

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <u>Mrs Julia Elaine</u>			
4 ORIGINAL REPORT TYPE		NICKNAME LAST SUFFIX <u>Hays</u>		Date Hand-delivered or Date Postmarked	
		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>03 / 31 / 2017</u> <u>04 / 28 / 2017</u>		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
 Replace the duplicate entry for Jeff & Kathy Nunn with the correct name and address for Pat & Sheryl Davis.


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.



AFFIX NOTARY STAMP / SEAL ABOVE

Julia Elaine Hays
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julia Elaine Hays, this the 3rd day of May, 2017, to certify which, witness my hand and seal of office.

Staci Gaffney
Signature of officer administering oath

STACI GAFFNEY
Printed name of officer administering oath

Notary Public
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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

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

~~Jeff + Kathy Munn~~ Pat + Sheryl Davis

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address; City; State; Zip Code
P.O. Box 51620 Amarillo TX 79159
~~2200 Julian Blvd~~ 74102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

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

Mike + Liz Haming

Amount of contribution (\$)

400.⁰⁰

Contributor address; City; State; Zip Code

5 Hogan Dr. Amarillo TX 79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Ronald + Sandra Watts

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

5 Willow Bridge Dr Amarillo TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Office Supplies / President

Office Wise Furniture

Date

4-10-17

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

Dan + Brenda Talley

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

2206 S Parker Amarillo TX 79109

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 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

28

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs Julia Elaine

NICKNAME

LAST

SUFFIX

Hays

OFFICE USE ONLY

Date Received

RECEIVED

APR 28 2017

CITY SECRETARY'S
CITY OF AMARILLO

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

P.O. Box 2072
Amarillo, TX 79105

Date Hand-delivered or Date Postmarked

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 676-6772

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr Greg Wayne

NICKNAME

LAST

SUFFIX

Houlette

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4613 Matador Trail
Amarillo, TX 79109

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 676-5673

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

03 / 31 / 2017

THROUGH

Month Day Year

04 / 28 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2017

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Amarillo City Council
Place 1

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

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

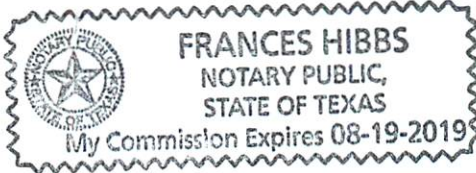
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Amarillo Matters PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>PO Box 1532, Amarillo TX 79105</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Andrew Hall</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>PO Box 1532, Amarillo TX 79105</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 240.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,269.71
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 163.89
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,447.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,755.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Julia Elaine Hays
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julie Hays, this the 28 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

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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,564.61
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,705.10
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 17,173.41
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 109.77
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

3-31-17

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

Jim Doche

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

1615 Bryan Unit 2 Amarillo TX 79102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-31-17

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

Tully & Erica Currie

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

26 Cypress Pt Amarillo TX 79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-17

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

Jimmy & Stephanie Rifenberg

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

127 Dewey Amarillo TX 79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-17

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

Brian & Julie Sims

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4100 Paramount Amarillo TX 79109

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

5 Full name of contributor

Joe & Pam Jener

out-of-state PAC (ID#: _____)

6 Contributor address;

3911 Eaton Dr Amarillo TX 79109

City; State; Zip Code

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

Full name of contributor

John Templar

out-of-state PAC (ID#: _____)

Contributor address;

2028 S. Austin Apt 1103 Amarillo TX 79109

City; State; Zip Code

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

Eddie Scott, Jr

out-of-state PAC (ID#: _____)

Contributor address;

6003 Tuscan Village Amarillo TX 79119

City; State; Zip Code

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

Joe & Betty Howell

out-of-state PAC (ID#: _____)

Contributor address;

3502 Danbury Dr Amarillo TX 79109

City; State; Zip Code

Amount of contribution (\$)

150.⁰⁰

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: 15
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Julia Elaine Hays</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">4-10-17</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Gary + Pat Strickland</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">5005 Erik Ave Amarillo TX 79106</p>	7 Amount of contribution (\$) <p style="font-size: 1.5em; text-align: right;">200.⁰⁰</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">4-10-17</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Paul Harpole</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7703 Pebblebrook Dr Amarillo TX 79119</p>	Amount of contribution (\$) <p style="font-size: 1.5em; text-align: right;">224.61</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">4-10-17</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Gary + Dawn Wells</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7309 Park Ridge Dr. Amarillo TX 79119</p>	Amount of contribution (\$) <p style="font-size: 1.5em; text-align: right;">250.⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">4-10-17</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Richard Braun</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3004 S. Hayden Amarillo TX 79109</p>	Amount of contribution (\$) <p style="font-size: 1.5em; text-align: right;">500.⁰⁰</p>
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Lawyer / Attorney</p>		Employer (See Instructions) <p style="font-size: 1.2em;">Braun + Fortunato</p>

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-3-17

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

Frank + Debbie Turley

6 Contributor address; City; State; Zip Code

3916 Doris Dr Amarillo TX 79109

7 Amount of contribution (\$)

500.⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

4-3-17

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

Tony Rhodes

Contributor address; City; State; Zip Code

6 Cambridge Rd Amarillo TX 79124

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-17

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

Vance Estler

Contributor address; City; State; Zip Code

4513 Tutbury Court Amarillo TX 79119

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Robert + Amy Juba

Contributor address; City; State; Zip Code

550 S. Avendale St Amarillo TX 79106

Amount of contribution (\$)

100.⁰⁰

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: **15**

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

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

Richard + Jo Roberts Craig

6 Contributor address; City; State; Zip Code

2801 Teckla Blvd Amarillo TX 79109

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

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

Jim Austin

Contributor address; City; State; Zip Code

P.O. Box 9613 Amarillo TX 79105

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Michael + Hannah Haring

Contributor address; City; State; Zip Code

2615 S Hughes Amarillo TX 79109

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Bob + Connie Garrett

Contributor address; City; State; Zip Code

A7 Willow Bridge Amarillo TX 79106

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Real Estate Agent

Employer (See Instructions)

Caldwell Banker

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Preston & Rose Boyd

6 Contributor address;

City; State; Zip Code

3511 Danbury Amarillo TX 79109

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

Full name of contributor

out-of-state PAC (ID#: _____)

F. G. Collard III

Contributor address;

City; State; Zip Code

No. 10 Edgewater Amarillo TX 79106

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

out-of-state PAC (ID#: _____)

Dean Morrison

Contributor address;

City; State; Zip Code

2609 S. Hughes Amarillo TX 79106

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Beverage Distribution / CEO

Budweiser Distributing Co.

Date

4-10-17

Full name of contributor

out-of-state PAC (ID#: _____)

Blaine & Kelly Roberts

Contributor address;

City; State; Zip Code

2818 S Lipscomb St Amarillo TX 79109

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Trucking / President

Roberts Inc.

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

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

Reba & Ernest Russell

6 Contributor address; City; State; Zip Code

1226 Crockett St Amarillo TX 79102

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

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

Lloyd & Lore Brown

Contributor address; City; State; Zip Code

3203 Bowie St Amarillo TX 79109

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Jeff & Tammy Perkins

Contributor address; City; State; Zip Code

7404 Ledgestone Amarillo TX 79119

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Nick & Jennie Krapp

Contributor address; City; State; Zip Code

2701 Teckla Blvd Amarillo TX 79106

Amount of contribution (\$)

150.⁰⁰

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

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1 Total pages Schedule A1: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

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

Rod + CoCo Duckworth

6 Contributor address; City; State; Zip Code

6403 Sandie Dr Amarillo TX 79109

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

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

Donald + Misty Caldwell

Contributor address; City; State; Zip Code

6504 Nancy Ellen St Amarillo TX 79119

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Tim Triplett

Contributor address; City; State; Zip Code

P.O. Box 33 Canyon TX 79015

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Steeple Media

Date

4-10-17

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

Jeff + Kathi Nunn

Contributor address; City; State; Zip Code

2200 Julian Blvd Amarillo TX 79102

Amount of contribution (\$)

250.⁰⁰

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

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

Jeff + Kathy Nunn

6 Contributor address; City; State; Zip Code

2200 Julian Blvd Amarillo TX 79102

7 Amount of contribution (\$)

250.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

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

Mike + Liz Haring

Contributor address; City; State; Zip Code

5 Hogan Dr. Amarillo TX 79124

Amount of contribution (\$)

400.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

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

Ronald + Sandra Watts

Contributor address; City; State; Zip Code

5 Willow Bridge Dr Amarillo TX 79106

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Office Supplies / President

Office Wise Furniture

Date

4-10-17

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

Dan + Brenda Talley

Contributor address; City; State; Zip Code

2206 S Parker Amarillo TX 79109

Amount of contribution (\$)

100.⁰⁰

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: **15**

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

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

Mr + Mrs Eddie Bradley

6 Contributor address; City; State; Zip Code

3002 J. Lipscomb Amarillo TX 79109

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

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

John + Joan Shelton

Contributor address; City; State; Zip Code

2320 W 16th Amarillo TX 79102

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-17

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

Aaron Emerson

Contributor address; City; State; Zip Code

3107 River Birch Pl Amarillo TX 79124

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-17

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

Pamela Beckham

Contributor address; City; State; Zip Code

1507 S Lamar Amarillo TX 79102

Amount of contribution (\$)

100.00

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

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

Dr. & Mrs Steven Austin

6 Contributor address; City; State; Zip Code

2604 S Lipscomb Amarillo TX 79109

7 Amount of contribution (\$)

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

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

Greg & Julie Mitchell

Contributor address; City; State; Zip Code

3005 S Ong St Amarillo TX 79109

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

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

Malcolm Shelton

Contributor address; City; State; Zip Code

3806 Crockett Amarillo TX 79118

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

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

J. Pat & Nancy Hickman

Contributor address; City; State; Zip Code

150 Laurel Leaf Lane Canyon TX 79015

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Banking / CEO

Employer (See Instructions)

Happy State Bank

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

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

Terry + Diana Harman

6 Contributor address; City; State; Zip Code

4809 Aberdeen Pkwy Amarillo TX 79119

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

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

Steve + Rajan Traffen

Contributor address; City; State; Zip Code

3205 Parker St Amarillo TX 79109

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Retreat Center / owner

Employer (See Instructions)

The Hideaway Experience

Date

4-14-17

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

Trevor + Sarah Caviness

Contributor address; City; State; Zip Code

2410 S. Lipscomb Amarillo TX 79109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

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

Aubrey + Robin Smith

Contributor address; City; State; Zip Code

34 Oldham Circle Amarillo TX 79109

Amount of contribution (\$)

100.00

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: 15
2 FILER NAME Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date 4-14-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon & Sue Church	7 Amount of contribution (\$) 100. ⁰⁰
6 Contributor address; City; State; Zip Code 6903 Cayman Ct Amarillo TX 79124		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-14-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Bivins	Amount of contribution (\$) 100. ⁰⁰
Contributor address; City; State; Zip Code P.O. Box 15305 Amarillo TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-17-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Police Officers Association	Amount of contribution (\$) 500. ⁰⁰
Contributor address; City; State; Zip Code P.O. Box 9508 Amarillo TX 79105		
Principal occupation / Job title (See Instructions) Association		Employer (See Instructions) Law Enforcement - APD
Date 4-17-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Allen	Amount of contribution (\$) 100. ⁰⁰
Contributor address; City; State; Zip Code 1201 W. McCormick Rd Amarillo TX 79118		
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: 15

2 FILER NAME

Julia Elaine Huys

3 Filer ID (Ethics Commission Filers)

4 Date

4-15-17

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

Garth Merrick

6 Contributor address; City; State; Zip Code

700 S. Avondale Amarillo TX 79106

7 Amount of contribution (\$)

2,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

Owner / CEO

9 Employer (See Instructions)

Merrick Petcare

Date

4-15-17

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

Michael + Liz Hughes

Contributor address; City; State; Zip Code

2806 Parker Amarillo TX 79109

Amount of contribution (\$)

2,000.⁰⁰

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

FMC Management Inc.

Date

4-27-17

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

Johnny + Jill Mize

Contributor address; City; State; Zip Code

7720 Stuyvesant Amarillo TX 79121

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-27-17

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

Barry + Tisha Peterson

Contributor address; City; State; Zip Code

5 Edgewater Amarillo TX 79106

Amount of contribution (\$)

200.⁰⁰

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: 15

2 FILER NAME

Julia Elaine Hays

3 Filer ID (Ethics Commission Filers)

4 Date

4-27-17

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

Bill Gilliland

6 Contributor address; City; State; Zip Code

500 S. Taylor, LB 249 Amarillo TX 79101

7 Amount of contribution (\$)

500.⁰⁰

8 Principal occupation / Job title (See Instructions)

Investments

9 Employer (See Instructions)

self

Date

4-27-17

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

Andrew Hall

Contributor address; City; State; Zip Code

500 S. Taylor, LB 249 Amarillo TX 79101

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-27-17

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

Becky Garner Dodson

Contributor address; City; State; Zip Code

#6 Edgewater Drive Amarillo TX 79106

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-27-17

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

Clyde & Brenda Meeks

Contributor address; City; State; Zip Code

10 Pine Valley Lane Amarillo TX 79124

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Woman's Health Center

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		\$
5 Date <u>4-6-17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Victor Leal</u>	8 Amount of Contribution \$ <u>1500.00</u>
	7 Contributor address; City; State; Zip Code <u>1619 S Kentucky St Amarillo TX 79102</u>	9 In-kind contribution description <u>solicitation fundraising event food</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>President</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Leal's Mexican Restaurants</u>
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>4-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dean Morrison</u>	Amount of Contribution \$ <u>205.10</u>
	Contributor address; City; State; Zip Code <u>100 S. Philadelphia Amarillo TX 79104</u>	In-kind contribution description <u>solicitation fundraising event beverages</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Beverage Distribution / CEO</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Budweiser Distributing Co.</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)	
4 Date 4-6-17		5 Payee name Taylor Hays			
6 Amount (\$) 274.17		7 Payee address; City; State; Zip Code 2244 Locust St Amarillo TX 79109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Solicitation / Fundraising Event Food & Drinks - Dollar Treat & Sams Club	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4-6-17		Payee name Gilbert Hernandez			
Amount (\$) 450.00		Payee address; City; State; Zip Code 4408 Scottswood Drive Amarillo, TX 79110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Solicitation / Fundraising Event Entertainment - music	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4-11-17		Payee name Kim May / Nobox Creative			
Amount (\$) 2821.16		Payee address; City; State; Zip Code 1001 SE 3rd, Amarillo TX 79102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign, fundraising & media strategy	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)	
4 Date 4-11-17		5 Payee name Kim May / Nobox Creative			
6 Amount (\$) 1,493.73		7 Payee address; City; State; Zip Code 1001 SE 3rd Avenue Amarillo TX 79102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 signs & frames	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-11-17		Payee name Kim May / Nobox Creative			
Amount (\$) 1595.23		Payee address; City; State; Zip Code 1001 SE 3rd Avenue Amarillo TX 79102			
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 yard signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-11-17		Payee name Kim May / Nobox Creative			
Amount (\$) 742.50		Payee address; City; State; Zip Code 1001 SE 3rd Avenue Amarillo TX 79102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing app.	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)	
4 Date 4-11-17		5 Payee name Kim May / Nobox Creative			
6 Amount (\$) 475.22		7 Payee address; City; State; Zip Code 1001 SE 3rd Amarillo TX 79102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Layout donor letters, letterhead e-mails + printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4-11-17		Payee name Kim May / Nobox Creative			
Amount (\$) 274.97		Payee address; City; State; Zip Code 1001 SE 3rd Amarillo TX 79102			
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 magnetic campaign buttons	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4-11-17		Payee name Kim May / Nobox Creative			
Amount (\$) 30. ⁰⁰		Payee address; City; State; Zip Code 1001 SE 3rd Amarillo TX 79102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing List for donor letters	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 | 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.

1 Total pages Schedule F1: 4		2 FILER NAME Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)	
4 Date 4-11-17		5 Payee name Kim May / Nobox Creative			
6 Amount (\$) 19.95		7 Payee address; City; State; Zip Code 1001 SE 3rd Amarillo TX 79102			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Hosting Website - march		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 4-11-17	Payee name Networks				
Amount (\$) 238.15	Payee address; City; State; Zip Code 5406 Winners Circle Amarillo TX 79110				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/ Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign E-mail Account Setup		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 4-13-17	Payee name Welcome Partner				
Amount (\$) 200.00	Payee address; City; State; Zip Code P.O. Box 30926 Amarillo TX 79120				
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 Web banner		
	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

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 4	2 FILER NAME Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ —0—
5 Date 4-27-17	6 Payee name Kim May / Nobox Creative	
7 Amount (\$) 983.28	8 Payee address; City; State; Zip Code 1001 SE 3rd, Amarillo TX 79102	
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) 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 political advertising
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4-27-17	Payee name Kim May / Nobox Creative	
Amount (\$) 115.29	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 political advertising
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		

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 4	2 FILER NAME Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ -0-
5 Date 4-27-17	6 Payee name Kim May / Nobox Creative	
7 Amount (\$) 3,818.82	8 Payee address; City; State; Zip Code 1001 SE 3rd, Amarillo TX 79102	
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) 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 political advertising
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-27-17	Payee name Kim May / Nobox Creative	
Amount (\$) 2,622.50	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 consulting & political advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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.

1 Total pages Schedule F2: <i>4</i>	2 FILER NAME <i>Julia Elaine Hays</i>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>- 0 -</i>	
5 Date <i>4-27-17</i>	6 Payee name <i>Kim May / Nobox Creative</i>		
7 Amount (\$) <i>3,500.⁰⁰</i>	8 Payee address; City; State; Zip Code <i>1001 SE 3rd, Amarillo TX 79102</i>		
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) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>political advertising</i>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	
Office held			
Date <i>4-27-17</i>	Payee name <i>Kim may / Nobox Creative</i>		
Amount (\$) <i>1,440.98</i>	Payee address; City; State; Zip Code <i>1001 SE 3rd, Amarillo TX 79102</i>		
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) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>political advertising</i>	
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			

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: 4	2 FILER NAME Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ -- 0 --
5 Date 4-27-17	6 Payee name Kim May / Nobox Creative	
7 Amount (\$) 4,692.54	8 Payee address; City; State; Zip Code 1001 SE 3rd, Amarillo TX 79102	
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) 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 political advertising
11 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	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

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.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>Julia Elaine Hays</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>-0-</u>
5 Date <u>4-15-17</u>	6 Payee name <u>Schlotzky's Deli</u>	
7 Amount (\$) <u>55.65</u>	8 Payee address; City; State; Zip Code <u>3440 Bell St #322 Amarillo TX 79109</u>	
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) <u>Solicitation / Fundraising 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>volunteers lunch</u>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>4-22-17</u>	Payee name <u>Schlotzky's Deli</u>	
Amount (\$) <u>54.12</u>	Payee address; City; State; Zip Code <u>3440 Bell St #322 Amarillo TX 79109</u>	
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) <u>Solicitation / Fundraising 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>volunteers lunch</u>
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