

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>7</b>		OFFICE USE ONLY <b>9/7/18</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs</b>	FIRST <b>Julia</b>	MI <b>Elaine</b>	Date Received		
	NICKNAME	LAST <b>Hays</b>	SUFFIX	<b>RECEIVED</b> <b>APR 12 2017</b> <b>CITY SECRETARY'S CITY OF AMARILLO</b> <small>Date Hand-Delivered or Date Postmarked</small>		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount \$		
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report	Date Processed		
	<input type="checkbox"/> 8th day before election			Date Imaged		
Month		Day	Year	Month	Day	Year
<b>02 / 17 / 2017</b>		<b>17</b>	<b>2017</b>	THROUGH	<b>03 / 30 / 2017</b>	<b>2017</b>

6 EXPLANATION OF CORRECTION *Schedule A1 - corrected name "Harris" to "Ellis"*  
*Line 2 - Total Political Contributions did not include the amount (\$460) entered on line 1.*  
*Line 3 - Total Political Expenditures of \$100 or less included an itemized fee of (\$48.14) and did not include unitemized expenditures charged to a credit card (\$117.52). [62.99 - 48.14 + 117.52 = 132.37]*  
*An itemized fee of \$48.14 was listed on Schedule F2 and should have been listed on Schedule F1.*

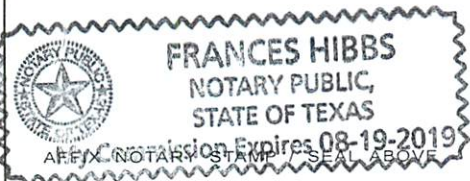
7 AFFIDAVIT

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 *Julie Hays*, this the *12* day of *April*, 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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

*Julia Elaine Hays*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/1/17*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*June Taylor*

7 Amount of contribution (\$)

*500.00*

6 Contributor address; City; State; Zip Code

*2125 Brinker Road, Denton TX 76208*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

*N/A*

Date

*3/3/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Nancy Farren*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*8004 Bedwell Pl, Amarillo TX 79121*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/6/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Smith & Barbara Harris*

Amount of contribution (\$)

*750.00*

Contributor address; City; State; Zip Code

*5 Champions Circle, Amarillo TX 79124*

Principal occupation / Job title (See Instructions)

*Banker / CEO*

Employer (See Instructions)

*FirstBank Southwest*

Date

*3/6/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*P. David Walker*

Amount of contribution (\$)

*150.00*

Contributor address; City; State; Zip Code

*1515 S Lamar, Amarillo TX 79102*

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>6</b>
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>June Taylor</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>2125 Brinker Road, Denton TX 76208</b>	
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>3/3/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Farren</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>8004 Bedwell Pl, Amarillo TX 79121</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Smith &amp; Barbara Ellis</b>	Amount of contribution (\$) <b>750.00</b>
	Contributor address; City; State; Zip Code <b>5 Champions Circle, Amarillo TX 79124</b>	
Principal occupation / Job title (See Instructions) <b>Banker / CEO</b>		Employer (See Instructions) <b>FirstBank Southwest</b>
Date <b>3/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>P. David Walker</b>	Amount of contribution (\$) <b>150.00</b>
	Contributor address; City; State; Zip Code <b>1515 S Lamar, Amarillo TX 79102</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.

# 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 460. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,760. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 62.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,596.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,759.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 Julia Elaine Hays, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

*Mari F. Daniel*  
Signature of officer administering oath

MARI F. DANIEL  
Notary Public, State of Texas  
Notary ID #7094154  
My Commission Expires 9-30-2019

Printed name of officer administering oath



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

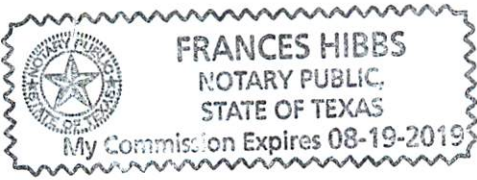
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <p style="text-align:center">Julia Elaine Hays</p>	15 Filer ID (Ethics Commission Filers)
--	--

16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 460. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,220. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 132.37
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,665.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,759.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

*Julia Elaine Hays*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie Hays, this the 12 day of April, 2017, 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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>4</b>	2 FILER NAME <b>Julia Elaine Hays</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>-0-</b>

5 Date <b>3/8/17</b>	6 Payee name <b>Kim May / Nobox Creative</b>
7 Amount (\$) <b>\$ 2,050.00</b>	8 Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

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, officeholder living expense <b>campaign website design, build, domain</b>
---------------------------	--	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/8/17</b>	Payee name <b>Kim May / Nobox Creative</b>
Amount (\$) <b>\$ 48.14</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

Remove \$48.14

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	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, officeholder living expense <b>double sided chip board poster</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <u>4</u>	<b>2</b> FILER NAME <u>Julia Elaine Hays</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <u>-0-</u>
<b>5</b> Date <u>3/8/17</u>	<b>6</b> Payee name <u>Kim May / Nexbox Creative</u>	
<b>7</b> Amount (\$) <u>\$ 2,050.<sup>00</sup></u>	<b>8</b> Payee address; City; State; Zip Code <u>1001 SE 3rd, Amarillo TX 79102</u>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>campaign website design, build, domain</u>
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>1</b>	2 FILER NAME <b>Julia Elaine Hays</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/17</b>	5 Payee name <b>Kim May / Nobox Creative</b>	
6 Amount (\$) <b>\$1699.41</b>	7 Payee address; City; State; Zip Code <b>1001 SE 3rd Avenue, Amarillo TX 79102</b>	
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>250 Candidate yard signs</b>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>3/8/17</b>	Payee name <b>Kim May / Nobox Creative</b>	
Amount (\$) <b>\$737.89</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd Avenue, Amarillo TX 79102</b>	
<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, officeholder living expense <b>500 donor cards, return envelopes and palm cards</b>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>3/8/17</b>	Payee name <b>Kim May / Nobox Creative</b>	
Amount (\$) <b>\$48.14</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd Avenue, Amarillo TX 79102</b>	
<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, officeholder living expense <b>double sided chip board poster</b>
	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 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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 460.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,760.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 62.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,596.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,759.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 Julia Elaine Hays, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

Mari F. Daniel  
Signature of officer administering oath

MARI F. DANIEL  
Notary Public, State of Texas  
Notary ID #70945 of officer administering oath  
My Commission Expires 9-30-2019



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Julia Elaine Hays</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,520. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,700. <sup>00</sup>
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	\$ 2,500.29
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 7,581.95
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 493.33
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 138. <sup>00</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:

6

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/17

5 Full name of contributor

June Taylor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.<sup>00</sup>

6 Contributor address; City; State; Zip Code

2125 Brinker Road, Denton TX 76208

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3/3/17

Full name of contributor

Nancy Farren

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

8004 Bedwell Pl, Amarillo TX 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/17

Full name of contributor

Smith & Barbara Harris

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

750.<sup>00</sup>

Contributor address; City; State; Zip Code

5 Champions Circle, Amarillo TX 79124

Principal occupation / Job title (See Instructions)

Banker / CEO

Employer (See Instructions)

FirstBank Southwest

Date

3/6/17

Full name of contributor

P. David Walker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.<sup>00</sup>

Contributor address; City; State; Zip Code

1515 S Lamar, Amarillo TX 79102

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: **6**

2 FILER NAME

*Julia Elaine Hays*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/25/17*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Bill & Bev Harris*

6 Contributor address; City; State; Zip Code

*7802 Stuyvesant, Amarillo TX 79121*

7 Amount of contribution (\$)

*200.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/13/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Diane Dellinger*

Contributor address; City; State; Zip Code

*6500 Fulton, Amarillo TX 79109*

Amount of contribution (\$)

*100.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Garland & Sharon Sell*

Contributor address; City; State; Zip Code

*7801 Clearmeadow, Amarillo TX 79119*

Amount of contribution (\$)

*200.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/14/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Ron Boyd*

Contributor address; City; State; Zip Code

*2320 Hawthorne, Amarillo TX 79109*

Amount of contribution (\$)

*500.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

*Jeweler / Owner*

Employer (See Instructions)

*Duncan & Boyd*

**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>6</b>
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/14/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rod &amp; Suzanne Schroder</b> 6 Contributor address; City; State; Zip Code <b>7100 Red Rock Road, Amarillo TX 79109</b>	7 Amount of contribution (\$) <b>200.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/15/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert &amp; Michelle Bauman</b> Contributor address; City; State; Zip Code <b>2610 Harrison, Amarillo TX 79109</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marty &amp; Cindy Rowley</b> Contributor address; City; State; Zip Code <b>8010 S Coulter, Amarillo TX 79119</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shirley Daniel</b> Contributor address; City; State; Zip Code <b>7207 Gainsborough, Amarillo TX 79106</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>6</b>
2 FILER NAME <b>Julia Elaine Hays</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick Trafton</b> 6 Contributor address; City; State; Zip Code <b>7907 Greenbriar, Amarillo TX 79119</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/24/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don &amp; Caron Babcock</b> Contributor address; City; State; Zip Code <b>2405 Julian Blvd, Amarillo TX 79102</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/24/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Kathy Love</b> Contributor address; City; State; Zip Code <b>6507 Sierra Court, Amarillo TX 79109</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/29/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill &amp; Cynthia Hawkins</b> Contributor address; City; State; Zip Code <b>3518 Kensington Place, Amarillo TX 79065</b>	Amount of contribution (\$) <b>250.<sup>00</sup></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: **6**

2 FILER NAME

*Julia Elaine Hays*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/29/17*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Suzanne Schroder*

6 Contributor address; City; State; Zip Code

*7100 Red Rock Road, Amarillo TX 79118*

7 Amount of contribution (\$)

*\$ 50.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/28/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Sam & Carol Lovelady*

Contributor address; City; State; Zip Code

*2817 Crockett, Amarillo TX 79109*

Amount of contribution (\$)

*100.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/29/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Stan & Kathy Morris*

Contributor address; City; State; Zip Code

*6308 Calumet, Amarillo TX 79106*

Amount of contribution (\$)

*100.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/29/17*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Michelle Fortunato*

Contributor address; City; State; Zip Code

*1710 S. Harrison, Amarillo TX 79102*

Amount of contribution (\$)

*100.<sup>00</sup>*

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: **6**

2 FILER NAME

*Julia Elaine Hays*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/30/17*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Kenneth + Judy Miller*

7 Amount of contribution (\$)

*60.00*

6 Contributor address; City; State; Zip Code

*8306 Progress Drive, Amarillo TX 79119*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Julia Elaine Hays</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>- 0 -</u>	
5 Date <u>3/3/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Keith Grays</u>	8 Amount of Contribution \$ <u>200.00</u>	9 In-kind contribution description <u>solicitation</u> <u>fundraising event</u> <u>room rental fee</u>
7 Contributor address; City; State; Zip Code <u>707 S Polk, Amarillo TX 79101</u>		<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 <u>3/8/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kim May / Nobox Creative</u>	Amount of Contribution \$ <u>3,500.00</u>	In-kind contribution description <u>professional services</u> <u>candidate discount</u>
Contributor address; City; State; Zip Code <u>1001 SE 3rd Avenue, Amarillo TX 79102</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Marketing Consultant / owner</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Nobox Creative</u>	
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>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>1</u>	<b>2</b> FILER NAME <u>Julia Elaine Hays</u>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <u>3/8/17</u>	<b>5</b> Payee name <u>Kim May / Nobox Creative</u>				
<b>6</b> Amount (\$) <u>\$1699.41</u>	<b>7</b> Payee address; City; State; Zip Code <u>1001 SE 3rd Avenue, Amarillo TX 79102</u>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<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 <u>250 Candidate yard signs</u>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <u>3/8/17</u>	Payee name <u>Kim May / Nobox Creative</u>				
Amount (\$) <u>\$737.89</u>	Payee address; City; State; Zip Code <u>1001 SE 3rd Avenue, Amarillo TX 79102</u>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>500 donor cards, return envelopes and palm cards</u>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 4	<b>2</b> FILER NAME Julia Elaine Huys	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ -0-
<b>5</b> Date 3/8/17	<b>6</b> Payee name Kim May / Nobox Creative	
<b>7</b> Amount (\$) \$ 2,050.00	<b>8</b> Payee address; City; State; Zip Code 1001 SE 3rd, Amarillo TX 79102	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 campaign website design. build, domain
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3/8/17	Payee name Kim May / Nobox Creative		
Amount (\$) \$ 48.14	Payee address; City; State; Zip Code 1001 SE 3rd, Amarillo TX 79102		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense double sided chip board poster	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>4</b>	2 FILER NAME <b>Julia Elaine Hays</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>- 0 -</b>

5 Date <b>3/29/17</b>	6 Payee name <b>Kim May / Nobox Creative</b>
7 Amount (\$) <b>\$ 2821.16</b>	8 Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting 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 fundraising and media strategy</b>
---------------------------	---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/29/17</b>	Payee name <b>Kim May / Nobox Creative</b>
Amount (\$) <b>\$ 1,595.23</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	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, officeholder living expense <b>10 qty 4x6 yard signs</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>4</b>	2 FILER NAME <b>Julia Elaine Huys</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>- 0 -</b>

5 Date <b>3/29/17</b>	6 Payee name <b>Kim May / Nobox Creative</b>
7 Amount (\$) <b>\$ 742.50</b>	8 Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) 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

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

Date <b>3/29/17</b>	Payee name <b>Kim May / Nobox Creative</b>
Amount (\$) <b>\$ 274.97</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</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>POLIS door-to-door canvassing app.</b>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>4</b>	2 FILER NAME <b>Julia Elaine Huys</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>- 0 -</b>

5 Date <b>3/29/17</b>	6 Payee name <b>Kim May / Nobox Creative</b>
7 Amount (\$) <b>30.00</b>	8 Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising 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>mailing list</b>
---------------------------	---	--

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

Date <b>3/29/17</b>	Payee name <b>Kim May / Nobox Creative</b>
Amount (\$) <b>\$ 19.95</b>	Payee address; City; State; Zip Code <b>1001 SE 3rd, Amarillo TX 79102</b>

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	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, officeholder living expense <b>Hosting website - March</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center">Julia Elaine Hays</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 117.52
<b>5</b> Date <p style="text-align:center">3/10/17</p>	<b>6</b> Payee name <p style="text-align:center">Downtown Amarillo</p>	
<b>7</b> Amount (\$) <p style="text-align:center">\$ 98.00</p>	<b>8</b> Payee address; City; State; Zip Code <p style="text-align:center">505 E 9th Ave. Amarillo TX 79105</p>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Office Overhead / Rental Expense</p>	<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 <p style="text-align:center">stamps</p>
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <p style="text-align:center">3/25/17</p>	Payee name <p style="text-align:center">Home Depot</p>		
Amount (\$) <p style="text-align:center">\$ 130.81</p>	Payee address; City; State; Zip Code <p style="text-align:center">2410 S Georgia, Amarillo TX 79109</p>		
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">sign posts for candidate advertising</p>	
Complete <u>ONLY</u> 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

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center">Julia Elaine Hays</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <p style="text-align:center">3/30/17</p>	<b>6</b> Payee name <p style="text-align:center">Downtown Amarillo</p>	
<b>7</b> Amount (\$) <p style="text-align:center">\$ 147.00</p>	<b>8</b> Payee address; City; State; Zip Code <p style="text-align:center">505 E 9th Ave., Amarillo TX 79105</p>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Office Overhead/ Rental Expense</p>	<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 <p style="text-align:center">stamps</p>
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>Julia Elaine Hays</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/17/17</i>	<b>5</b> Payee name <i>City of Amarillo</i>	
<b>6</b> Amount (\$) <i>\$ 100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>509 SE 7th Ave, Amarillo TX 79101</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Candidate filing fees</i> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date <i>2/21/17</i>	Payee name <i>Downtown Amarillo</i>	
Amount (\$) <i>\$ 38.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>505 E 9th Ave, Amarillo TX 79105</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead / Rental Expense</i>	<b>(b)</b> Description <i>Post Office box</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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