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:			2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MR FIRST	U ,	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Kirkman		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1600 S. Bon	STATE; ZIP CODE	APR 26 2019
Change of Address	AMACILLOT	exas 79102	CITY SECRETARY'S CITY OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (914) 425-40	EXTENSION [7	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MRS FIRST	MI I)	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Kirkman		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	ON ham	ZIP CODE
(Residence or Business)	Amarillo,	Tex99 791	02
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (C)(0) 425- 4	O 17	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical states and the states are states as a second state of the states are states are states as a second state of the states are states as a second state of the states are states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the st		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O3/31/2019	THROUGH 54	28 2019
11 ELECTION	ELECTION DATE Month Day Year Primary 5/04/19 General	Runoff Other Description Special	Council
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If KNOWN) AMARINO Place	City Council
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	iv U. K	inkman III	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	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN ZED \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,220°×
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL F	POLITICAL EXPENDITURES	\$5,637.29
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 148.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \(\lambda \)		
18 AFFIDAVIT			0.00
DANIELLE PURSCHWITZ Notary Public, State of Texas Notary ID #13114023-7 My Commission Expires 05-22-2021 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			
AFFIX NOTARY STAMP	CEALABOVE	· // // // // // // // // // // // // //	2.
Sworn to and subscribed before me, by the said James Kirkman III , this the 26			
day of, 20, to certify which, witness my hand and seal of office.			
Danus Puntury Danielle Purschwitz Notary Public			
Signature of officer add	ministering (ath	Printed name of officer administering oath	Title of officer administering oath

MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	y U. Kirkman I	I	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PATE TEGMSHERS 571 DRIVE TO Contributor address: City: State PATE PATE PATE OF THE PAT	Eund.	7 Amount of contribution (\$)
	upation / Job title (See Instructions) UNION	9 Employer (See Instruc	ctions)
Date 4/4/19	Full name of contributor out-of-state PARGY Mond Mart in Victoria Contributor address; City: State 3205 S. Travis Haman	E; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 4/04/19	Full name of contributor out-of-state PA Showing Skass Contributor address; City; State State PA Contributor address; City; State Contributor address; City; State	c (ID#:) e; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date CHOHIP	Full name of contributor out-of-state PACE Neil List Veggeberg Contributor address; City; State 7219 Versailbs Amarille	e; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL CODIES O	E THIS SOUEDIN E AS AF	EDED
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	, U. KirkmANIII	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/4/19	6 Contributor address: City: State; Zip Code	\$100%X
	3600 Equette (11. 1911)	Y
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
41419	Mildred Darton Contributor address; City; State; Zip Code	\$100%
	2005 NW 14th AMAPILLO TX 7/07	
	eation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4/15/19	Contributor address; City; State; Zip Code	\$30°%
8101 Progress Amerillo, TX 7919 \$30/7X		
i e	eation / Job title (See Instructions) Employer (See Instruc	ctions)
Tjous	ie With	
Date 4 (8 19	Full name of contributor out-of-state PAC (ID#:) PUNE Northcutt Contributor address; City: State; Zip Code	Amount of contribution (\$)
7601 Sleepy Hollow AmanilloTX 79121		
11	eation / Job title (See Instructions) Employer (See Instruc	etions)
House	2W/12	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	3 Total pages Schedule A1:
2 FILER NAME	y U. Kirkman III	-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PACETIC/CALINE PULBY		7 Amount of contribution (\$)
4/22/19			\$500%
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/23/9	Contributor address; City; State	⊇; Zip Code	\$1,50000
	PO. Box 1609 Amarillo	R 79105	
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	<u> </u>	C (ID#:)	Amount of contribution (\$)
4/18/19	Elsha Demonson Contributor address; City: State Lo526 Fulton Amarilla	; Zip Code	\$250%
Principal occup	ration / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 Fil	19 FILER NAME 20 Filer ID (Ethics Commission Filers)		
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5,220°°
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$165%
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$5,63729
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$14500
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	U. Kickman =	111-	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 4 25 19		PAC (ID#:)	9 Loan Amount (\$) \$16592
6 Is lender a financial Institution?	1600 s. BONNA	State; Zip Code	10 Interest rate 11 Maturity date
	on / Job title (See Instructions) VESS CONSULTANT	13 Employer (See Instructions)	
14 Description of Coll		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S		Interest rate
Y N			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al 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 F1:	2 FILER NAME Jay U. Kirkman III 3 Filer ID (Ethics Commission Filers)
4 Date	Dollar General
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.16	27265W 10th Amarillo, TX 79102
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate Officeholder name Tay Kilk Marice sought Office held Arvarillo Crty Council Place I
Date	Payee name
4/01/19	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$3.38	Wolflin Village, Amarillo, Tx 79102
	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Chark if Austin TX officeholder living expense
EXPENDITURE	EXPENSE
Constitution ONII V if direct	Candidate / Officeholdermarke KINKMM Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	
Date	Payee name
P1/20/19	Dollar Tree
Amount (\$)	Payee address; City; State; Zip Code
\$15.99	3405 S. Georgia AMAFILLOTA 79109
	Category (See Categories listed at the top of this schedule) Description Charlet travel outside of Toyon Complete Schoolste T
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	EXPENSE
	AV 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate Officeholder Hoper KITKWORD VICE sought AMARILLO CITY COUNCIL Place 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ickman III Tay 4 Date 6 Amount (\$) 4 mari (10, TX79102 \$10.83 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate Officeholde Fine KICKMAN Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Yie Depot City; State; Zip Code Dolflin Village, Amarilla K 79(02 \$12.98 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. duertising PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought) Complete ONLY if direct expenditure to benefit C/OH ffice ling Village, Amarillo, Tx Check if travel outside of Texas. Complete Schedule T. 15iN9 **PURPOSE** Check if Austin, TX, afficeholder living expense EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G	uide explains how to c	complete this form.	
2 FILER NAME Jay U. K	rickmen	TIC	3 Filer ID (Ethics Commission Filers)
5 Payee name	_		
7 Payee address; City;	State; Zip Code		
3415 Bell	Amaril	110, TX 7"	7109
(a) Category (See Categories listed at	the top of this schedule)	(b) Description	
Adversition	N1		utside of Texas. Complete Schedule T.
		Check if Austin	n, TX, officeholder living expense
•			
Candidate / Diff conver ha	MECK MAN	Office sough	Office held
AMARILO			0 (ace 1
Payee name			
Office =	12pot		
Payee address; City;	State; Zip Code		
molfin Vil	laga A	Marillo	Tx 79102
		Description	
			side of Texas. Complete Schedule T.
FXANDO	•	Check if Ausun,	TX, officeholder living expense
Candidate / Officeholder var	10KMan	Office sought	Office held
Amarillo C	ity Cou	unie'il P	lace I
Payee name		4	
Dollar	Gener	L	
-		•	
3412 5.6	seorgia	Amar 1	110, TX 79109
Category (See Categories listed at th	ne top of this schedule)	Description	
Hanglesin	15/2		side of Texas. Complete Schedule T.
EXAPMED)	L Check if Austin,	TX, afficeholder living expense
	1.1. 1.	•	
Candidate Officeholder	HOLKWA!	Office sought	Office held
AmfrilloCi	to Coun	sei (T	ace I
ATTACH ADDITIONAL	. COPIES OF THIS S	CHEDULE AS NEE!	DED
	2 FILER NAME 5 Payee name Tuesday 7 Payee address; City; 3415 Ball (a) Category (See Categories listed at Amarino Payee name Payee address; City; Wolfin Vill Category (See Categories listed at the Amarino Payee name Candidate Impended Pare Payee address; City; Category (See Categories listed at the Amarino Payee name Candidate Impended Pare Payee address; City; Category (See Categories listed at the Amarino) Category (See Categories listed at the Amarino)	FILER NAME Jay U. Kirkman 5 Payee name Tuesday Morni 7 Payee address; City; State; Zip Code 3415 Ball Amari (a) Category (See Categories listed at the top of this schedule) Adversity Code Payee name Payee address; City; State; Zip Code Wolfin Villaga Category (See Categories listed at the top of this schedule) Amarillo City Code Payee name Candidate John Code Categories listed at the top of this schedule) Payee name Candidate John Code Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee name Candidate John Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Tay U. Kirkman III 5 Payee name Tuesday Morning 7 Payee address: City; State; Zip Code 3415 Ball Amarillo, Tx 70 (a) Category (See Categories listed at the top of this schedule) Payee name Adversi City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate Interest City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate Interest City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate Interest City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee name Candidate Interest City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee name Candidate Interest City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Candidate Office to Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)

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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) State; Zip Code illago, Amarillo, Tx 79102 \$129.88 (a) Category (See Categories listed at the top of this schedule) __ Check if travel outside of Texas. Complete Schedule T. Haventising **PURPOSE** OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4,106 Wolflin Village, Amarillo, Tx 79102 Category (See Categories listed at the top of this schedule) Description vertising Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** pense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

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

dvertising Expense Description

Check if travel outside of Texas. Complete Schedule T.

Amarillo, Tx

Check if Austin, TX, officeholder living expense

900

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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) 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) KirkmAN II 4 Date 6 Amount (\$) Blue 42-Amarillo, TX 79110 \$26.93 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. vertising **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** xpenso Candidate / Office food name) Christ Office held 9 Complete ONLY if direct expenditure to benefit C/OH AMARILLO CIT Pavee name U.S. Fostmaster City; State; Zip Code Pavee address: 9th Amarillo, Tx 79105 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. entising **PURPOSE** Check if Austin, TX, afficeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10th Amarillo,Tx Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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)
4 Date 4 [12[19	Federoffic
6 Amount (\$)	7 Payee address; City; State; Zip Code
年11.94	3801 Olsen Blud #2 Amarillo, TX 79110
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	EXPNSe.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate Difficeholder named Kinkman Office held H HMATITO City Council Place 4
Date	Payee name
4[12/19	U.S. Postmaster
Amount (\$)	Payee address; City; State; Zip Code
4550%	505 E 9th Amarillo, TX 79105
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Expense
Complete ONLY if direct	Candidate Office holder name Office sought Office held
expenditure to benefit C/OF	Amanib City Council Pace I
Date	Payee name
11111119	U.S. Postmaster
Amount (\$)	Payee address; City; State; Zip Code
\$550	505 € 9th Amarillo,7x 79105
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	THUSE THE MINISTER OF THE PROPERTY OF THE PROP
Complete ONLY if direct expenditure to benefit C/OFF	Sandidate / Office holder name Office sough Office held
	Try Kirkman Amarillo City Council Place I
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME U. KICKMAN TIL 3 Filer ID (Ethics Commission Filers)
4 Date 4 16 19	5 Payee name Vostmaster
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$550°×2	505 E 9th Amarillo, TX 79105
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	The Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate Office holder name Office sough Office held Office held Office held Office held Office held
Date	Payee name
4(17/19	Dollar General
Amount (\$)	Payee address; City; State; Zip Code
28.01年	4210 SW 45+h Amarillo, TX 79109
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Advertising Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate Officeholder name Office sought Office held
expenditure to benefit C/OH	Jax Kirkman Amarillo City Council Place I
Date	Payee name
9 81 4	U.S. Postmaster
Amount (\$)	Payee address; City; State; Zip Code
\$330 44	505 E 9th Amarillo, TX 79105
Ì	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Check if Addsin, 1X, difficentiater living expense
Complete ONLY if direct	Candidate Officeholder name Office sough Office held
expenditure to benefit C/OH	Jay Kirkman HMarillo City Counkil Place I
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

George Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME U. KICKMAN TIL 3 Filer ID (Ethics Commission Filers)
4 Date 4 19 19	5 Payee name Falex Of Fice
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.54	3801 Oben Blud+2 Amarillo, Tx 79110
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	EXPUSS Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate Office holder name Coffice sough Office held Chrickman Amarillo City Council Place I
Date	Payee name
4/19/19	U.S. Post-master
Amount (\$)	Payee address; City; State; Zip Code
\$1100/x	5000 Western Amarillo, TX 79109
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Expense
Complete ONLY if direct expenditure to benefit C/O	Sandidate + Office holder name Office sought Office held Say Kirkman Amarillo City Council Place I
Date	Payee name
4/19/19	Dollar General
Amount (\$)	Payee address; City; State; Zip Code
\$21.11	7126 Bell AMARINOTX 79109
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Exponso
Complete ONLY if direct	Candidate Officeholder name Office sought Office held
expenditure to benefit C/OF	Day Kirkman Amarillo City Council Placy
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 U. KIRMAN III 3 Filer ID (Ethics Commission Filers)			
4 Date 4 19	5 Payee name 218 Print			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$425.42	501 S. Jackson Amarillo. Tx 79101			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE	Check if travel outside of Texas. Complete Schedul			
OF EXPENDITURE	EXPENSE Check if Austin, TX, officeholder living exper	150		
9 Complete ONLY if direct Sandidate Officeholder name expenditure to benefit C/OH Day Kinkman Amarillo City Council Place 1				
Date	Payee name			
4/21/19	Dollar General			
Amount (\$)	Payee address; City; State; Zip Code	· ,		
\$7.58	1528 SE 10th Amarillo, Tx 79102			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule			
OF EXPENDITURE	Check if Austin, TX, officeholder living expens	ie		
	Experior			
Complete ONLY if direct	Candidate / Officeholder name Office source Office	e held		
expenditure to benefit C/OH Sax Kinkman Amarillo City Council Place I				
Date	Payee name			
4/2/19	Homo tooot			
Amount (\$)	Payee address; City; State; Zip Code			
1				
\$28.10	2410 Georgia Amarillo, TX 79109			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF	Check if travel outside of Texas. Complete Schedule			
EXPENDITURE	Check if Austin, TX, officeholder living expens	е		
Complete CNLY if direct andidate / Officeholder name Office sought Office held				
expenditure to benefit C/OH Jay KICKMAN AMARILOCITY COUNCIL Pace I				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By 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 o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME TAY KI KINKMAN	3 Filer ID (Ethics Commission Filers)		
4 Date 21 19	5 Payee name Tollar Gener	h		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$21.65	2726 SW 10th A	marillo, TX 79102		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	+tdvertising	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	EXDENSO	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Say Kin Kmm Amarillo, City Council Place 1				
Date	Payee name			
4 23 19	Dollar General			
Amount (\$)	Payee address; City; State; Zip Code			
48.66	3415 Bell. Amari	16,1x Ala		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	EXPONSO-	Check if Austin, TX, officeholder living expense		
	Ciqui	_		
Complete ONLY if direct	Gandidate Officeholder name	Office sought Office held		
expenditure to benefit C/OHJay Kirkman Amarillo City Coupiel Place I				
Date	Payee name	• • • • • • • • • • • • • • • • • • • •		
4/22/19	Dollar General			
Amount (\$)	Payee address; City; State; Zip Code	_		
\$16.24	3510 Osage Ama	17116, Jx 79118		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Helvert 151 NG	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	EXPORSE	Check if Austin, TX, officeholder living expense		
	17000			
Complete ONLY if direct	Candidate / Officeholder name	Office sough) Office held		
expenditure to benefit C/OHJON KINKMAN AMARING C:44 Council Places				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1	2 FILER NAME U. KIRKMAN	3 Filer ID (Ethics Commission Filers)		
4 Date 4 23/9	5 Payee name Dollar Genero	1		
6 Amount (\$)	7 Payee address; City; State; Zip Code	\ .\		
\$12.81	2950 FM 1151 F	tmarillo,TX 79118		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	HAVE I SING	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Expensi			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name HELLER KINGN HMQV	Office sought Council Place I		
Date	Payee name	•		
4/24/19	Office Tapot			
Amount (\$)	Payee address; City; State; Zip Code			
\$64.74	Wolflin Village A	Marillo, TX 79102		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE	Hovertising	Check if Austin, TX, officeholder living expense		
EXI ENDITIONE	Expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate Dofficeholder name	Office sought Office held		
experience to benefit organization	Jay Kirkman Amar	Tillo City Countil Mac I		
Date	Payee name			
4[24]19	U.S. Postmaster	·		
Amount (\$)	Payee address; City; State; Zip Code			
\$825 /A	2301 Ross AMAr	1110,78,79 120		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	the vertising	Check if Austin, TX, officeholder living expense		
EXPENDITURE	CX45050			
Complete ONLY if direct Condidate Officeholder name Office sought Office held expenditure to benefit C/OH				
Say Kirkman Homer (160 City Council Place)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 Out Of District

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) Jay 4 Date 5 Payee name Amarillo, TX 79109 \$27.82 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH rkman Amarillocia lace Date Payee name tost master Amount (\$) Payee address; City; State; Zip Code poss Amarillotte 79120 Category (See Categories listed at the top of this schedule) Description vertising Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** =Xpense Candidate Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date ostmaster tmarillottx -**PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH QCD

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

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

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address: Amarillo, TX 79105 (a) Category (See Categories listed at the top of this schedule) (b) Description ALLERTISING Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Sandidate Officeholder name Office held 9 Complete ONLY if direct SINKMAN AMAPILLO CIexpenditure to benefit C/OH Jac. Date Pavee name ponut Stop Amount (\$) City; State; Zip Code 1905 S. Georgia Amarillo Txu 79109 \$ 950 Description Check if travel outside of Texas. Complete Schedule T. Food/Bevorage **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Gandidate Officeholder name Office held Office south Complete ONLY if direct expenditure to benefit C/OH Payee name Date AMACILLO, TX 79116 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. ood bailarage **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** =xfonso Office sough Office held Complete ONLY if direct expenditure to benefit C/OH allo City Counci ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name U.S. Postmasten Ross Amarillo, TX 79120 TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE _ Check if Austin, TX, officeholder living expense EXPONSO_ 11 Complete ONLY if direct TCandidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED