

# 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	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Clarence Thomas "Tom"	MI
	NICKNAME	LAST Warren II	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		Date Received
	1620 S. Johnson  Amarillo , TX 79102		APR 04 2019
			CITY SECRETARY'S CITY OF AMARILLO
			Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Len</i>	MI
	NICKNAME	LAST <i>Walker</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>3401 SW 6th</i>	<i>Amarillo, TX</i>	<i>79106</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>806</i>	<i>553-5456</i>	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2019		THROUGH Month Day Year 03/30/2019
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Amarillo City Council Place 3

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 23

**13 C / OH NAME** Warren II, Clarence Thomas "Tom" **14 Filer ID**

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

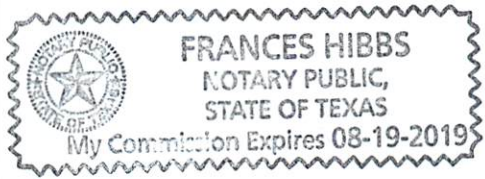
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,769.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,736.62
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 919.62
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

**17 AFFADAVIT**

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.



*Tom Warren II*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tom Warren II, this the 4 day of April, 2019, to certify which, witness my hand and seal of office.

*Frances Hibbs* Signature of officer administering  
 Frances Hibbs Printed name of officer administering  
 City Secretary Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Warren II, Clarence Thomas "Tom"		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,340.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 18,429.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,681.62
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,055.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.90

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> Date 03/03/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ryan <b>6</b> Contributor address; City; State; Zip Code 718 SW 16th Ave Amarillo, TX 79101	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Kevin Contributor address; City; State; Zip Code 6402 Nick Street Amarillo, TX 79119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churchman, Peter Contributor address; City; State; Zip Code 12100 Mosley Lane Austin, TX 78727	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny, Steven Contributor address; City; State; Zip Code 2414 Line Avenue Amarillo, TX 79106	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hesse, D. Chris Contributor address; City; State; Zip Code 112 SW 8th Ave Suite 617 Amarillo, TX 79101	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> Date 03/03/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Chip	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 2715 SW 6th Ave  Amarillo, TX 79106		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kearns, William	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 4400 S. Wilson  Amarillo, TX 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lile, Bob	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 1558 S. Alabama  Amarillo, TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Diana	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 5601 GRANADA DR  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfrimmer, Jesse	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code 5723 South Milam  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> Date 02/18/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raef, Jeff <b>6</b> Contributor address; City; State; Zip Code 4018 NE 18TH Ave  Amarillo, TX 79107	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scantling, Mark Contributor address; City; State; Zip Code 6914 Manor Circle  Amarillo, TX 79109	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donnie Contributor address; City; State; Zip Code 612 SW 9th Ave A  Amarillo, TX 79101	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Les Contributor address; City; State; Zip Code 619 SW 4th Ave  Amarillo, TX 79101	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South, Danny Contributor address; City; State; Zip Code 7003 Windridge Pl  Amarillo, TX 79109	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> Date 02/27/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villyard, Max <hr/> <b>6</b> Contributor address; City; State; Zip Code 5305 13th Street  Lubbock, TX 79416	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$20.00</div>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Len <hr/> Contributor address; City; State; Zip Code 3401 SW 6th Ave  Amarillo, TX 79106	Amount of Contribution (\$)  <div style="text-align: right;">\$350.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Sherrill <hr/> Contributor address; City; State; Zip Code 5106 Pin Oak Drive  Amarillo, TX 79110	Amount of Contribution (\$)  <div style="text-align: right;">\$20.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Sherrill <hr/> Contributor address; City; State; Zip Code 5106 Pin Oak Drive  Amarillo, TX 79110	Amount of Contribution (\$)  <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tamara <hr/> Contributor address; City; State; Zip Code 1620 S. Johnson  Amarillo, TX 79109	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> Date 03/01/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren III, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code 1620 S. Johnson  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Editor		<b>9</b> Employer (See Instructions) Amarillo Pioneer
Date 03/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthen, Bill <hr/> Contributor address; City; State; Zip Code 3601 E Amarillo Blvd  Amarillo, TX 79107	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Tim <hr/> Contributor address; City; State; Zip Code 620 SW 16th Ave  Amarillo, TX 79101	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/5 Rpt: 9/23	
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/29/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 36/45 Solutions <b>7</b> Contributor address; City; State; Zip Code PO Box 1582 Amarillo, TX 79105	<b>8</b> Amount of contribution (\$) \$3,500.00	<b>9</b> In-kind contribution description Data consulting
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 03/29/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) El Dorado Strategies <b>Contributor address; City; State; Zip Code</b> PO Box 1582 Amarillo, TX 79105	<b>Amount of contribution (\$)</b> \$7,500.00	<b>In-kind contribution description</b> General consulting/management
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 01/09/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) El Dorado Strategies <b>Contributor address; City; State; Zip Code</b> PO Box 1582 Amarillo, TX 79105	<b>Amount of contribution (\$)</b> \$3,102.00	<b>In-kind contribution description</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/5 Rpt: 10/23	
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 02/15/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Diana <b>7</b> Contributor address; City; State; Zip Code 5601 GRANADA DR Amarillo, TX 79109	<b>8</b> Amount of contribution (\$) \$100.00	<b>9</b> In-kind contribution description Photos for Website  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 02/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Len <b>Contributor address; City; State; Zip Code</b> 3401 SW 6th Ave Amarillo, TX 79106	<b>Amount of contribution (\$)</b> \$24.00	<b>In-kind contribution description</b> T-posts for large signs  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 03/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tom <b>Contributor address; City; State; Zip Code</b> 1620 S. Johnson Amarillo, TX 79109	<b>Amount of contribution (\$)</b> \$150.00	<b>In-kind contribution description</b> Button Printing  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions) Self	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 3/5 Rpt: 11/23	
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/30/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tom	<b>8</b> Amount of contribution (\$) \$324.00	<b>9</b> In-kind contribution description Gas receipts for travel to deliver yard signs
<b>7</b> Contributor address; City; State; Zip Code 1620 S. Johnson Amarillo, TX 79102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tom	Amount of contribution (\$) \$169.00	In-kind contribution description Duplicate yard signs
Contributor address; City; State; Zip Code 1620 S. Johnson Amarillo, TX 79102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (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)			
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tom	Amount of contribution (\$) \$10.00	In-kind contribution description Zip ties for large signs
Contributor address; City; State; Zip Code 1620 S. Johnson Amarillo, TX 79102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 4/5 Rpt: 12/23	
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 02/16/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren III, Thomas	<b>8</b> Amount of contribution (\$) \$1,350.00	<b>9</b> In-kind contribution description Advertising in online newspaper
<b>7</b> Contributor address; City; State; Zip Code 1620 S. Johnson  Amarillo, TX 79109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Editor		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Amarillo Pioneer	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren III, Thomas	Amount of contribution (\$) \$500.00	In-kind contribution description Web Design
Contributor address; City; State; Zip Code 1620 S. Johnson  Amarillo, TX 79109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Editor		Employer (FOR NON-JUDICIAL) (See instructions) Amarillo Pioneer	
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)			
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren III, Thomas	Amount of contribution (\$) \$500.00	In-kind contribution description General Graphic Design
Contributor address; City; State; Zip Code 1620 S. Johnson  Amarillo, TX 79109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Editor		Employer (FOR NON-JUDICIAL) (See instructions) Amarillo Pioneer	
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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 5/5 Rpt: 13/23	
2 FILER NAME Warren II, Clarence Thomas "Tom"		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/01/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West Texas Marketing	8 Amount of contribution (\$) \$1,200.00	9 In-kind contribution description Digital Advertising
7 Contributor address; City; State; Zip Code 6615 County Rd 4116  Hermleigh, TX 79526		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 14/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 02/15/2019	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren III, Thomas	<b>9</b> Loan Amount (\$) \$100.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 1620 S. Johnson  Amarillo, TX 79109	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 15/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
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<b>4</b> Date 02/12/2019	<b>5</b> Payee name A.G.E. Graphics
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<b>6</b> Amount (\$) \$1,550.00	<b>7</b> Payee address; City; State; Zip Code 678 Collins Road  Little Hocking, OH 45742
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2019	Payee name A.G.E. Graphics
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Amount (\$) \$555.00	Payee address; City; State; Zip Code 678 Collins Road  Little Hocking, OH 45742
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2019	Payee name Anedot, Inc.
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Amount (\$) \$1.30	Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 16/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
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<b>4</b> Date 02/17/2019	<b>5</b> Payee name Anedot, Inc.
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<b>6</b> Amount (\$) \$1.10	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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<b>Date</b> 02/18/2019	<b>Payee name</b> Anedot, Inc.
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<b>Amount (\$)</b> \$4.30	<b>Payee address; City; State; Zip Code</b> 1920 McKinney Ave  Dallas, TX 75201
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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<b>Date</b> 02/27/2019	<b>Payee name</b> Anedot, Inc.
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<b>Amount (\$)</b> \$1.10	<b>Payee address; City; State; Zip Code</b> 1920 McKinney Ave  Dallas, TX 75201
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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<b>Date</b>	<b>Payee name</b>
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 17/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
<b>4</b> Date 02/28/2019	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$0.70	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2019	Payee name Anedot, Inc.	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2019	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 18/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
<b>4</b> Date 03/04/2019	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/10/2019	Payee name Anedot, Inc.	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/15/2019	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1920 McKinney Ave  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 19/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
<b>4</b> Date 02/05/2019	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$24.88	<b>7</b> Payee address; City; State; Zip Code 2622 Wolflin Village  Amarillo, TX 79109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rubber bands
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 01/04/2019	Payee name United States Postal Service	
Amount (\$) \$41.00	Payee address; City; State; Zip Code 505 E 9th Ave  Amarillo, TX 79105	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 02/17/2019	Payee name Vistaprint	
Amount (\$) \$320.94	Payee address; City; State; Zip Code 275 Wyman Street  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 20/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
<b>4</b> Date 02/04/2019	<b>5</b> Payee name Warren III, Thomas	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 1620 S. Johnson St.  Amarillo, TX 79102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for printing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/11/2019	Payee name Warren III, Thomas	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1620 S. Johnson St.  Amarillo, TX 79102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repaying Loan
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 21/23	<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"	<b>3</b> Filer ID
<b>4</b> Date 03/11/2019	<b>5</b> Payee name Burkett Outdoor Advertising	
<b>6</b> Amount (\$) \$1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 50372  Amarillo, TX 79159	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/11/2019	Payee name Burkett Outdoor Advertising	
Amount (\$) \$1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 50372  Amarillo, TX 79159	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/15/2019	Payee name Texas Gun and Knife Show	
Amount (\$) \$55.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 126 Cedar Knoll  Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booth at gun show
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 22/23
<b>2</b> FILER NAME Warren II, Clarence Thomas "Tom"		<b>3</b> Filer ID
<b>4</b> Date 01/01/2019	<b>5</b> Name of person from whom amount is received Texas Plains Federal Credit Union	<b>8</b> Amount (\$) \$0.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code 804 South Madison  Amarillo, TX 79101	
	<b>7</b> Purpose for which amount is received Banking Fee Return <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/01/2019	Name of person from whom amount is received Texas Plains Federal Credit Union	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code 804 South Madison  Amarillo, TX 79101	
	Purpose for which amount is received Banking Fee Return <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/01/2019	Name of person from whom amount is received Texas Plains Federal Credit Union	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code 804 South Madison  Amarillo, TX 79101	
	Purpose for which amount is received Banking Fee Return <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/01/2019	Name of person from whom amount is received Texas Plains Federal Credit Union	Amount (\$) \$0.26
	Address of person from whom amount is received; City; State; Zip Code 804 South Madison  Amarillo, TX 79101	
	Purpose for which amount is received Banking Fee Return <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/01/2019	Name of person from whom amount is received Texas Plains Federal Credit Union	Amount (\$) \$0.36
	Address of person from whom amount is received; City; State; Zip Code 804 South Madison  Amarillo, TX 79101	
	Purpose for which amount is received Banking Fee Return <input type="checkbox"/> Check if political contribution returned to filer	

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule K:</b> Sch: 2/2 Rpt: 23/23
<b>2 FILER NAME</b> Warren II, Clarence Thomas "Tom"		<b>3 Filer ID</b>
<b>4 Date</b> 03/01/2019	<b>5 Name of person from whom amount is received</b> Texas Plains Federal Credit Union	<b>8 Amount (\$)</b> \$0.25
	<b>6 Address of person from whom amount is received; City; State; Zip Code</b> 804 South Madison  Amarillo, TX 79101	
	<b>7 Purpose for which amount is received</b> Banking Fee Return	<input type="checkbox"/> Check if political contribution returned to filer