# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

	<b>44</b>				
1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2.	OFFICE	USEONLY		
3 CANDIDATE/ OFFICEHOLDER NAME  MS/MRS/MR FIRST  TALL  NICKNAME  LAST  HAYS	SUFFIX		03 2017		
4 ORIGINAL REPORT January 15 Ru  July 15 Ext  30th day before election 15t  ap	Other (specify)  ceeded \$500 limit  th day after treasurer pointment (officeholder only) all report		ECRETARY'S F AMARILLO or Date Postmarked  Amount \$		
5 ORIGINAL PERIOD Month Day Year COVERED	Month Day Year	Date Processed			
03/31/2017	HROUGH 04/28/2017	Date Imaged			
Replace the duplicate entry for Jeffakathy Nunn with the correct name and address for Pat & Sheryl Davis.					
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  Swom to and subscribed before me, by the said Sulfa Report State Stat					
Carl Ci II	Signature of officer administering oath  STACI GAFFALEY  NOTOLY TOUT  Title of officer administering oath				

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

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: (5		
2 FILER NAME	Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (IDF:	7 Amount of contribution (\$)		
4-10-17	Geff + Kathy Munn Pat & Shery Davis  6 Contributor address; City: State: Zip Code P.O. Box 51620  2200 Julian Blv & Amazillo TX 74+02	250.00		
	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
4-10-17	mile + Liz Haming  Contributor address; City; State; Zip Code  5 Hogan Dr. Amarillo TX 79124	400,00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
4-10-17	Contributor address; City; State; Zip Code  S Willow Bridge Dr Amarillo TX 7910b	500.00		
•	Supplies / President Dffice Wil	-		
Date	Full name of contributor out-of-state PAC (ID4:)  Dan & Brenda Talley	Amount of contribution (\$)		
4-10-17	Contributor address; City; State; Zip Code  2206 S Parker Amar 110 Tx 79109	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.				

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. 78 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Julia WCKNAWE . NAME Date Received RECEIVED Hays 4 CANDIDATE ADDRESS / PO BOX; ZIP CODE APR 28 2017 **OFFICEHOLDER MAILING** P.O. BOX 2072 **ADDRESS** CITY SECRETARY'S Amarillo TX 79105 Change of Address CITY OF AMARILLO AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** Date Hand-delivered or Date Postmarked 676-6772 (806) PHONE MS / MRS / MR Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Wayne **ش**ر. . Greg. Date Processed NAME NICKNAME SUFFIX Date Imaged Houlette STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER 4613 Matador Trail **ADDRESS** (Residence or Business) Amwillo, tx 79109 AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** 676-5673 (806) PHONE 9 REPORT TYPE 15th day after campaign treasurer appointment January 15 30th day before election Runoff (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD Month Month Day COVERED 04/28/2017 03/31/2017 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Day General Special 05/06/2017 13 OFFICE SOUGHT (If known) OFFICE HELD (if any) 12 OFFICE 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 E	laine Hays	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON 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		
	MGENERAL Amacillo Matters PAC			
	SPECIFIC	COMMITTEE ADDRESS		
		PO Box 1532. Amorillo TX 70	1105	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Andrew Hall		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		PO Box 1532, Amarillo TX 79	105	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,269.71	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 163.89	
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 17,447.07	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 8,155.35	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	#E \$ 9	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of pe	rjury, that the accompanying report is	
	RANCES HIBI		mation required to be reported by me	
{ (A)	NOTARY PUBLIC		1	
\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	STATE OF TEXAS	5 } / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
My Commission Expires 08-19-2019 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/ SEALABOVE				
Sworn to and subscribed before me, by the said				
day of Arthur, 20, to certify which, witness my hand and seal of office.				
Frances Itles Frances Hibbs City Secretory				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmiss	ion Filers)
<u></u>	Julia Elaine Hays		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	_	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	17,564.61
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,705.10
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	-0 -
4.	SCHEDULE E: LOANS	\$	- O -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	- 0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	17,173,41
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	-0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	109.77
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	-5-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	- 0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	~ 0~
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	- 0-

MONE	TARY 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	5 Full name of contributor	7 Amount of contribution (\$)
3-31-17	Jim Doche 6 Contributor address; City; State; Zip Code	\$ 100.°°
	1615 Bryan Unit 2 Amarillo TX 79102	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
3-31-17	Tully + Erica Currie  Contributor address; City; State; Zip Code	
	26 Cypress Pt Amarillo TX 79124	250.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3-31-17	Johns & Stephanie Rifenberg Contributor address; City; State; Zip Code	Z50.°°
Principal occup	127 Devey Anarilo TX 79124   eatlon / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor   out-of-state PAC (ID#:)  Brian & Julie Sins	Amount of contribution (\$)
3-31-17	Contributor address; City; State; Zip Code 4100 Paramount Aman'llo TX 79109	250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	lons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

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	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
4-10-17	Joe + Pam Jones. 6 Contributor address: City; State; Zip Code 3911 Eaton Dr Amarillo TX 79109	100.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
4-10-17	John Tampler Contributor address; City; State; Zip Code 2028 S. Austin Apt (103 Amas: 1107x 79109)	(00,00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4-10-17	Eddie Scott, Jr contributor address; City: State; Zip Code 6003 Tuscany Village Amerillo TX 79119	( <i>0</i> 0 . °°		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4-10-17	Contributor address; City; State; Zip Code  3502 Danbury Dr Amarillo TX 79109	150.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE if contributor is out-of-state PAC, please see instruction guide for additional	•		

MONE	TARY POLITICAL CONTR	SCHEDULE A1	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME	Julia Elaine Huys		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAG		7 Amount of contribution (\$)
4-10-17	Gary + Pat Strickland 6 Contributor address; City; State	e; Zip Code	200.00
8 Principal occu	5005 Erik Ave Amaril		Alman
8 Principal Good	pation / Job title (See Instructions)	9 Employer (See Instruc	aons)
Date	Full name of contributor	1	Amount of contribution (\$)
	Paul Harpole		
4-10-17	Contributor address; City; State	e; Zip Code	22411
	7703 Pebblebrook Dr Amari	illo TX 79119	224.61
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Gary & Dawn Wells City; State	a; Zip Code	
4-10-17	7309 Park Ridge Dr. Ama		250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4-10-17	_	e; Zip Code	500.00
·	3004 S. Hayden Amaril	10 TX 79109	
-	pation / Job title (See Instructions)	Employer (See Instruct	•
La	wyer/Attorney	Groun & Fo	rtu naso
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: [5]  2 FILER NAME  3 Filter ID (Ehics Commission Filters)  4 Date 5 Full name of contributor   out-details PAC (DP:	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
Julia Elaine Hays  4 Date  5 Full name of contributor   out-of-state PAC (108:	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
4 Date  5 Full name of contributor   out-of-state PAC (IDE:   7 Amount of contribution (S)  1-3-17 6 Contributor address; City; State; Zip Code   500,00  8 Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)   N/A    Date   Full name of contributor   out-of-state PAC (IDE:   Amount of contribution (S)  Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date   Full name of contributor   out-of-state PAC (IDE:   Amount of contribution (S)  Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date   Full name of contributor   out-of-state PAC (IDE:   Amount of contribution (S)  4-5-17   Contributor address; City; State; Zip Code   200.00  Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (IDE:   Amount of contribution (S)  Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (IDE:   Amount of contribution (S)    Contributor address; City; State; Zip Code   100.00   Contributor address; City; State; Zip Code   100.00   Contributor address; City; State; Zip Code   100.00	2 FILER NAME	Julia Elaine Haus		3 Filer ID (Ethics Commission Filers)	
39   Doris Dr Amarillo TX 79109		5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)   Parincipal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)    -3-17	4-3-17			500.00	
Date  Full name of contributor  Tong Rhodes  Contributor address;  City; State; Zip Code  Contributor address;  City; State; Zip Code  Contributor address;  City; State; Zip Code  Contributor address;  Employer (See Instructions)  Date  Full name of contributor  Vance Ester  Contributor address;  City; State; Zip Code  Vance Ester  Contributor address;  City; State; Zip Code  Tables  Contributor address;  City; State; Zip Code  Contributor address;  City; State; Zip Code  Contributor (\$)  Date  Full name of contributor  Contributor address;  City; State; Zip Code	9 Bringing con			ione)	
Tony Rhodes Contributor address: City: State: Zip Code  6 Cambridge Rd Amarillo TX 79124  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$)  4-5-17 Contributor address: City: State: Zip Code TAS 13 Tutbury Court Amarillo TX 79119  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Cobert & Amarillo TX 79106  Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$)  Contributor address: City: State: Zip Code Contributor Amarillo TX 79106		<u> </u>		auts)	
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Vance Ester  Contributor address;  City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Vance Ester  Contributor address;  City; State; Zip Code  700.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (IDF:  Amount of contribution (\$)  Cobert & Amy Juba  Contributor address;  City; State; Zip Code  Tool 17  Contributor address;  City; State; Zip Code  Tool 100.00	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:	4-7-17	Tony Rhodes Contributor address; City; State		(0.0.08	
Principal occupation / Job title (See Instructions)    Date		6 Cambridge Rd Amaril	10 TX 79124	(00,	
Vance Ester Contributor address; City; State; Zip Code  200.00  4513 Tutbury Court Amarillo TX 79119  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Robert & Amy Juba  4-10-17 Contributor address; City; State; Zip Code  550 S. Avendale & Amarillo TX 79106					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Robert # Amy Juba  4-10-17 Contributor address; City; State; Zip Code  550 S. Avendale St Amanto TX 79106	Date	_		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	4-5-17		1	200.00	
Robert & Amy Juba Contributor address; City; State; Zip Code  550 S. Avendale St Amanlo TX 79106	Principal occup			ions)	
4-10-17 Contributor address; City; State; Zip Code  550 S. Avendale St Amonth TX 79106	Date		(ID#:)	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	4-10-17	Contributor address; City; State;	1	100.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				i	

MONET	TARY POLITICAL CONTRI	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	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4-10-17	RICHARD & Jo Roberts Craig  6 Contributor address; City; State		100.00
8 Principal occu	2801 Teckla Blvd Amaril pation/Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-10-17	Contributor address; City; State;	zip Code TX 79 105	200,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-10-17	Michael & Hannah Haning contributor address; city; state; 2615 & Hughes Amosilla		200.⁰°
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-10-17		zip Code	500.°°
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Red	1 Estate Agent	Caldwell B	anker
	ATTACH ADDITIONAL COPIES Of if contributor is out-of-state PAC, please see instructions.		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:  5	
2 FILER NAME	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PAG		7 Amount of contribution (\$)	
4-10-17	Contributor address; City; State  3511 Danbucy Amacille		100.00	
8 Principal occu	13511 Danbury Amarillo upation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
4-10-17	F. G. Collard III  Contributor address; City; State  No. 10 Edgewater Ama	; Zip Code f`\\o TX 79106	200.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ilons)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
4-10-17	Dean Morrison Contributor address; City; State 2609 S. Hughes Amar.11		5 00.00	
• •	pation / Job title (See Instructions)	Employer (See Instruct		
Bever	raje Distribution / CEO	Budweiser	Distributing Co.	
Date 니 ~ (0 - (기	Full name of contributor Out-of-state PAC  Blaine & Kelly Roberts  Contributor address; City; State	; (ID#:)	Amount of contribution (\$)	
, ,,	2818 S Lipscomb St Amarill	· · ·	500.°°	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Truc	iking / President	Roberts	Inc.	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr			

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	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
4-10-17	Rebat Ernest Russell 6 Contributor address; City; State 1226 Croycett St Amouil	1	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
4-10-17	Contributor address; City; State		200.00	
	3203 Bowie St Amarila	7 79109	201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
4-10-17	Jeff & Tanny Perkins contributor address: City; State; 7404 Ledgestone Amar		250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)	
4-10-17	Nick & Jennie Knapp Contributor address; City; State; 2701 Tedda Blud Amari	zip Code	150.°°	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	ATTACH ADDITIONAL COPIES OF			
	If contributor is out-of-state PAC, please see instr	uction guide for additional i	reporting requirements.	

MONE	TARY POLITICAL CONTR	SCHEDULE A1	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAG	G (ID#:)	7 Amount of contribution (\$)
4-10-17	Rod & CoCo Duckworth 6 Contributor address; City; State 6403 Sandie Dr Angril	1	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ilons)
Date		(ID#:)	Amount of contribution (\$)
4-10-17	Denald + Misty Cald well Contributor address; City; State	· ·	200.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	lons)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
4-10-17	Contributor address; City; State P.O. Box 33 Canyon-	; zip Code TX 79015	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Steeple	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4-10-17	Jeff & Kathi Nunn contributor address; City: State 2200 Julian BlvD Amari	; zlp Code	250.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see instr	uction guide for additional	reporting requirements.

MONE	SCHEDULE A1		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: (5
2 FILER NAME	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
4-10-17	Jeff + Kathy Nunn 6 Contributor address; City; State;	250.00	
8 Principal occu	2200 Julian Blv a Amari	9 Employer (See Instructi	
	,		
Date	Full name of contributor		Amount of contribution (\$)
4-10-17	mike + Liz Haning Contributor address; City; State;	1	400,00
	5 Hogan Dr. Amaril		· · · · · · · · · · · · · · · · · · ·
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor		Amount of contribution (\$)
4-10-17	Ronald & Sandra Watts Contributor address; City; State;  S Willow Bridge Ar Amaril	1	500.00
	ation / Job title (See Instructions)	Employer (See Instructi	· · ·
othice	Supplies/President	Wire Wire	- Furniture
Date	Full name of contributor out-of-state PAC ( Dan & Brenda Talley	ID#:	Amount of contribution (\$)
4-10-17		Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS ME	<b>EDED</b>
	If contributor is out-of-state PAC, please see instru		

MONE	TARY POLITICAL CONTRIBU	SCHEDULE A1	
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2 FILER NAME	Julia Elaine Hays  5 Full name of contributor   out-of-state PAC (ID#:		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)
4-10-17	Mr4 Mrs Eddie Bradley 6 Contributor address; City; State; Z		200.00
8 Principal occu	pation / Job title (See Instructions)  Anallo  9	Employer (See Instruct	tions)
Date	Full name of contributor		Amount of contribution (\$)
4-10-17	John + Jean Shelton  contributor address; City: State: Z  2320 W 16Th Amarillo T		200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
4-12-17	Auron Enerson Contributor address; City; State; Zi 3107 River Bitch Pl Amanllo		(00.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
4-12-17	Pamela Beckham Contributor address; City; State; Zin 1507 S Lamar Amarilo	Code (X 79102	(00,00
Principal occup		Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF THI		
	If contributor is out-of-state PAC, please see instruction	n guide for additional :	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1								
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: \5						
2 FILER NAME	Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor	7 Amount of contribution (\$)						
4-14-17	Dr. + Mrs Steven Austra 6 Contributor address; City; State; Zip Code 2604 S Lipscomb Amerillo TX 79109	3∞.€°						
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	itions)						
Date	Full name of contributor	Amount of contribution (\$)						
4-14-17	Greg & Julie Mitchell Contributor address; City; State; Zip Code 3005 S. Ong 5+ Amarillotx 79109	200.00						
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	nons)						
Date	Full name of contributor	Amount of contribution (\$)						
4-14-17	3806 Crockett AmazlioTX 19118	(00.00						
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)						
4-14-17	J. Pat & Nancy Hickman Contributor address; City; State; Zip Code 150 Laurel Leuf Lane Canyon TX 79015	500.00						
	nation / Job title (See Instructions) Employer (See Instructions)	•						
Banking / CEO 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.								

MONE	TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: \5
2 FILER NAME	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
4-14-17	Terry + Diana Harman 6 contributor address; City; State; Zipo 4809 Aberdeen Pliny Amarillo		10000
8 Principal occu		ployer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
4-14-17	Stave + Rajan Trafton Contributor address; City; State; Zip C	l l	500,°°
	3205 Parker St Amarillo TX		
•		ployer (See Instruct	ions) xy Experience
			taj experience
Date	Full name of contributor out-of-state PAC (ID#:	———— <u> </u>	Amount of contribution (\$)
4-14-17	Trever + Sarah Caviness  contributor address; City; State; Zip C  2410 S. Lipscomb Amarillo TX	t	(00,00
Principal occur		ployer (See Instruct	lone\
- Timospai oddop	and it is the cost mandelions,	pioyer (dee mande)	016)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)
4-14-17	Aubrey & Robin Smith Contributor address; City; State; Zip City; State; Zi		100,00
Principal occup		ployer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF THIS S		
	If contributor is out-of-state PAC, please see instruction g	rice for additional I	eporang requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	Julia Elaine Hays	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor	7 Amount of contribution (\$)				
4-14-17	Leon & Sue Church 6 Contributor address; City; State; Zip Code 6903 Cayman Cf Amarillo TX 79124	100.00				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)				
Date	Full name of contributor	Amount of contribution (\$)				
4-14-17	Tom Bivins Contributor address: City; State; Zip Code P.O. Box 15305 Amanille TX 79105	(00,00				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor	Amount of contribution (\$)				
4-17-17	Amarillo Police Officers Association Contributor address; City; State; Zip Code P.O. Box 9508 Amarillo TX 79105	500.°°				
	Stociution   Law Enforce	ions) -ement - APD				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
4-17-17	Susan Allan Contributor address; City; State; Zip Code  1201 W. McCornica Rd Amerillo TX 79118	100.00				
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE					
	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: \5				
2 FILER NAME	Julia Elaine Huys	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor  ut-of-state PAC	,	7 Amount of contribution (\$)				
4-15+17	Garth Merrick 6 Contributor address; City; State 700 S. Avondale Amari		2,000.00				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	-				
<u> </u>	ner/CEO	Merrick Pet	rcure				
Date		: (ID#:)	Amount of contribution (\$)				
4-15-17		1	2,000.00				
	2806 Parker Amarillo	TX 79109					
	ation / Job title (See Instructions) いんれん	Employer (See Instruct	genent Inc.				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
4-27-17	Johnny & Jill Mize contributor address; City; States 7720 Stuyverant Amoril	1	100.00				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
4-27-17	Barry & Tisha Peterson Contributor address; City; State	; Zip Code					
	5 Edgewater Amarillo	TX 79106	200.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)				
	ATTACH ADDITIONAL COPIES O						
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack, please see instructions of the contributor is out-of-state pack.						

MONE	TARY POLITICAL CONTRI	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: )5
2 FILER NAME	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)
4-27-17	8i71 6:11/1 cm & City; State		500.00
	500 S. Taylor, LB 249 Am		
	-nvestments	9 Employer (See Instruc	tions)
Date	_	C (ID#:)	Amount of contribution (\$)
4-27-17	Andrew Hall Contributor address; City; State		250.00
	500. S. Taylor, LB 249 Am	<del>                                     </del>	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ions)
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4-27-17	Bocky Garner Doulson Contributor address; City; State	100.00	
	#6 Edgewater Drive Amar	110 1 X 19106	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4-27-17	•		500.00
	10 Pine Valley Lane Amari	110 17 19129	
	eation / Job title (See Instructions)	Employer (See Instruct	·
Doct	ot	Waman's Heal	th Center
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

1	MONETARY (IN-KIND) POLITI RIBUTIONS	CAL	SCHEDULE A2
Ti	he instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	Julia Elaine Hays		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:  Vi Chor Lead  7 Contributor address; City; State; Zip Cool  1619 S Kentucky St Amarilla	8 Amount of . 9 In-kind contribution Contribution \$ . description .  1500,00	
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	resident principal occupation (FOR JUDICIAL)		al's Mexican Restaurants nor'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)		
	Full name of contributor out-of-state PAC (ID#:	79109 Employe	Amount of in-kind contribution Contribution \$ description
	192 DISTIBUTION / CEO principal occupation (FOR JUDICIAL)		uziler Distributing Co tor'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)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ILE AS NEEDED
If	contributor is out-of-state PAC, please see instruction		

#### SCHEDULE F1

·	EX	PENDITURE CATE	EGORIES I	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp By Gitt/Awards/Memorials Expense Printing Exp		perise ages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	Elaine H	านร		3 Filer ID (Ethics Commission Filers)			
4 Date リー6-17	5 Payee name		U	<u></u>				
6 Amount (\$)	Taylor Hays 7 Payee address; City; State; Zip Code							
274,17	2244 Lo	cust St An	narillo	TX 79109				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check it travel outside of Texas. Complete Schodule T.  Check if Austin, TX, officeholder living expense  501: citation / Fundraising Event  Food & Drinks - Dolla-Travel							
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office	eholder name		Office sought	Office held			
Date	Payee name							
4-6-17	Gilbert	Hernande	<u>ۍ</u>					
Amount (\$)	Payee address;	City; State; 2	Zip Code					
450.00	w2 8044	Howard Drive	Am	cuillo TX 70	7110			
PURPOSE OF EXPENDITURE	Category (see Category Event E)	ories listed at the top of this	schedule)	Check If Austin,	side of Texas. Complete Schedule T.  TX, officeholder living expanse  Fundraising Event  Ament - Music			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name		Office sought	Office held			
Date	Payee name							
4-11-17	Kin May	/Nobox C	reati	·				
Amount (\$)	Payee address;	City; State; Z	Ip Code					
2821.16	1001 5	= 310, An	nar.7k	TX 79102				
PURPOSE OF EXPENDITURE	Consulti	ories listed at the top of this		Check if Austin, Compaign, f mass:	a Strategy			
Complete ONLY if direct	Candidate / Office	eholder name		Office sought	Office held			

expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment	У	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex		perise ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a catagory not listed above)			
1 Total pages Schedule F1: 2 FILER NAME  Julia Flaine Hay							3 Filer ID (Ethics Commission Filers)	
4 Date リーリー (7	5 Payee nan	ne			,	tive		
6 Amount (\$)	7 Payee address; City; State; Zip Code							
1,493.73	1001 SE 300 Avenue Amarillo TX 79102							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  A unertising Expense					(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Signs & frames		
9 Complete ONLY if direct expenditure to benefit C/OF		le / Officeho	older name			Office sought	Office held	
Date	Payee nam	ne	<del></del>					
4-11-17	Kim	May	1 40 60	x G	ectiv	e		
Amount (\$)	Payee add	ress;	City; Sta	ate; Zip	Code			
1595.23	1001	2 E	300 /	tvenu	سعر	AmartloT	X 79102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense					Description Check if traval outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		e / Officeho	lder name			Office sought	Office held	
Date	Payee nam	ne						
4-11-17	Kin	May.	/ Nob	ox C	reat	ive .		
Amount (\$)	Payee add	ress;	City; Sta	ate; Zip	Code			
742.50	1001	SE	3r2 Au	1emue	_	Amarillo -	TX 79102	
PURPOSE OF EXPENDITURE			Findre			Check if Austin,	Side of Taxas. Complete Schedule T.  TX, officeholder Ilving expense	
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salarles/Wages/Contract Labor Other (enter a category not listed above) Credit Certi Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays 4 Date Kin May / Nobox Creative ee address; City; State; Zip Code 4-11/17 6 Amount (\$) 1001 JE 300 Amanylo TX 79102 475.22 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Li Check if Austin, TX, officeholder living expense Advertising Expense Layout donor letters, letterhand Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 4-11-17 Kim May / Nobox Creative readdress; City; State; Zip Code Amount (\$) 274,97 1001 SE 310 Amarillo TX 79102 Category (See Categories listed at the top of this schedulo) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advortising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE magnetic compaign buttons Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Kin May / Nobox Creakle ayee address; City; State; Zip Code 4-11-17 Payee address: Amount (\$) 30.00 1001 SE 300 Amer. 110 TX 79102 Category (See Categories listed at the top of this schedule) Check if travel outside of Taxas. Complete Schedule T. PURPOSE 50 licitation/ Fundraising OF EXPENDITURE Check if Austin, TX, officeholder living expense Expense Mailing List for donor letters Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

#### SCHEDULE F1

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

Event Expense Fees Food/Boverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundralsing 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Julia Elaine Hays 5 Payee name 4 Date Kin Way / Nobox Greative
7 Payee address; City; State; Zip Code 4-11-17 6 Amount (\$) 19.95 1001 SE 3 rd Amarillo TX 79102 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living exponse Advertising Expense Hosting Website - march Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Networks 4-11-17 Amount (\$) Pavee address: City; State; Zip Code Amarilla TX 79110 238,15 5406 Winers Circle Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Office Overhead/ OF EXPENDITURE \_\_\_ Check if Austin, TX, officeholder living expense impassin E-mail Account Setup Rental Expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 4-13-17 Welcome Pardner City: State; Zip Code Amount (\$) 290.00 Amar.110 TX 79120 P.O. BOX 30926 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Advertising Expense Check if Austin, TX, officeholder living expense Web banner Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Travel lo District Printing 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. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS -0-5 Date 6 Payee name Kim May / Nobex Creative 8 Payee address; City: State: Zip Code 4-27-17 1001 SE 3rd, Amarillo TX 79102 983,28 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Advertising expense Check if Austin, TX, officeholder living expense EXPENDITURE political advertising 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name Kim May / Nobox Creative ayee address; City; State; Zip Code 4-27-17 Amount (\$) 115.29 1001 SE 312, Amarillo TX 79102 TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Expense political advertising Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Poling Expense Travel In District Contributions/Donations Made By Printing Expense Salarles/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. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ -0-5 Date 6 Payee name Kim May / Nobex Creative 8 Payee address; City; State: Zio Code 4-27-17 1001 SE 3rd, Amarillo TX 79102 3,818.82 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising expense Check if Austin, TX, officeholder living expense EXPENDITURE solitical advertising 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Kim May / Nobox Creative 4-27-17 Amount (\$) 2,622,50 1001 SE 310, Amarillo TX 79102 TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Consulting & Political advertising Advertising Expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Poliing Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: Julia Elaine Hours 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS - 17-5 Date 6 Payee name 4-27-17 3,500.00 1001 SE 312, Amarillo TX 79102 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Chock if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Advertising Expense Check if Austin, TX, officeholder living expense political advertising 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Kin may / Nobox Creative 4-27-17 Amount (\$) 1,440,98 1001 SE 35R. Amarillo TX 79102 ✓ Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense political advertising Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Julia Elaine Hays 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS -0-6 Payee name Kim May / No box Creative 8 Payee address; City; State; Zip Code 1001 SE 318, Amarillo TX 79102 4,692.54 ✓ Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE political advertising 11 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check it travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE F4

Advertising Expense	EXPENDITURE CATEG		BOX 10(a)	Solicitation/Fundraising Expense		
Accounting/Banking Consulting Expense Contributions/Donations Made B; Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	s how to compl	lete this form.			
1 Total pages Schedule F4:	2 FILERNAME Julia Flaine Hws		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	s -0-					
5 Date	6 Payee name					
4-15-17	Schlotzky's Deli					
7 Amount (\$)	8 Payee address; City; State;	Zip Code	,			
55.65	3440 Bell St #322	Amaril	10 TX -	19109		
9 TYPE OF EXPENDITURE	✓ Political	Non-Politica				
10	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	n		
PURPOSE	Solicitation / Fundro	usina	Checkif	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		_ '		Check if Austin, TX, officeholder living expense		
	Expense	Volum	reers lunch			
11 Complete Oblive II disease						
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office	sought	Office held		
Date	Payee name					
4-22-17	Schlotzky's Deli					
Amount (\$)	Payee address; City; State;	Zip Code				
54.12	3440 Bell St #322	2 Amai	TILO TX	79109		
TYPE OF EXPENDITURE	✓ Political	Non-Politica	ıl			
	Category (See Categories listed at the top of this	s schedule)	Description	n		
PURPOSE	S. L. Tubo - / Fundadi	0.00	Check if	travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Solicitation/Fundrai	3(1)	Check f	Austin, TX, officeholder living expense		
	Expense		volunt	eers lunch		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	sought	Office held		
experituting to patient O/OF	•					
	ATTACH ADDITIONAL COPIES O	F THIS SCHE	EDULE AS NE	EDED		