

# 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: <span style="font-size: 2em; color: blue;">6</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI RICHARD      H. NICKNAME      LAST      SUFFIX Richie      Herman      JR.	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> APR 04 2019 <span style="font-size: 2em; color: blue;">GA</span> CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2514 Audrey LN Amarillo, TX. 79118	Receipt #      Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (806) 410-5043	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI MRS.      BRYANNA      L. NICKNAME      LAST      SUFFIX Herman	Receipt #      Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2514 Audrey LN Amarillo, TX. 79118		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (806) 353-5901		
9 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)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 01 / 01 / 2019      THROUGH      03 / 30 / 2019		
11 ELECTION	ELECTION DATE Month      Day      Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  NA	13 OFFICE SOUGHT (if known)  City of Amarillo # City Council Place 1	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 2,063

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,063

CONTRIBUTION  
BALANCE

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

\$ 150.00

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

*Richard L/L/L*

Signature of Candidate or Officeholder

*Richard L/L/L*

Sworn to and subscribed before me, by the said Richard HERRICKS, this the 4 day of April, 20 19, to certify which, witness my hand and seal of office.

*Frances Hibbs*

Signature of officer administering oath

Frances Hibbs

Printed name of officer administering oath

CITY SECRETARY

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1763. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2063. <sup>00</sup>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. CHRIS HESSE 6 Contributor address; City; State; Zip Code 112 WEST 8th AVE AMARILLO TX 79101	7 Amount of contribution (\$) \$ 300. <sup>00</sup>
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 1/1/19 - 3/30/19	5 Payee name FACEBOOK
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6 Amount (\$) 1,058.20	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, 94025
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-12-2019	Payee name VISTA PRINT
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Amount (\$) \$ 854.80	Payee address; City; State; Zip Code 95 HAYDEN AVE LEXINGTON, MA. 02421
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINT / 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
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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 1-1-2019-3-30-19	Payee name AMARILLO PIONEER
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Amount (\$) \$ 150.00	Payee address; City; State; Zip Code 1620 S. JOHNSON AMARILLO, TX. 79102
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<b>PURPOSE OF EXPENDITURE</b>	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
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>RICHARD HERMAN JR.</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1763.<sup>00</sup></i>
5 Date of loan <i>01-01-19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>RICHARD HERMAN</i>	9 Loan Amount (\$) <i>\$1763.<sup>00</sup></i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>2514 AUDREY LN AMARILLO TX 79118</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>NA</i>
12 Principal occupation / Job title (See Instructions) <i>SELF EMPLOYED - OWNER</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <i>SAME</i>	19 Amount Guaranteed (\$) <i>NA</i>
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) <i>SAME</i>		21 Employer (See Instructions) <i>SAME</i>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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