

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 Thomas	MI Randall	Date Received RECEIVED FEB 03 2017 CITY SECRETARY'S CITY OF AMARILLO					
	NICKNAME Randy	LAST Burkett	SUFFIX						
4 ORIGINAL REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report							
	Date Hand-delivered or Date Postmarked								
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Date Processed	
		7	01	2016	THROUGH	12	31	2016	Date Imaged

6 EXPLANATION OF CORRECTION

Error in filing periods. This correction shows there were no contributions or expenditures.

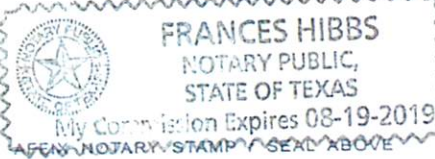
7 AFFIDAVIT


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.

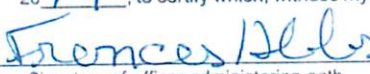
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.





 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Randy Burkett this the 3 day of February, 2017, to certify which, witness my hand and seal of office.


 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**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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: 2

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
FIRST
Thomas

MI
Randall

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

PO Box 50372 Amarillo TX 79159

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE (806)
PHONE NUMBER 206-6163
EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
FIRST Tom
LAST Tom
NICKNAME
SUFFIX

Roller

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5701 Times Square Blvd Amarillo Texas 79119

8 CAMPAIGN
TREASURER
PHONE

AREA CODE (806)
PHONE NUMBER 671-8174
EXTENSION

9 REPORT TYPE

January 15 30th day before election
Runoff
15th day after campaign treasurer appointment (Officeholder Only)
Final Report (Attach C/OH - FRI)
July 15 8th day before election
Exceeded \$500 limit

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 2015 THROUGH 12 / 31 / 2016

11 ELECTION

ELECTION DATE
Month Day Year
5 / 9 / 2015
ELECTION TYPE
Primary Runoff Other Description
General Special

12 OFFICE

OFFICE HELD (if any)
13 OFFICE SOUGHT (if known)
Amarillo City Council Place 3

GO TO PAGE 2

RECEIVED
FEB 03 2017
CITY SECRETARY'S
CITY OF AMARILLO

OFFICE USE ONLY

Date Received

Receipt #

Amount \$

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Randy Burkett

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 0.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 9347.77

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5000.00

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.



Randy Burkett

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Randy Burkett, this the 3 day of February, 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
1 Filer ID (Ethics Commission Form) _____ The C/OH Instruction Guide explains how to complete this form.		2 Total pages filed <u>20</u>	
3 CANDIDATE / OFFICEHOLDER NAME US / MR / MRS / MS FIRST LAST SUFFIX THOMAS BUYRETT MI SUFFIX		OFFICE USE ONLY RECEIVED JAN 17 2017 CITY SECRETARY'S CITY OF AMARILLO	
4 CANDIDATE / OFFICEHOLDER ADDRESS / MAILING ADDRESS ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE PO Box 50372 Amarillo TX 79159		Date Received _____	
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (806) 206 6163		Date Hand-Delivered or Date Postmarked _____	
6 CANDIDATE / OFFICEHOLDER NAME US / MRS / MR FIRST MI SUFFIX Tom ROYER		RECEIVED \$ AMOUNT \$ DATE PROCESSED _____ DATE IMAGED _____	
7 CANDIDATE / OFFICEHOLDER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 5701 TIMES SQUARE BLVD Amarillo, TX 79119		8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (806) 671-8174	
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Run day before election <input type="checkbox"/> July 15 <input type="checkbox"/> Expanded \$500 limit <input checked="" type="checkbox"/> Final Report (Amend C/OH - FR) <input type="checkbox"/> 15th day after campaign treasurer appointment (Off-candidate Only)		10 PERIOD COVERED Month Day Year THROUGH Month Day Year 1/1/2016 THROUGH 1/17/17	
11 ELECTION ELECTION DATE Month Day Year 5/9/15 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description		12 OFFICE OFFICE HELD (if any) 13 OFFICE SUCCESSION (if term) CITY COUNCIL PLACE 3	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

**18 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS DOCUMENT IS A PUBLIC RECORD AND SHOULD BE MADE AVAILABLE TO THE PUBLIC. IF YOU RECEIVE NOTICE OF SUCH EXPENDITURE, YOU SHOULD IMMEDIATELY REPORT THE INFORMATION TO THE COMMISSIONER OF THE STATE TREASURY.

19 C/OH NAME

Tom Rolver

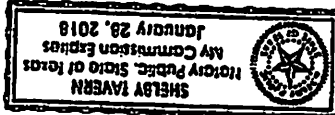
20 ADDRESSES

Ramy Bouch for City Council Race 3
 PO Box 50371 Amarillo TX 79159
 Tom Rolver
 5711 Times Sq Blvd
 Amarillo TX 79119

**17 CONTRIBUTION
TOTALS**

1	TOTAL POLITICAL CONTRIBUTIONS OF 100 OR LESS OTHER THAN PLEDGES (LOANS OR GUARANTEES OF LOANS), UNLESS ILLUSTRATED	\$	0
2	TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES (LOANS OR GUARANTEES OF LOANS), UNLESS ILLUSTRATED	\$	25,600.00
3	TOTAL POLITICAL EXPENDITURES, IF ANY, OR LESS UNLESS ILLUSTRATED	\$	0
4	TOTAL POLITICAL EXPENDITURES	\$	16,252.23
5	TOTAL POLITICAL CONTRIBUTIONS IS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	9347.77
6	TOTAL UNPAID BALANCE OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5000.00

18 APPROVAL



I swear as stated under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me as of the 15th Election Code.

Signature of Candidate or Officeholder

[Handwritten Signature]

System to a... maintained history for the year... this the... *[Handwritten Signature]*

Signature of election administrator with... Method name of other administrator with... Title of other administrator with...

[Handwritten Signatures]

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
- Complete only if "Report Type" on page 1 is marked "Final Report" -

1 C/OH NAME RAWLY BURKET	2 Filer ID (State Campaign Files)
------------------------------------	-----------------------------------

3 SIGNATURE
[Signature]

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

[Signature]
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
- Complete A & B below only if you are not an officeholder. -

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 294.294.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 294.294.

Signature of Candidate

5 OFFICEHOLDER
- Complete this section only if you are an officeholder -

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

[Signature]
Signature of Officeholder

SUBTOTALS - COH

**FORM COH
COVER SHEET PG 3**

19 FILER NAME RANDY BURKETT		20 Prior ID (Ethics Commission Filer)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,600 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C: LOANS	\$ 5,000 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE P1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,252 ²³
6.	<input type="checkbox"/> SCHEDULE P2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE P3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 211 ⁶⁰
9.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH	\$ 16,252 ²³
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 10	
2 FILER NAME RANNY BURKETT		3 ACCOUNT # (Ethics Commission Files)	
4 Date 3/1/15	5 Full name of contributor RANDY + DEBBY BURKETT	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip 6467 HATFIELD AMARILLO TX 79104		(If paid outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions) BURKETT FAMILY INVESTMENTS IS		10 Employer (See instructions) OWNER	
Date 4/8/15	Full name of contributor SHAPIRO FAMILY LP	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address City State Zip PO BOX 1948 AMARILLO, TX 79105		(If paid outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) REAL ESTATE		Employer (See instructions)	
Date 4/8/15	Full name of contributor NL INVESTMENTS	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address City State Zip PO BOX 1948 AMARILLO TX 79105		(If paid outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) REAL ESTATE		Employer (See instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address City State Zip		(If paid outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address City State Zip		(If paid outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A

10

2 FILER NAME
RANDY BURKETT

4 Date
3/25/15

5 Full name of contributor
**AMARILLO ASSN OF REALTORS
POLITICAL ACTION COMMITTEE - NAD LIFETIME**

6 Contributor address
**5601 ENTERPRISE CIRCLE
AMARILLO, TX 79111**

3 ACCOUNT # (If via Commission File)

7 Amount of contribution (\$) **500.00**

8 In-kind contribution description (if applicable)

(If based out-of-state, complete Schedule F)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date
3/10/15

Full name of contributor
BOBBY LEE FAMILY

Contributor address
**PO BOX 32001
AMARILLO, TX 79120**

Amount of contribution (\$) **3000.00**

In-kind contribution description (if applicable)
BILLBOARD ADVERTISING

(If based out-of-state, complete Schedule F)

Principal occupation / Job title (See instructions)
OWNER

Employer (See instructions)
BIG TEXAS

Date
3/10/15

Full name of contributor
BURKETT OUTDOOR ADVERTISING, LP

Contributor address
**7400 GOLDEN POND SUITE 100
AMARILLO, TX 79121**

Amount of contribution (\$) **4500.00**

In-kind contribution description (if applicable)
BILLBOARD ADVERTISING

(If based out-of-state, complete Schedule F)

Date
4/1/15

Full name of contributor
CHRISTOPHER FLEHMAN

Contributor address
**505 S. ARTHUR
AMARILLO, TX 79101**

Amount of contribution (\$) **450.00**

In-kind contribution description (if applicable)
PORTABLE SIGN ADVERTISING

(If based out-of-state, complete Schedule F)

Principal occupation / Job title (See instructions)
FLEHMAN SIGNS

Employer (See instructions)
SELF

Date
3/1/15

Full name of contributor
SHELBY B. TAVERA

Contributor address
**7609 PEPIN
AMARILLO, TX 79121**

Amount of contribution (\$) **1500.00**

In-kind contribution description (if applicable)
GRAPHIC DESIGN

(If based out-of-state, complete Schedule F)

Principal occupation / Job title (See instructions)
PHOTOGRAPHER

Employer (See instructions)
SELF

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

1. This page identifies the contribution.		2. PLEDGES	
<p>The instruction Guide explains how to complete this form.</p> <p>1. This page identifies the contribution.</p>		<p>James BUCKETT</p>	
<p>3. Amount of pledge (include interest)</p> <p>100⁰⁰</p>		<p>4. Date</p> <p>4/21/15</p>	
<p>7. Name of contributor</p> <p>8. Address (street, city, state, zip code)</p> <p>7912 SOUTHSIDE DR AMARUO, TX 79105</p>		<p>8. Full name of contributor</p> <p>9. Contributor address: city, state, zip code</p> <p>GLORIA WILKINS + CARL BROWN</p>	
<p>5. Amount of contribution (if applicable)</p> <p>500⁰⁰</p>		<p>6. Full name of contributor</p> <p>7. Contributor address: city, state, zip code</p> <p>Box 468 DOL + TRUMBULL TRUST AMARUO, TX 79105</p>	
<p>5. Amount of contribution (if applicable)</p> <p>100⁰⁰</p>		<p>6. Full name of contributor</p> <p>7. Contributor address: city, state, zip code</p> <p>SAN CORY 701 N. DUBUAT RD AMARUO, TX 79114</p>	
<p>5. Amount of contribution (if applicable)</p> <p>500⁰⁰</p>		<p>6. Full name of contributor</p> <p>7. Contributor address: city, state, zip code</p> <p>BURT TERPIL 4100 W. BRIDGE FAYE AMARUO, TX 79146</p>	
<p>5. Amount of contribution (if applicable)</p> <p>25⁰⁰</p>		<p>6. Full name of contributor</p> <p>7. Contributor address: city, state, zip code</p> <p>AMARUO, TX 79105</p>	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form

1 Total pages Schedule A

10

2 FILER NAME
RANDY BURKETT

3 ACCOUNT # (Ethics Commission File)

4 Date
3/4/15

5 Full name of contributor
BOB LA ROCHE

6 Contributor address
**3221 CHURCH ST
AMARILLO, TX 79104**

7 Amount of contribution (\$) **1000**

8 In-kind contribution description (if applicable)

(If none, outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
REAL ESTATE

10 Employer (See Instructions)
LA ROCHE + LA ROCHE

Date
3/12/15

Full name of contributor
VICTOR + DEBBIE LEAL

Contributor address
**1556 ALABAMA ST
AMARILLO, TX 79102**

Amount of contribution (\$) **1000**

In-kind contribution description (if applicable)

(If none, outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RESTAURANT

Employer (See Instructions)
LEAL'S

Date
3/5/15

Full name of contributor
TOM ROLLER

Contributor address
**109 CHOCLER ST
AMARILLO, TX 79104**

Amount of contribution (\$) **500**

In-kind contribution description (if applicable)

(If none, outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
REAL ESTATE

Employer (See Instructions)
GOLD WREN BANKER

Date
3/4/15

Full name of contributor
ROBERT DURRETT

Contributor address
**1706 S WASHINGTON
AMARILLO, TX 79102**

Amount of contribution (\$) **200**

In-kind contribution description (if applicable)

(If none, outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RANCHER

Employer (See Instructions)
DURRETT CATTLE

Date
3/9/15

Full name of contributor
DR. GARY + SALLY SEIBIDES

Contributor address
**4503 GREENWICH PLACE
AMARILLO, TX 79119**

Amount of contribution (\$) **500**

In-kind contribution description (if applicable)

(If none, outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
DENTIST

Employer (See Instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is a political PAC please see instruction guide for additional reporting requirements

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

10

2 FILER NAME

RANDY BARNETT

3 ACCOUNT # (Election Commission File #)

4 Date

3/19/15

5 Full name of contributor

DR RICHARD ARCHER

6 Contributor address

6667 FULTON
AMARILLO, TX 79104

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / job title (See Instruction)

PHYSICIAN

10 Principal occupation / job title (See Instruction)

SELF

Date

3/23/15

Full name of contributor

DR KEITH BJERK

Contributor address

PO Box 10264
AMARILLO, TX 79116

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation / job title (See Instruction)

PHYSICIAN

Principal occupation / job title (See Instruction)

SELF

Date

3/20/15

Full name of contributor

PERRY WILLIAMS

Contributor address

PO Box 30206
AMARILLO, TX 79120

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / job title (See Instruction)

DEVELOPER

Principal occupation / job title (See Instruction)

SELF

Date

3/19/15

Full name of contributor

JERRY HODGE + MARLENE HODGE

Contributor address

326 S. PULK #100
AMARILLO, TX 79101

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / job title (See Instruction)

MAJOR

Principal occupation / job title (See Instruction)

MINOR

Date

3/23/15

Full name of contributor

RON + LYN CLARK

Contributor address

3433 TRIPP
AMARILLO, TX 79101

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation / job title (See Instruction)

Principal occupation / job title (See Instruction)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC please refer to the form guide for additional reporting requirements

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction guide explains how to complete this form.		1 Total pages Schedule A 10	
2 FILER NAME KARLY BUCKETT		3 ACCOUNT # (Election Commission File #)	
4 Date 3/16/15	5 Full name of contributor SONNY HODGE CAMPBELL	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip 4665 SOUTHWIND AVE DALLAS, TX 75205	(If travel outside of Texas, complete Schedule F.)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3/18/15	Full name of contributor AUSTIN + ELIZABETH SHARP	Amount of contribution (\$) 75⁰⁰	In-kind contribution description (if applicable)
	Contributor address City, State, Zip 4506 SPARTAN BLDG AMARILLO TX 79119	(If travel outside of Texas, complete Schedule F.)	
Principal occupation / Job title (See instructions) REAL ESTATE		Employer (See instructions) MAYS INVESTMENTS	
Date 3/23/15	Full name of contributor GEORGE + KAREN CHALMERS	Amount of contribution (\$) 2000⁰⁰	In-kind contribution description (if applicable)
	Contributor address City, State, Zip 2319 HAWTHORNE AMARILLO, TX 79109	(If travel outside of Texas, complete Schedule F.)	
Principal occupation / Job title (See instructions) REAL ESTATE		Employer (See instructions) SELF	
Date 3/31/15	Full name of contributor VANCE + ANITA REED	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
	Contributor address City, State, Zip 3333 3RD ST AMARILLO TX 79104	(If travel outside of Texas, complete Schedule F.)	
Principal occupation / Job title (See instructions) OWNER		Employer (See instructions) COORS	
Date 4/5/15	Full name of contributor CHRIS + COURTNEY REED	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
	Contributor address City, State, Zip 6723 SANDIE CT AMARILLO, TX 79109	(If travel outside of Texas, complete Schedule F.)	
Principal occupation / Job title (See instructions) OWNER		Employer (See instructions) COORS	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A **10**

2 FILER NAME **RAUNY BURKETT**

3 ACCOUNT # (Ethics Commission File)

4 Date **3/5/15**
5 Full name of contributor **ROB KITTO**
6 Contributor address **1567 W. VIETO DR
FRIENDS WOOD, TX 77546**

7 Amount of contribution (\$) **500⁰⁰**
8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions) **APPRAISER**

10 Employer (See instructions) **SELF**

Date **3/7/15**
Full name of contributor **RICK CRAWFORD**
Contributor address **#2 CHAMPIONS CIRCLE
AMARILLO, TX 79124**

Amount of contribution (\$) **300⁰⁰**
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions) **REAL ESTATE**

Employer (See instructions) **KELEC WILLIAMS**

Date **3/11/15**
Full name of contributor **DICK FORD**
Contributor address **PO Box 1367
AMARILLO, TX 79105**

Amount of contribution (\$) **500⁰⁰**
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions) **REAL ESTATE**

Employer (See instructions) **SELF**

Date **3/14/15**
Full name of contributor **ANDREA + CHRISTOPHER GUILLEY**
Contributor address **3533 SLEEPY HOLLOW BLVD
AMARILLO, TX 79121**

Amount of contribution (\$) **250⁰⁰**
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions) **ATTORNEY**

Employer (See instructions) **UNDERSERVED**

500⁰⁰ 3/4/15 **CRAIG GUALTIERE**
500⁰⁰ 3/16/15 **3509 S. LAMAR
AMARILLO TX 79109**

Amount of contribution (\$) **1000⁰⁰**
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions) **RESTAURANT OWNER**

Employer (See instructions) **SELF**

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Charitable/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Bookkeeping	Legal Services	State/Local/Federal Agency Expenses	Transportation Equipment & Related Expense
Consulting Expense	Public-Relations Expense	Travel & Lodging	Contributions/Donations Made By Candidate/Organization/Political Committee
Event Expense	Printing Expense	Other Contributions/Interest Expense	OTHER (enter a category not listed above)
Fees	Production Expense		

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME: **RANDY BURKETT** 3 ACCOUNT # (Ethics Commission File#):

4 Date: **3/23/15** 5 Payee Name: **STEVE GUSSELL - BUSINESS**

6 Amount (\$): **500⁰⁰** 7 Payee Address: **4166 JULIE AMARILLO, TX 79109**

8 PURPOSE OF EXPENDITURE: **TV ADS**
 (a) Category (see instructions) (b) Description (if from category (a), complete Schedule F)
 Complete ONLY if direct expenditure to benefit C.O.B.

Date: **3/24/15** Purpose: **REALTY OUTDOOR ADVERTISING**
 Amount (\$): **1360⁰⁰** Payee Name: **7301 BURLESON RD AUSTIN, TX 78744**
 PURPOSE OF EXPENDITURE: **BILLBOARD ADVERTISING**
 Complete ONLY if direct expenditure to benefit C.O.B.

Date: **3/30/15** Purpose: **WELLBORN SIGNS**
 Amount (\$): **2934⁸⁶** Payee Name: **700 E 11TH AMARILLO TX 79101**
 PURPOSE OF EXPENDITURE: **POLITICAL SIGNS**
 Complete ONLY if direct expenditure to benefit C.O.B.

Date: **3/11/15** Purpose: **SIE SPECIALTY**
 Amount (\$): **351⁸¹** Payee Name: **416 W 27TH AMARILLO TX 79101**
 PURPOSE OF EXPENDITURE: **PRINTING**
 Complete ONLY if direct expenditure to benefit C.O.B.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 4(a)

Advertising Expense	Gift Awards/Donations	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Severance/Pension/Retirement Expenses	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expenses	Travel in District	Contributions/Donations Made By
Event Expense	Printing Expenses	Travel Out of District	Candidate/Opponent/Political Committee
Fees	Printing Expenses	(Other Unreimbursed/Reimbursed Expenses)	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Enter pages Schedule F		2 FILER NAME RANDY BUCKETT		3 ACCOUNT # (Ethics Commission File#)	
4 Date 3/12/15		5 Payee Name WHITCO			
6 Amount (\$) 100.41		7 Payee Address Po Box 664 Amarillo TX 79105			
8 PURPOSE OF EXPENDITURE		8(a) Category (check one)		8(b) Location of Expenditure (check one)	
		BADGES		Office funds	
9 Complete ONLY if direct expenditure to benefit C or H		Candidate / Official of District		Office funds	
Date 3/17/15		Payee Name SIR SPEEDY			
Amount (\$) 113.66		Payee Address 416 W. 8TH Amarillo TX 79101			
PURPOSE OF EXPENDITURE		Category (check one)		Location of Expenditure (check one)	
		PRINTING		Office funds	
Complete ONLY if direct expenditure to benefit C or H		Candidate / Official of District		Office funds	
Date 3/10/15		Payee Name JONES PRESS			
Amount (\$) 63.87		Payee Address 2450 WESTERN Amarillo, TX 79109			
PURPOSE OF EXPENDITURE		Category (check one)		Location of Expenditure (check one)	
		PRINTING		Office funds	
Complete ONLY if direct expenditure to benefit C or H		Candidate / Official of District		Office funds	
Date 4/8/15		Payee Name INFINITY DIGITAL IMAGING			
Amount (\$) 2985.66		Payee Address 2162 S JUPITER BL GARLAND, TX 75041			
PURPOSE OF EXPENDITURE		Category (check one)		Location of Expenditure (check one)	
		BILLBOARD LIGHTS		Office funds	
Complete ONLY if direct expenditure to benefit C or H		Candidate / Official of District		Office funds	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS		SCHEDULE E	
The instruction guide explains how to complete this form. 1. Use paper boards in			
2. FILER NAME Rayo BURETT		3. ACCOUNT'S (Check Quarterly Plan)	
TOTAL OF UNRETIRED LOANS:			
4.		5.	
6. Name 6. Number 6. Address City, State, Zip Code Rayo BURETT PO Box 5072 Ames IA 50012		7. Amount 2500.00	
8. Date of loan 4/1/75		9.	
10. Principal amount / and the (see instructions)			
11.		12.	
13. Check if general funds were deposited into payroll account			
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