE	Americ 1X	79105 Politi	79105 Politica Office Overhead/Rental Expens Post office box rental	spens Post office box rental	×
	\$138.00					
Party Daniel						
Total Personal Funds 5741.10	5741.10					