# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)  2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE / MS/MRS/MR FIRST MI OFFICEHOLDER NAME  NICKNAME  AND DETAIL MS/MRS/MR FIRST MI  Elaine NICKNAME  LAST SUFFIX  4 ORIGINAL REPORT January 15  Runoff Other (specify)	RECEIVED  APR 12 2017		
TYPE  July 15  Exceeded \$500 limit  30th day before election  15th day after treasurer appointment (officeholder only)  8th day before election  Final report	CITY SECRETARY'S CITY OF AMARILO Date Hand-delivered or Date Postmarked  Receipt # Amount \$		
5 ORIGINAL PERIOD Month Day Year Month Day Year OZ / 17 / ZO17 THROUGH 03 / 30 / 2017	Date Imaged		
6 EXPLANATION OF CORRECTION Schedule A1 - corrected name "Harris" to Line 2 - Total Political Contributions did not include the amount (\$46 Line 3 - Total Political Expenditures of \$100 or less included an itemize mot include unitemized expenditures charged to a credit card (\$117. An itemized fee of \$48.14 was listed on Schedule F2 and should have	200) entered on time 1. 200 fae of (\$ 48.14) and did .52). [62.99-48.14+117.52=132.3		
7 AFFIDAVIT  I swear, or affirm, under penalty of perjury, 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.			
FRANCES HIBBS NOTARY PUBLIC, STATE OF TEXAS  AREN NOTARS 19-2019  Signature of Candidate or Co	y after the date I learned te or incomplete. I swear, e report as originally filed		
Sworn to and subscribed before me, by the said	2 day of April.		
Signature of officer administering oath  Printed name of officer administering oath  Remember To Attach Any Part Of The Campaign Finance Re	Title of officer administering oath		

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

MONET	ARY POLITICAL CONTRI	SCHEDULE A1	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Iulia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/1/17	6 Contributor address; City; State;	1	500.00
	2125 Brinker Road, Denta		
8 Principal occup Ret	pation / cos and (cos mensus)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
3/3/17	Contributor address; City; State;		100.00
	8004 Bedwell Pl. Amarilb		ione)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	GENERAL TRANSPORTER TON MOTORS OF THE STATE	(ID#:)	Amount of contribution (\$)
3/6/17	Smith & Burbara Harris Contributor address; City; State;		750.00
	5 Champions Cirlcle, Amaril	10 TX 79124	
all controlled and the second	pation / Job title (See Instructions)	Employer (See Instruc	
Bank	ser / CEO	FIRSTBANK	Southwest
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
3/6/17	P. David Wallcer Contributor address; City; State		150.00
	1515 5 Lamar Amarillo TX	79102	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Julia Elaine Hays 5 Full name of contributor Out-of-state PAC (ID#: 7 Amount of contribution (\$) 3/1/17 6 Contributor address; City; State; Zip Code 500.00 2125 Brinker Road, Denton TX 76208 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) N/A Retired out-of-state PAC (ID#:\_\_\_\_\_ Full name of contributor Amount of contribution (\$) Date 3/3/17 Nancy Farren Contributor address; City; State; Zip Code 8004 Bedwell Pl, Amarillo TX 79121 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Full name of contributor Date 3/6/17 Smith & Burbara Ellis Contributor address; City; State; Zip Code 750.00 S Changians Cirlcle, Amarillo TX 79124 Principal occupation / Job title (See Instructions) Banker / CEO Employer (See Instructions) FirstBank S FirstBank Southwest Amount of contribution (\$) Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_\_ Date 3/6/17 P. David Waller City; State; Zip Code 1515 5 Lamar Amarillo TX 79102 Employer (Se Employer (See Instructions) Principal occupation / Job title (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.

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	ulia Elain	1	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUS INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 460.00
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,760.00
EXPENDITURE TOTALS	3. TOTAL UNLES	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 62,99
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,596.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,759.71 OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ - 0 -		
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 STA	AMP/SEALABOVE	T 11	lockly
1 / 1 -	scribed before me	, by the said Julia Elaine Hay S , to certify which, witness my hand and seal of office.	, this the 644
MARI F. DANIEL    Mariang Public, State of Texas			
	29	**************************************	Ravised 9/8/20

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	A 1:		Filer ID (Ethics Commission Filers)
	Julia	Elaine Hays	
16 NOTICE FROM POLITICAL COMMITTEE(S)	OURDON THE CAME	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU HIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	YOUT THE CANDIDATES OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		01
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
C A Little of Boson			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TILLAGUETTO	
17 CONTRIBUTION	TOTAL	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	N \$ 460 00
TOTALS	1. TOTAL PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 460.00
	a TOTAL	POLITICAL CONTRIBUTIONS	6 0220 00
	2. TOTAL (OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,220.00
EXPENDITURE			6 132 27
TOTALS	3. TOTAL UNLES	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 132,37
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,665.43
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 1,759.71
OUTSTANDING LOAN TOTALS	6. TOTAL LAST E	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ -0-
18 AFFIDAVIT		I swear, or affirm, under penalty of p	erjury, that the accompanying report is
~~~~~~	A NICEC LUDE		ormation required to be reported by me
1 3 2 5 6 F	RANCES HIBE		
1 <b>\$</b>	STATE OF TEXAS		Stark
My Commis	sion Expires 08-1	9-20195 Signature of Carl	didate or Officeholder
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signature of Carr	V
AFFIX NOTARY STA	MP/SEALABOVE		1
Sworn to and subs	scribed before me	by the said Sull Republic	, this the/
day of	1, 20 17	, to certify which, witness my hand and seal of office.	
To mass 1	x 110d	s Frances Hibbs	City Secretor
Signature of officer	r administering oath	Printed name of officer administering oath	Title of officer administering oath
Signature of officer			

### SCHEDULE F2

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B; Candidate/Officeholder/Politica		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:	2 FILERNAME Julia Elaine Huys	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	s -0 -		
5 Date 3 / 8 / 17	6 Payee name Kim May / Nebox Creative			
7 Amount (S) \$ 2,050.00	8 Payee address; City; State; Zip Code  1001 SE 302, Amarillo TX 79102			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	Advertising Expense Check	ftravel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense  GO WODSTAR CLOSIGM.		
11 Complete ONLY if direct expenditure to benefit C/O	Office held			
Date 3 /8 /17	Payee name Kin May / Nobox Creative Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City: State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	(A for a selection of the check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense らいひし こんりゃ ちいのり のってもの		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED		

10,00 Ja

#### SCHEDULE F2 UNPAID INCURRED OBLIGATIONS **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking rees Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: Julia Elaine Hays 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS -0 -6 Payee name Kim May / Nobox Creative 8 Payee address; City; State; Zip Code 3/8/17 7 Amount (\$) 1001 SE 300, Amarillo TX 79102 \$ 2,050.0° TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Toxas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE campaign website design. Candidate / Officeholder name Office sought 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Consulting Expense Travel In District Travel Out Of District Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Julia Flaine Hays 5 Payee name Kin May / No box Creative 7 Payee address; City; State; Zip Code 3/8/17 6 Amount (\$) 1001 SE 3rd Avenue, Amorillo TX 79102 \$1699.41 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE 250 Candidate yard signs Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name Date Kin May / Nobox Creative 3/8/17 City; State; Zip Code Pavee address; Amount (\$) 1001 SE 300 Avenue, Amarillo TX 79102 ¥737.89 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising Expense 500 donor cards, return envelopes und palm cards Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Рауее пате City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Off Food/Beverage Expense Poi Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Julia Elaine Hay	\$	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/8/17	Kin May / No box Creat 7 Payee address; City; State; Zip C	ive	
6 Amount (\$)	7 Payee address; City; State; Zip C		9102
\$1699.41	1801 36 310 110 2102, 1		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched  A JULITISING Expense	Check if Austi	nutside of Texas. Complete Schedule T.  n, TX, officeholder living expense  Out 2 ACO Signs
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name ł	Office sought	Office held
Date	Payee name		
3/8/17	Kim may / Nobox Crea	tive	
Amount (\$)	Payee address; City; State; Zip C	Code	
¥737,89	1001 SE 3rd Avenue.	. Amarillo TX	79102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school  Adventising Expense	Check if Austi	eutside of Texas. Complete Schedule T.  in, TX, officeholder living expense  Cards, return envelopes  Dalm cards  Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought `	Office held
Date	Payee name		
3 / 8 /17	Kim May/Nobox C	reative	
Amount (\$)	Payee address; City; State; Zip	Code	
\$ 48,14	1001 SE 3 Rd Avenue	Amarillo T	X 79102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	Check if travel	outside of Texas. Complete Schedule T.  tin, TX, officeholder living expense  ded thip board poster
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mrs Julia	Elaine	Date Received
	NICKNAME LAST	SUFFIX	RECEIVED
CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE; ZIP CODE	100 00 00 m
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX 2072		APR 06 2017 CITY SECRETARY'S
Change of Address	Amarillo . TX 7910	15	CITY OF AMARILLO
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(806) 676-6772		Date Hand-denvered of Date Positivatives
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mr. Greg	Wayne	Date Processed
	Houlette		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	4613 matalor Tra	( )	
(Residence or Business)	Amarillo, TX 79109		
	Amarino, in		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 676-5673	EXTENSION	
, , , , ,	Α.		,
9 REPORT TYPE	January 15 🗸 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	02/17/2017	111100011	30/2017
44 ELECTION	ELECTION DATE	ELECTION TYPE	
11 ELECTION	Month Day Year Primary	Runoff Other	
	05/06/2017 Y General	Description Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
		Amarillo C	city Council
		Place 1	400
	GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ulia Elain		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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 460.00	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,760.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 62.99	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,596.05	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PORTING PERIOD	8 1,759.71	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ ~ O ~			
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 Office holder				
AFFIX NOTARY STAM	MP/SEALABOVE			
Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 644				
() and and and and and of effice				
day of Which, vitness my hand and seal of office.  MARI F. DANIEL				
Signature of officer	Signature of officer administering oath  Printed name of officer administering oath Notary ID #709465 of officer administering oath  My Commission Expires 9-30-2019			

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME  Julia Elaine Hays  20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,520.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,700.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,500.29
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 7,581.95
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 493.33
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 138.00
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays | 5 Full name of contributor | Out-of-state PAC (ID#:\_\_\_\_\_\_ 4 Date 7 Amount of contribution (\$) 3/1/17 G Contributor address; City; State; Zip Code 500.0° 2125 Brinker Road, Denton TX 76208 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired N/A out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 3/3/17 Nancy Farren Contributor address; City; State; Zip Code 100000 8004 Bedwell Pl, Amarillo TX 79121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 3/6/17 Smith & Barbara Harris Contributor address; City; State; Zip Code 750.00 5 Champions Cirlcle, Amarillo TX 79124 Principal occupation / Job title (See Instructions) Banker / CEO Employer (See Instructions) FirstBank Southwest out-of-state PAC (ID#:\_\_\_\_\_) Full name of contributor Date Amount of contribution (\$) 3/6/17 P. David Waller Contributor address; City; State; Zip Code 150.00 1515 5 Lamar Amarillo TX 79102 Employer (See Instructions) Principal occupation / Job title (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:
2 FILER NAME	Julia Elaine Huys		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2/25/17	6 Contributor address; City; State;		200.00
9 Dringing con	7602 Stuyvesant, Amar		
6 Frincipal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	_	(ID#:)	Amount of contribution (\$)
3/13/17	Diane Dellinger Contributor address; City; State; 6500 Fulton, Amarillo	j	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/13/17	S/13/17   Garland + Sharen Sell  Contributor address; City; State; Zip Code  7601 Clear new Down, Amarillo TX 79119		200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ilions)
Date	_	(ID#:)	Amount of contribution (\$)
3/14/17			500.00
	2320 Hauthorne. Amaril		
	pation / Job title (See Instructions)	Employer (See Instruc	_
Jewes	er / Owner	Duncan + 1	-040
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays 7 Amount of contribution (\$) 200.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 3/15/17 Robert & Michelle Bauman Contributor address; City; State; Zip Code 100000 2610 Harison, Amaillo TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Full name of contributor Date Amount of contribution (\$) 3/18/17 Marty & Cindy Rowley Contributor address; City; State; Zip Code 200.00 8010 S Coulter, Amarillo TX 79119 on / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date 3/20/17 | Shirley Daniel Contributor address; City; State; Zip Code 100 7207 Gains borough, Amarillo TX 79106 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 2 FILER NAME Julia Elaine Hays 4 Date 5 Full name of contributor out-of-state PAC (ID#: Rick Trafton 6 Contributor address; City; State; Zip Code 7907 Green brian, Amarillo TX 79119 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100.00 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 3/24/17 Don & Caron Bascock Contributor address; City; State; Zip Code 100.00 2405 Julian Blud, AmarilloTX 79102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 3/24/17 | John & Kathy Love Contributor address; City; State; Zip Code 10000 6507 Sierra Court, Amerillo Tx 79109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) 3/29/17 Bill & Cynthia Hawkins Contributor address; City; State; Zip Code 250.00 3518 Kensington Place, Amarillo TX 79065 on/Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (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.

MONE	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)			
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
3/29/17	Suzanne Schroder 6 Contributor address; City; State; Zip Code	\$ 50.°°			
	7100 Red Rock Roud, Amarillo TX 79118				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	etions)			
Date	Full name of contributor	Amount of contribution (\$)			
3/28/17	Sam & Carol Lovelady Contributor address; City; State; Zip Code  2817 Crockett, Amarillo TX 79109	100.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
3/29/17	Stan & Kathy Morris  Contributor address; City; State; Zip Code	100.00			
Dringing Leave	6308 Calumet, Amwillo TX 79106				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	caions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
3/29/17	Contributor address; City; State; Zip Code	100.00			
Dainainal assur	(110 3) (100 120 1, 1) (100 110 110	Al			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	cions)			
	I				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional				

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Julia Elaine Hays 5 Full name of contributor Out-of-state PAC (ID#:\_\_\_\_\_\_) 4 Date 7 Amount of contribution (\$) 3/30/17 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date 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 Amount of contribution (\$) out-of-state PAC (ID#:\_\_ 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	Julia Elame Huys		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -0-
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution Contribution \$ description  501: 14th  200.000 fund raising event  700m rental fee  Check if travel outside of Texas. Complete Schedule T.  er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
, , , , , , , , , , , , , , , , , , , ,			Contribution \$ . description  3,500.00 professional services  candidate discount
	1001 SE 3.0 Avenue, Amarillo TX		Check if travel outside of Texas. Complete Schedule T.
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	, , ,	er (FOR NON-JUDICIAL) (See Instructions)  Lax Creative
Contributor's	ketting Consultant / OWNER s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
lf lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

# 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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memoriats 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Color (color colorgo), necessitation,
1 Total pages Schedule F1:	2 FILER NAME Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date 3 / 8 / い	5 Payee name  Kin May / No box Creative  7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1699.41	1001 SE 3rd Avenue, Amar. 110 TX 79102		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  A Justising Expense	Check if Austin	utside of Texas. Complete Schedule T.  n, TX, officeholder living expense  30+2 400 51505
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/8/17	Kin may / Nobox Creative	ւ 	
Amount (\$)	Payee address; City; State; Zip Code		
¥737.89	1001 SE 300 Avenue. A	marillo TX	19102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if Austin,	tside of Texas. Complete Schedule T.  TX, officeholder living expense  Cards, return envelopes
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)	1 =	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made 8	Food/Beverage Expense Polling Expense			
Candidate/Officeholder/Politica				
	The Instruction Guide explains how to comp	lete this form.		
1 Total pages Schedule F2:	Julia Elaine Huys	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ -0 -			
5 Date	6 Payee name			
3/8/17	Kim May / Nobox Creative			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
\$ 2,050.°°	1001 SE 3rd, Amarllo TX 79102			
9 TYPE OF EXPENDITURE	Political Non-Politica	I		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense		
		campaign website design.		
11 Complete ONLY if direct	Candidate / Officeholder name Office	e sought Office held		
expenditure to benefit C/OI		•		
Date	Payee name			
3 /8/17		e		
Amount (\$)	Payee address; City; State; Zip Code			
\$ 48.14	1001 SE 3rd, Amarillo T	x 79102		
TYPE OF EXPENDITURE	// p. gr     Non Political			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Octobol à l'age catalous astes at the tob of this scripting)	Check if travel outside of Texas. Complete Schedule T.		
OF	Advertising Expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE	7,000	double side a chip board poster		
		0,500		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
1				
	ATTACH ADDITIONAL COPIES OF THIS SCH			

		BOY 10/-\	
EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Ciffice Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F2:	2 FILERNAME Julia Elaine Huys		3 Filer ID (Etnics Commission Filers)
4 TOTAL OF UNITEM	NIZED UNPAID INCURRED OBLIGATIONS		\$ -0-
5 Date	6 Payee name		
3/29/17	Kim May / Nobox Creative  8 Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$ 2821.16	1001 SE 3rd, Amarillo TX	79102	
9 TYPE OF EXPENDITURE	Political Non-Political	I	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	n
PURPOSE		Checkif	travel outside of Texas. Complete Schedule T.
OF	Consulting Expense	Check i	f Austin, TX, officeholder living expense
EXPENDITURE	) (	campaign	fundraising and
		l neśi	a strategy
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
3/29/17	Kin May / Nobox Creativ	e	
Amount (\$)	Payee address; City; State; Zip Code		
\$ 1,595,23	1,595.23 1001 SE 3rd, Amarillo TX 79102		
TYPE OF Expenditure	Political Non-Political	al	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Checkil	travel outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check	if Austin, TX, officeholder living expense
EXPENDITURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 gty	4xb yard signs
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILERNAME Julia Elaine	Huys	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	· · · · · · · · · · · · · · · · · · ·	\$ -0-
5 Date 3 /29 /17	6 Payee name  Kim May / Nobox  8 Payee address; City; State;	Creative	
7 Amount (\$)	8 Payee address; City; State;	Zip Code	- , <del></del>
\$ 742.50	1001 SE 300, Amo	·	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	Check	ion If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 3 / 29 / 17	Payee name   Cim May / Nobox   Payee address; City; State;	Creative	
Amount (\$)	Payee address; City; State;	; Zip Code	
\$ 274.97	1001 SE 300, Am	nar:11.0 TX 79102	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of  Solicitation / Fundra  Expense	ising Check	tion kil travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense  2005 - to - 2005
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILERNAME Julia Elaine	Hays	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	NIZED UNPAID INCURRED OBL	IGATIONS	\$ -0-
5 Date 3/29/17	6 Payee name  Kim May / Nebox  8 Payee address; City; State;	Creative	
7 Amount (\$)	8 Payee address; City; State;	Zip Code	·
30.00	1 - A A B - DC - DC		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of  Solicitution / Fundro  Expense	Check	if travel outside of Texas. Complete Schedule T.
11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held			
Date 3 /29 /17	Payee name   Cim May / Nobox  Payee address; City; State	Creative	
Amount (\$)	Payee address; City; State	; Zip Code	
\$ 19.95	1001 SE 3rd, Am	navillo TX 79102	
TYPE OF EXPENDITURE	✓ Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	ense Chec	tion kil travel outside of Texas. Complete Schedule T. kilf Austin, TX, officeholder living expense  website - March
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
			UCCDED.
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	IEEDED

### EXPENDITURES MADE BY CREDIT CARD

### SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Travel In District
Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 117,52 5 Date 6 Payee name Downtoun Amacill.

Payee address; City; State; Zip Code 3/10/17 8 Payee address; 9800 505 E 9th Ave. Amas. 10 TX 79105 TYPE OF Non-Political ✓ Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description Office Overhead/ PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE. Check if Austin, TX, officeholder living expense Rental Expense stamps 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 3 125/17 130,81 2410 S Georgia, Amarillo TX 79109 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE sign posts for candidate advertising Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

### **EXPENDITURES MADE BY CREDIT CARD**

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	ll Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	is how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Julia Elain	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date	6 Payee name		
3/30/17	Downtown Amaril		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
\$ 147.00	505 E 9th Ave., A	marillo TX-	19105
9 TYPE OF EXPENDITURE	Political	Non-Political	0
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Descrip	otion
			ck if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Office Overhead/	1 =	
EXPENDITURE	Rental Expense		ck if Austin, TX, officeholder living expense
	1000 to Capation	5	tamps
11 Complete ONLY if direct			
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
	, ayes assisse,		
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	nis schedule) Descri	ption
PURROSE	Calcago. ) to so calcagosa nated at the top of the		cck if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Che	eck if Austin, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			

# 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

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

Contributions/Donations Made I Candidate/Officeholder/Politic		g Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Julia Elaine Hays  5 Pavee name		
4 Date	5 Payee name		
2/17/17	City of Amarilla		
6 Amount (\$)	7 Payee address; City; State; Zip Code	_	
<b>↓</b> 100.00	509 SE 7th Ave, Ama	r:16 TX 7910	1
Reimbursement from political contributions intended			
B	(a) Category (See Categories listed at the top of this schedule)	(b) Description Can	didute filing fees
PURPOSE OF	Fees		e of Texas. Complete Schedule T.
EXPENDITURE	1 665	Check if Austin, To	K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions	Payee address; City; State; Zip Code		
intended		Ta > =	
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	- st Tours Complete School de T
OF EXPENDITURE		1 =	e of Texas. Complete Schedule T. K, officeholder living expense
EXPENDITURE		Crieck is Adsim, 12	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		1000000
2/21/17	Dountour Amarillo		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 38.00	.1 -		
Reimbursement from	505 E 9th Aux, Amari	10 TX 79105	
political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description Po	st Office box
PURPOSE OF	Office Overheal/		e of Texas. Complete Schedule T.
EXPENDITURE	Rental Expense	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	PED