## 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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST	U	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	Kirkma	N III	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1600 5. BON	CITY; STATE; ZIP CODE	APR 0 4 2019
Change of Address	Hm Arillo Te	x95 79102	CITY SECRETARY'S CITY OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (916) 425-40	EXTENSION ) 17	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS (MR) FIRST	i / MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	U,	Date Processed
	Kirkman	N III	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	OITE#; CITY; STATE;	ZIP CODE
(Residence or Business)	Amarillo, T	EX95 791	02
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (916) 425 40	EXTENSION  17	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OOVERLED	02/15/19	THROUGH 03	30/19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05/04/19 XGeneral	Special City (	OUNCIL
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	City Council
		Place 1	~
	GO TO F	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	y U. Ki	NKMAN III	Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS	,				
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 75.00						
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED						
	4. TOTAL POLITICAL EXPENDITURES \$ 10,334,06						
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$10, 336.06						
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.  Notary Public, State of Texas Notary ID #13114023-7 My Commission Expires 05-22-2021  My Commission Expires 05-22-2021							
AFFIX NOTARY STAMP			2.1				
Sworn to and subscrib	bed before me, by	the said James Kirkman III	, this the				
day of April	, 20 <u> </u>	certify which, witness my hand and seal of office.					
Danier Rue	utto	Danielle Parschwitz	Notary Public				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:	
2 FILER NAM	Jay U. Kirkman III		3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 975.15	
5 Date 03/6/19	6 Full name of contributor   out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description  \$ 775.5		
10 Principal cos	275 SE 16th AmanilloTX	79/01	Check if travel outside of Texas. Complete Schedule T.	
Ownx	supation / Job title (FOR NON-JUDICIAL) (See Instructions)  Principal occupation (FOR JUDICIAL)	OMI	er (FOR NON-JUDICIAL)(See Instructions)  NEN SQLE  utor's job title (FOR JUDICIAL)(See Instructions)	
	employer/law firm (FOR JUDICIAL)			
		15 Law tirm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State; Zip Coo	et	Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
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)			
<del></del>				
v				
lf o	ATTACH ADDITIONAL COPIES OF The contributor is out-of-state PAC, please see instruction	IS SCHEDUI	LE AS NEEDED	

Forms provided by Texas Ethics Commission

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	20 F	iler ID (Ethics Commission Filers)
	Jay U. Kirkman III	, 
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 975,15
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 1,30000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBL	TIONS \$ SNOITL
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	BIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$10, 336,06
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	SIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

LOANS			SCHEDULE <b>E</b>
The	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	y U. Kirkman III	 ->	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 3 H 19 6 Is lender a financial Institution?	1600 S. Bowham	State; Zip Code	9 Loan Amount (\$)  10 Interest rate  11 Maturity date
Y N N 12 Principal occupati	ion / Job title (See Instructions)	7910a  13 Employer (See Instructions)	
BUSINES  14 Description of Col		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION  Information applicable	17 Name of guarantor  18 Guarantor address; City; S	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 2/2//19	Name of lender out-of-state		Loan Amount (\$)
Is lender a financial Institution?	1	State: Zip Code	Interest rate
YN	Hmarillo, Tx	79102	Maturity date
Principal occupation	on / Job title (See Instructions)  1855 CONSUHANH	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

### SCHEDULE G

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

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

Event Expense Fees 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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	Jay U. Kirkman III			
3/15/19	City of Amarillo			
Amount (\$)  Reimbursement from political contributions intended	601 BUCHANAN MM98,110,1X,19101			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder fiving expense			
9 Complete ONLY if direct expenditure to benefit C/C				
2 18 19	Payee name FedEx Office			
Amount (\$)  S, OO  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  3801 Olsen Blod #2 Amarillo, 1x 79160			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	OH Say VI. Kirkman Amaillo City Council Pl. 4			
Date 0/18/19	Payee name Fed Ex Office			
Amount (\$) \$ \( \frac{1}{2} \) \$ Reimbursement from political contributions intended	Payee address; City: State: Zip Code 3801 OlSan Blud. #2 Amarillo, TX 79110.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate 7 Office holder name Office sought Office held Office hold Office hold Office held Office hold Office held Office hold Office held Office hold Office hold Office held Office hold Office ho			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date Payee name Amount (\$) City; State; Village, Amarillo, Tx 79109 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_\_ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX. officeholder living expense 9 Complete ONLY if direct Candidate Officeholder name Office held expenditure to benefit C/OH Date PNRVa Amount (\$) In Amarillo, Tx 79102 \$10.66 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH -MMarilia Date Payee name )IMP Amount (\$) Amarillo, TX political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Office

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

AMALINO CHY COUNT

Office held

### SCHEDULE G

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

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

	The instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME  3 Filer ID (Ethics Commission Filers)
14 Date 02 19 19	5 Payee named  Office Depot
6 Amount (\$)	Payee address: City: State: Zip Code WOLFIN VILLAGE AMARILLO TX 79109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate Officeholder name Office sough Office held  Signature Candidate Officeholder name Office sough  Office held  Office held
02/21/19	Payee name U.S. Postmaster
Amount (\$) \$275.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 505 E 9+h AMAVINO, TX 79105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate Office holder name Office sought Office hold  Office hold  Office hold  Office hold  Office hold
Date 02/22/19	Fayee name  SUSHI HOUSE
Amount (\$) \$149,89	Payee address; City; State; Zip Code AM971110, TX 79109
political contributions intended	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to beneate C/Oi	Candidate Office holder name Office sought Office hold  Day Kirkmas III Amarillo City Council Pl
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

### **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

	The instruction Guide explains now to complete this form.			
1 Total pages Schedule G	2_FILER NAME  3 Filer ID (Ethics Commission Filers)			
14 Date   O2   23   19	5 Payee name  DOLLG - GENERG (			
6 Amount (\$)	7 Payee address; City: State: Zip Code 1518 SE 10th AMOVIIIO, IX 79102			
Reimbursement from political contributions intended	1518 SE 10+N HMW1110, IN 19102			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)			
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit GA				
Date 02/25/19	Payee name  Dollar Ceneral			
Amount (\$)	Payee address; City: State: Zip Code HO3 S. Wes Fend Amarillo, TX 79106			
Reimbursement from political contributions intended	10 - 8. 00 0 10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Sandidate Hofficeholder name Office sought Office held  Sty KITKMAN III ANAVIIO City COUNCIL PI I			
Date 32/25/19	Hoter County Elections Administration			
Amount (\$)	Payee address; City: State: Zip Code 320			
Reimbursement from political contributions intended	Amarillatx 79165			
PURPOSE OF	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate Officeholder name  Office held  Office held  Office held  Office held  Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE G

### **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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G	2 FILER NAME  3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
02/25/9	Potter Randall County Medical society				
6 Amount (\$)	- Layer address, City, State, Zip Code				
\$10.00	1721 Hasy Amarillo, TX 79106				
Reimbursement from political contributions intended					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	AS Ventising Expanso Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/	Office sought Office held				
Charles to benefit of	Jay Kirkmanta Amanillo City Council PII				
Date	Payee name				
02/26/19	U.S. Kestmaster				
Amount (\$)	Payer address.				
\$275.00	505 & 9th Amarillo, TX 79105				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
OF	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/L	Candidate Office holder name Office sought Office hold				
Date	Payee name				
D2/26/19	Jollan General				
Amount (\$)	Payee address; City; State; Zip Code				
717.33	3412 s Georgia, Amarillo, TX 79109				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Haven is in Expense				
Complete ONLY if direct expenditure to benefit C/G	Candidate Officeholder name				
The second to design of the second se	Jay Kirkmante Amarillo City Council P14				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE G

		EXPEND	TURE CALE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mack Candidate/Officeholder/Polit Credt Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Ed Travel In District Travel Out Of Dis	quipment & Related Expense
G.G.S. G. Gymen		The Instructio	n Guide explain	s how to complete this form.		·
1 Total pages Schedule G:	2 FILER NA 5 Payee nam	y U.	Kirkn	AN III	3 Filer ID (Et	nics Commission Filers)
02/26/19	$\mathbb{Z}_{0}$	1607	rec			
Amount (\$)  Amount (\$)  Reimbursement from political contributions intended	7 Payee add 1313	iress; Cit	y; State; Zip ∫⊖+V\	Amarillo, t	x 7910	2
8 PURPOSE OF EXPENDITURE	Adver	See Categories listed	EX Pens	Check if travel ou	uside of Texas. Complete Sc , TX, officeholder living e	
9 Complete ONLY if direct expenditure to benefit C/	OHHC	NE POfficeholde	,	Marilb City	council	Office held
Date 02/26/19	Payee name	e lan Ti	ree			
Amount (\$) \$7.58  Reimbursement from political contributions intended	Payee addr 3405	ress; City	y: State; Zip	, Amarillo,	TX 7910	79
PURPOSE OF EXPENDITURE	Advent	ee Categories listed a	EXPONE	Check if travel out	side of Texas. Complete Sch TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/C	)H	CKMAN	^	Marillo City	Council	Office held
Date 32/28/19		lan C	Sevié			
Amount (\$) \$16.24  Reimbursement from	Payee addre	SE 10	; State; Zip (	Marillo, Tx	79108	Ì
Spolitical contributions intended	Category (Se	e Categories listed at	the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	Adver	+ising1	EX Ran:	Check if travel outs	ide of Texas. Complete Sche	
Complete ONLY if direct expenditure to benefit C/OI	Candidate	Officeholder	name IAN III	AMarillo L	1'ty Con	Office held  UCIT PA 1
	ATTACH	H ADDITIONAL	COPIES OF 1	THIS SCHEDULE AS NEED	DED	

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Payee name 7 Pavee address: iarillo, TX M9105 \$33000 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/ Officeholder name Office sought Office held expenditure to benefit-C/OL Date Payee name Payee address; City; State; Zip Code ackson, Amarillo, 12 79101 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name ami State: Zip Code AMAMINO, TX Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, afficeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/QH

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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Revised 9/8/2015

SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gitt/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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; State; Amarillo, TX 79102 11090 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/QH Date City; State; Amount (\$) Payee address: Zip Code YON Dr Amarillotte 79110 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office held expenditure to benefit C/OF Date Payee name Zip Code political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office soughs Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Candidate/Officeholder/Political Committee Legal Services Credit Card Payment

Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G	Jay U. Kirkman III (Ethics Commission Filers)
03/05/19	5 Payee name Want
Amount (\$)'    Hill 2   Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code + AMarillo, TX 79110
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	
Date 03/05/19	Payee name  Dollan Tree
Amount (\$)  \$\frac{4}{20.57}\$  Reimbursement from political contributions intended	Payee address; City: State; Zip Code 3405 S. Coorgia, Amarillo, TX 19109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate Officeholder name Office sought Office held  Tay Kirkman II Amanillo City Council PI I
Date O3/O/e) 19	Payee name  Tolar Tree
Amount (\$) \$12,50  Reimbursement from political contributions intended	Payee address: City; State: Zip Code 1313 SE 1041 Amani 116, TX 79102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate Doffice holder name Office sough Office held  AYKINKMANTIL AMANING TX CITY COUNCIL PIT
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## SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment		Legal Services	e Expense emorials Expense s	Office C Polling I Printing Salaries	Repayment/Reimbursement Overhead/Rental Expense J Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			tion Guide explai	ins how to	o complete this form.	
1 Total pages Schedule G		Jan U.	Kirk	MA	m)	3 Filer ID (Ethics Commission Filers)
03/06/19	5 Payee nam	ne Pri	nit.			
6 Amount (\$) \$1,981.50	7 Payee add	dress;	City; State; Zi	ip Code	Amarille	0,Tx ~19101
Reimbursement from political contributions intended						79101
PURPOSE OF EXPENDITURE	(a) Category (	See Categories list	sted at the top of this so	:hedule)	1 -	e of Texas. Complete Schedule T. K. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		ate / Officehold	der name  MAN IIT	-An	Office sough	Office held
Date	Payee nam	70	11111	<del></del>	M'110 Ch	COMINGI
03/07/19	OF	Fice	1 100	ta		
Amount (\$)	Payee add	iress; (	11	ip Code		
Reimbursement from political contributions	Molt	Plin V	rillage	- +	Amarillo,	Tx 79102,
Intended	Catagony /	The state of the s		—		
PURPOSE	Category (3	iee Categories iisie	ed at the top of this sch	tedule)	(b) Description	
OF EXPENDITURE	Ativer	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	THE Sandida	ate Dofficehold	ler name	AM	Arillo City	Office held  Council PLI
Date	Payee name	ie O				0-4, 4, 1
03/07/19	U.S.	· Po	etmas		<i></i>	
Amount (\$) \$550	Payee addr		City; State; Zip	Code	Millo, TX	79in
Reimbursement from political contributions intended					, , , , , , , , , , , , , , , , , , , ,	, cm
PURPOSE	Category (Sr	ee Categories lister	ed at the top of this sche	edule) (	(b) Description	
OF EXPENDITURE	HVor	tising	Expense	ے;		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Qi	H Candidate	inkm	er name	Ama	COLLOCATO	Office held  Sound PLT
	ATTAC	H ADDITION.	AL COPIES OF	THIS SC	CHEDULE AS NEEDE	D

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sa 4 Date Payee name Amount (\$) Payee address; Amanillo, Tx 79102 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held expenditure to benefit G/QI Date Payee name Amount (\$) Payee address; Amanillo, TX 79120 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate Officeholder name Office sought Office held expenditure to benefit C/OF Date Payee name ≬mount (\$) Payee address: City; .5 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_\_ Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Payee address; Blud Ha AMANILO, TX 7910 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PNSL Complete ONLY if direct Candidate / Officeholder Office sought Office held expenditure to benefit C/OH Date Payee name State: Zip Code 45th SteA Amarillo, TX 79109 Amount (\$) Payee address; City;

Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Officeholder name Office sought Office held expenditure to benefit G/QH Date

Amount (\$)

**PURPOSE** OF

Reimbursement from political contributions intended

City; State; Zip Code

Amarillo, TX

Reimbursement from political contributions intended

**PURPOSE** 

OF **EXPENDITURE**  Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

(b) Description

(b) Description

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Office sought

Office held

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### SCHEDULE G

		EXPENDITURE CAT	TEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule C	35	y U. Kirkn	NAN JIL	3 Filer ID (Ethics Commission Filers)
Date Date	5 Payee nar	Ilan Gen	)Pral	
6 Amount (\$)	7 Payee add	State; City; State;	zip Code	erillo, TX: 79110
Reimbursement from political contributions intended				9119119
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top of this	Check if travel outs	side of Texas. Complete Schedule T.
9 Complete ONLY if direct		ate / Officeholder name	Check if Austin,	TX, officeholder living expense
expenditure to benefit Q	Jay t	SINKMAN III	Amanillo City	Council PI
23/11/19	Payee nam	la Tree		
\$53.04	Payee add	ress; City; State; 7 W. 45+	Zip Code Amanilla	s, TX 79109
Reimbursement from solitical contributions intended				., .,
PURPOSE OF EXPENDITURE	Category (S	See Categories listed at the top of this s	Check if travel outsi	de of Texas. Complete Schedule T. X. officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Sandida OH Sandida	te Lofficeholder name  (NAM)	Office sought  Marillo Cit	Office held
Date 03[12] 19	Payee nam	. Postma	sta	
Amount (\$)	Payee addr	ess; City; State; Z	ip Code Manillo, TX	79105
Reimbursement from political contributions intended			,	
PURPOSE OF EXPENDITURE	Category (Si	HISING EXP	Check if travel outsid	e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit Cion Square PIT				

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### SCHEDULE G

### **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

The instruction Guide explains how to complete this form.					
1 Total pages Schedule G	2 FILER NAME U. KINKMAN THE 3 Filer ID (Ethics Commission Filers)				
4 Date 03/12/19	5 Payee name [an General				
6 Amount (\$)  35 72  Reimbursement from solitical contributions intended	7 Payee address; City: State: Zip Code 1518 SE 10+h AM9rillo, TX79102				
8 PURPOSE OF EXPENDITURE  9 Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
expenditure to benefit C/	Office held				
O3/15/19	Payee name W. S. Pustmaster				
Amount (\$)  Reimbursement from political contributions intended	Payee address; City: State; Zip Code 2801 Poss St Amanillo, Tx 79120				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Sandidates Office holder name Office sought Office held expenditure to benefit COH COUNCI					
O3/19/19	U.S. Postmaster				
Amount (\$)  Reimbursement from political contributions intended	Payee address; City: State; Zip Code 2801 Ross St Amarillo, TX 79120				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Office holder name Office secont Office held expenditure to benefit C/OH  Complete ONLY if direct Candidate / Office holder name Office secont Office held					
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### SCHEDULE G

### 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 Gitt/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. Total pages Schedule G: 2 EILER NAME 3 Filer ID (Ethics Commission Filers) KmAi 4 Date Payee name Amount (\$) City; State; Zip Code illage, Amanillo, TX 7910 Reimbursement from tical contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Officeholder name Office sough Office held expenditure to benefit C/Q4 Date Payee name Amount (\$) Payee address; City; Zip Code Amanillo, TX 79109 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; State; Zip Code framillo, 1x 79120 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF \_ Check if travel outside of Texas. Complete Schedule T. **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

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Payee name 7 Payee address; City; State; Zip Code Imanillo, TX 79/02 \$35.7Q Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct < Candidate / Officeholder Office sough Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; \$1,100.98 Amanillo, TX 79125 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate Office held expenditure to benefit C/OH Date Payee ha Payee address; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate Office sough Office held expenditure to benefit C/OF

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Revised 9/8/2015