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:
17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS.
FIRST: ELAINE TAYLOR
MI:
NICKNAME:
LAST: Hays
SUFFIX:

OFFICE USE ONLY

Date Received

RECEIVED

APR 26 2019

CITY SECRETARY'S
CITY OF AMARILLO

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 9071
Amarillo TX 79105

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 676-6772

Receipt #	Amount $
Date Processed	
Date Imaged	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR.
FIRST: Greg Wayne
MI:
NICKNAME:
LAST: Houtette
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
701 S. Taylor LB 120
Amarillo TX 79109 79101

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 676-5673

9 REPORT TYPE

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

10 PERIOD COVERED

Month 3 / Day 31 / Year 19 THROUGH Month 4 / Day 26 / Year 19

11 ELECTION

ELECTION DATE
Month 05 / Day 4 / Year 19

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☒ General
☐ Special

12 OFFICE

OFFICE HELD (if any)
Amarillo City Council PLACE ONE

13 OFFICE SOUGHT (if known)
Amarillo City Council PLACE ONE

GO TO PAGE 2

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 9/8/2015

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	ELAINE HAYS	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	Texas Realtors PAC
☐ SPECIFIC	COMMITTEE ADDRESS P.O. Box 295305 Kerrville TX 78029
	COMMITTEE CAMPAIGN TREASURER NAME Lance Lacy
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Box 2246 Austin TX 78768-2246

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 21,336.72
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,870.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,609.74
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

FRANCES HIBBS
NOTARY PUBLIC,
STATE OF TEXAS
My Commission Expires 08-19-2019

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.

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ___Elaine Hays___, this the __2__ day of __April__, 20__19__, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$7175.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$14,161.72
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4.	☐ SCHEDULE E: LOANS	$ —
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$9,860.28
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ —
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ —
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 9.72
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ —
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ —
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ —
12.	☐ 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 ELAINE HAYS	**3** Filer ID (Ethics Commission Filers)

4 Date 4/4/19	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) BRAD + KRISTIE TOOLEY **6** Contributor address; City; State; Zip Code 79015 1 Watercove Ct. Canyon TX	**7** Amount of contribution ($) 100 —

8 Principal occupation / Job title (See Instructions) Owner	**9** Employer (See Instructions) CHOICE MEDIA

Date 4/4/19	Full name of contributor ☐ out-of-state PAC (ID#:_____) Michael + Mary Coyne Contributor address; City; State; Zip Code 3807 Doris Dr. Amarillo 79109	Amount of contribution ($) 50 —

Principal occupation / Job title (See Instructions) Pres.	Employer (See Instructions) MCMC, LLC

Date 4/4/19	Full name of contributor ☐ out-of-state PAC (ID#:_____) GREG BURGESS Contributor address; City; State; Zip Code P.O. Box 7612 Amarillo, TX 79114	Amount of contribution ($) 250 —

Principal occupation / Job title (See Instructions) Officer	Employer (See Instructions) First Capital Bank

Date 4/4/19	Full name of contributor ☐ out-of-state PAC (ID#:_____) Gene and Vickie Fowler Contributor address; City; State; Zip Code 79110 2706 Salem Dr. Amarillo TX	Amount of contribution ($) 50 —

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME
ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
4/8/19	Dean Morrison	500.—
	6 Contributor address; City; State; Zip Code	
	2609 S. Hughes Amarillo 79106	

8 Principal occupation / Job title (See Instructions)
Distributor

9 Employer (See Instructions)
Budweiser

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/9/19	Mitch and Tamara Carthel	250—
	Contributor address; City; State; Zip Code	
	2123 S. Harrison Amarillo 79109	

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/11/19	Oth Miller	250—
	Contributor address; City; State; Zip Code 79109-5047	
	6712 Sandie St Amarillo, TX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/13/19	Greg J Julie Mitchell 79109-3541	250—
	Contributor address; City; State; Zip Code	
	3005 S. Ong St. Amarillo TX	

Principal occupation / Job title (See Instructions)
Chairman

Employer (See Instructions)
Toot n Totem

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

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
4/13/19	MILES FORRESTER	125
	6 Contributor address; City; State; Zip Code	
	2212 S. Ong St Amarillo TX 79109	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/13/19	Sandra Watts	500
	Contributor address; City; State; Zip Code 79106	
	5 Willow Bridge Dr. Amarillo TX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/16/19	Richard Ware	1,000.—
	Contributor address; City; State; Zip Code	
	P.O. Box 1 Amarillo TX 79105	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chairman	ANB

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/16/19	Victor Reed	200
	Contributor address; City; State; Zip Code 79124	
	10 Country Club Dr. Amarillo TX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chairman	Reed Beverage

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:

2 FILER NAME ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
4/16/19	George Raffkind		250
	6 Contributor address; City; State; Zip Code 79109		
	2205 S. Georgia Amarillo TX		

8 Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/16/19	Jerry Hodge		1,000.
	Contributor address; City; State; Zip Code		
	320 S. Polk Amarillo TX 79101		

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/16/19	Tom and Julie Bivins		1,000
	Contributor address; City; State; Zip Code		
	P.O. Box 708 Amarillo TX 79105		

Principal occupation / Job title (See Instructions)
Rancher
Employer (See Instructions)
Self, employed

Date	Full name of contributor	☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/16/19	John and Donna Ward		250
	Contributor address; City; State; Zip Code 79124		
	16 Cypress Point Amarillo TX		

Principal occupation / Job title (See Instructions)
CFO
Employer (See Instructions)
Hodge Mgt.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME ELAINE HAYS	**3** Filer ID (Ethics Commission Filers)

4 Date 4/16/19	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) Bill Gilliland	**7** Amount of contribution ($) 300
	6 Contributor address; City; State; Zip Code Amarillo 500 S. Taylor LB 249 TX 79101	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date 4/19/19	Full name of contributor ☐ out-of-state PAC (ID#:_____) Eddie Scott	Amount of contribution ($) 250
	Contributor address; City; State; Zip Code 79119 6003 Tuscany Village Amarillo TX	

Principal occupation / Job title (See Instructions) Owner	Employer (See Instructions) The Greenways

Date 4/23/19	Full name of contributor ☐ out-of-state PAC (ID#:_____) Ron and Cheri Boyd	Amount of contribution ($) 100
	Contributor address; City; State; Zip Code 79101 1014 Van Buren Amarillo TX	

Principal occupation / Job title (See Instructions) Owner	Employer (See Instructions) Ron Boyd

Date 4/24/19	Full name of contributor ☐ out-of-state PAC (ID#:_____) Mr. + Mrs. Eddie Bradley	Amount of contribution ($) 250
	Contributor address; City; State; Zip Code 79109 3002 S. Lipscomb Amarillo, TX	

Principal occupation / Job title (See Instructions)	Employer (See Instructions) Autos, LLP

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
4/23/19	Ernie J Reba Russell	100 —
	6 Contributor address; City; State; Zip Code	
	1226 S. Crockett Amarillo, TX 79102	

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/8/19	Dr. Steve and Jane Austin	150 —
	Contributor address; City; State; Zip Code	
	2815 S Georgia Amarillo tx 79109	

Principal occupation / Job title (See Instructions) Dentist

Employer (See Instructions) Steven J. Austin DDS

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:
2 FILER NAME ELAINE HAYS	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 14,161.72

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
4/2	AMARILLO MATTERS	3,360	Consulting
	7 Contributor address; City; State; Zip Code		
	P O Box 1532 Amarillo, TX 79105	☐ 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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
4/15	Amarillo Matters	1,390	Digital Ads
	Contributor address; City; State; Zip Code		
	P.O Box 1532 Amarillo TX 79105	☐ 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)

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**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
4/12	Amarillo Matters	143.61	Mail-piece
	7 Contributor address; City; State; Zip Code		
	P.O. Box 1532 Amarillo TX 79105	☐ 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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
4/12	Amarillo Matters	2182.50	Mail-piece
	Contributor address; City; State; Zip Code		
	P.O. Box 1532 Amarillo TX 79105	☐ 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)

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date 4/19	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) Amarillo Matters **7** Contributor address; City; State; Zip Code P.O. Box 1532 Amarillo TX 79105	**8** Amount of Contribution $ 2,400	**9** In-kind contribution description GOTV ☐ 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)

Date 4/23	Full name of contributor ☐ out-of-state PAC (ID#:_____) Amarillo Matters 79105 Contributor address; City; State; Zip Code P.O. Box 1532 Amarillo TX	Amount of Contribution $ 1215.11	In-kind contribution description Mail Piece ☐ 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)

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
4/23	Amarillo Matters	2182.50	Mail-Piece
	7 Contributor address; City; State; Zip Code 79105		
	P.O. Box 1532 Amarillo TX	☐ 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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ 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)

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
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.

1 Total pages Schedule F1:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 Date 4/18/19	5 Payee name Amarillo Republican Women

6 Amount ($) 25.00	7 Payee address; City; State; Zip Code P.O. Box 3007 Amarillo TX 79116

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Meeting (Lunch)	(b) Description ☐ 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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought Amarillo City Council	Office held PLACE 1

Date 4/23/19	Payee name ZIP PRINT

Amount ($) 4712.20	Payee address; City; State; Zip Code 501 S. Jackson / Amarillo, TX / 79101

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 ELAINE HAYS	Office sought Amarillo City Council	Office held PLACE 1

Date 4-2019	Payee name ANEDOT

Amount ($) 10.35	Payee address; City; State; Zip Code 1920 McKinney Ave, 7th Floor Dallas, TX 75201

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ONLINE PAYMENT FEES	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 ELAINE HAYS	Office sought Amarillo City Council	Office held PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
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.

1 Total pages Schedule F1:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 Date 4/15/19	5 Payee name VOTER TROVE

6 Amount ($) 540.16	7 Payee address; City; State; Zip Code 900 Cloud Cover Lane Leander TX 78641

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Voter Participation Records

(b) Description
☐ 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/OH

Candidate / Officeholder name ELAINE HAYS
Office sought Amarillo City Council
Office held PLACE 1

Date	Payee name ZIP PRINT

Amount ($) 185.11	Payee address; City; State; Zip Code 501 S. JACKSON / Amarillo, TX / 79101

PURPOSE OF EXPENDITURE

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

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 ELAINE HAYS
Office sought Amarillo City Council
Office held PLACE 1

Date 4/17/19	Payee name BAGWELL STRATEGIES

Amount ($) 2177.99	Payee address; City; State; Zip Code 100 BANKS DRIVE / Amarillo, TX / 79124

PURPOSE OF EXPENDITURE

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

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 ELAINE HAYS
Office sought Amarillo City Council
Office held PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 Date 3/14/19	5 Payee name POSTMASTER

6 Amount ($) 110.00	7 Payee address; City; State; Zip Code 505 E. 9th Ave. / Amarillo, TX / 79105

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) STAMPS	(b) Description [ ] 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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought Amarillo City Council	Office held PLACE 1

Date 4/1/19	Payee name WELCOME PARTNER

Amount ($) 500.00	Payee address; City; State; Zip Code P.O. Box 30926 / Amarillo, TX / 79120

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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 ELAINE HAYS	Office sought Amarillo City Council	Office held PLACE 1

Date 4/3/19	Payee name KGNC AM

Amount ($) 1600.00	Payee address; City; State; Zip Code 3505 Olsen Blvd, Suite 117 Amarillo TX 79109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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 ELAINE HAYS	Office sought Amarillo City Council	Office held PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 Date 3/14/19	6 Payee name HOME DEPOT

7 Amount ($) 9.72	8 Payee address; City; State; Zip Code 2410 S. GEORGIA ST. / Amarillo, TX / 79109

9 TYPE OF EXPENDITURE   ☒ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

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

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held
ELAINE HAYS   Amarillo City Council Place 1

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE   ☐ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED