

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: 53		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY <hr/> Date Received <div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> JUL 15 2019 [Signature] CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX MRS. ELAINE Taylor				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	P.O. Box 9071 Amarillo TX 79105 <input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(806) 676-6772					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME LAST SUFFIX MR. Greg Wayne Houlette				
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 79101				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(806) 676-5673					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input checked="" 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		
	4	27	19		
		THROUGH	Month Day Year		
			06 / 30 / 19		
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
05 / 04 / 19			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Amarillo City Council, Place 1		Amarillo City Council, PLACE ONE		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME

ELANNE 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

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

\$ —

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

\$ 150 —

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3689.54

CONTRIBUTION
BALANCE

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

\$ 1326.32

OUTSTANDING
LOAN TOTALS

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

\$ —

18 AFFIDAVIT

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

Elanne Hays
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elanne Hays, this the 15 day of JULY, 2019, 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3689.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
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

ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date

5/7

5 Full name of contributor

out-of-state PAC (ID#: _____)

~~Debra~~ P. Davida Nancy Walker

7 Amount of contribution (\$)

50 -

6 Contributor address;

City; State; Zip Code

~~P.O. Box~~ 1515 S. Lamar 79102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/15

Full name of contributor

out-of-state PAC (ID#: _____)

~~Sally~~ Sally + Gary Jennings

Amount of contribution (\$)

100 -

Contributor address;

City; State; Zip Code

4503 GREENWICH PLACE 79119

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)

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.

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)
4 Date 5/4	5 Payee name Bagwell Strategies	
6 Amount (\$) 2824.12	7 Payee address; City; State; Zip Code 2824 100 Branks Drive Amarillo, TX 79124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consoling	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/4	Payee name Tyler's Bar B Q	
Amount (\$) 205.13	Payee address; City; State; Zip Code	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/5	Payee name Voter Trave	
Amount (\$) 337.06	Payee address; City; State; Zip Code 900 Cloud Cover Lane Leander, TX 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Voter Rolls	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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/Bookkeeping	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 5/20	5 Payee name Bagwell Strategies
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6 Amount (\$) 6709	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6	Payee name Mary Bagwell
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Amount (\$) 256.14	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 107					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> APR 26 2019 107 CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked				
	MRS. ELAINE Taylor							
NICKNAME: Hays LAST: Taylor SUFFIX:								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS								
ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE:			
P.O. Box 9071 Amarillo, TX 79105								
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
(806) 676-6772								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI					
	Mr. Corey Wayne Houlette				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		<input type="checkbox"/> January 15 <input 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 checked="" 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
		3	31	19		4	26	19
11 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
		05	4	19	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
		Amarillo City Council PLACE ONE			Amarillo City Council PLACE ONE			

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME ELAINE HAYS 15 Filer ID (Ethics Commission Filers)

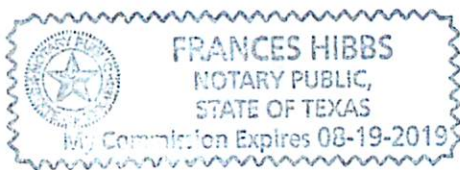
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		<u>Texas Realtors PAC</u>
	COMMITTEE ADDRESS	<u>P.O. Box 295305 Kerrville, TX 78029</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Lance Lacy</u>
COMMITTEE CAMPAIGN TREASURER ADDRESS		<u>P.O. Box 2246 Austin TX 78768-2246</u>

Additional Pages

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

18 AFFIDAVIT



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

Elaine Hays
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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 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	\$ 7,175.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,161.72
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,869.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9.72
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

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

7 Amount of contribution (\$)

100 -

6 Contributor address;

City; State; Zip Code 79015

1 Watercove Ct. Canyon TX

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

Amount of contribution (\$)

50 -

Contributor address;

City; State; Zip Code

3807 Doris Dr. Amarillo 79109

Principal occupation / Job title (See Instructions)

Pres.

Employer (See Instructions)

mcmc, LLC

Date

9/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Greg BURGESS

Amount of contribution (\$)

250 -

Contributor address;

City; State; Zip Code

P.O. Box 7612 Amarillo, TX 79114

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

Amount of contribution (\$)

50 -

Contributor address;

City; State; Zip Code 79110

2706 Salem Dr. Amarillo TX

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 4/8/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean MORRISON 6 Contributor address; City; State; Zip Code 2609 S. Hughes Amarillo 79106	7 Amount of contribution (\$) 500. —
8 Principal occupation / Job title (See Instructions) Distributor		9 Employer (See Instructions) Budweiser
Date 4/9/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitch and Tamara Carthel Contributor address; City; State; Zip Code 2123 S. Harrison Amarillo 79109	Amount of contribution (\$) 250 —
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oth Miller Contributor address; City; State; Zip Code 6712 Sandie St Amarillo 79109 5047 TX	Amount of contribution (\$) 250 —
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg & JULIE Mitchell Contributor address; City; State; Zip Code 3005 S. Ong St. Amarillo TX 79109 354	Amount of contribution (\$) 250 —
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.

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 4/13/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILES FORRESTER 6 Contributor address; City; State; Zip Code 2212 S. Ong St Amarillo TX 79109	7 Amount of contribution (\$) 125
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Watts Contributor address; City; State; Zip Code 5 Willow Bridge Dr. Amarillo TX 79106	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Ware Contributor address; City; State; Zip Code P.O. Box 1 Amarillo TX 79105	Amount of contribution (\$) 1,000.
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) ANB
Date 4/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Reed Contributor address; City; State; Zip Code 10 Country Club Dr. Amarillo TX 79124	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) 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 4/16/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Raffkind	7 Amount of contribution (\$) 250 -
6 Contributor address: City: State: Zip Code 2205 S. Georgia Amarillo TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Hodge	Amount of contribution (\$) 1,000 -
Contributor address: City: State: Zip Code 320 S. Polk Amarillo TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom and Julie Bivins	Amount of contribution (\$) 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 4/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Lonna Ward	Amount of contribution (\$) 250 -
Contributor address: City: State: Zip Code 16 Cypress Point Amarillo TX 79124		
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 ELANE HAYS		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Gilliland	7 Amount of contribution (\$) 300
6 Contributor address; City; State; Zip Code 500 S. Taylor LB 249 TX 79101 Amarillo		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Scott	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 6003 Tuscan Village Amarillo TX 79119		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Greenways
Date 4/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron and Cheri Boyd	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 1014 Van Buren Amarillo TX 79101		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Ron Boyd
Date 4/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Eddie Bradley	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 3002 S. Lipscomb Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Autos, LLC

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 ELANE HAYS		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernie & Reba Russell	7 Amount of contribution (\$) 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 4/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Steve and Jane Austin	Amount of contribution (\$) 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 4/2	6 Full name of contributor <input type="checkbox"/> 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 \$ 3,360	9 In-kind contribution description Consulting <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)			
Date 4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters Contributor address; City: State; Zip Code P.O. Box 1532 Amarillo TX 79105	Amount of Contribution \$ 1,390	In-kind contribution description Digital Ads <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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 4/12	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amarillo Matters</i> 7 Contributor address; City: State; Zip Code <i>P.O. Box 1532 Amarillo TX 79105</i>	8 Amount of Contribution \$ <i>1431.61</i>	9 In-kind contribution description <i>Mail-piece</i> <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)			
Date 4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amarillo Matters</i> Contributor address; City: State; Zip Code <i>P.O. Box 1532 Amarillo TX 79105</i>	Amount of Contribution \$ <i>2182.50</i>	In-kind contribution description <i>Mail-piece</i> <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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters	8 Amount of Contribution \$ 2,400	9 In-kind contribution description GovTV
7 Contributor address; City; State; Zip Code P.O. Box 1532 Amarillo TX 79105		<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)			
Date 4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters	Amount of Contribution \$ 1215.11	In-kind contribution description Mail Piece
Contributor address; City; State; Zip Code P.O. Box 1532 Amarillo TX		<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)			
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 4/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Matters 79105 7 Contributor address; City: State; Zip Code P.O. Box 1532 Amarillo TX	8 Amount of Contribution \$ 2182.50	9 In-kind contribution description Mail - Piece <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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City: State; Zip Code	Amount of Contribution \$	In-kind contribution description <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)			

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 **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 **Food Meeting (Lunch)**

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

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

9 Complete 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 **Advertising**

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 **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 McLinney Ave, 7th Floor
DALLAS, TX 75201

PURPOSE OF EXPENDITURE **ONLINE PAYMENT FEES**

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 **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	Printing 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 4/15/19	5 Payee name VOTER TROVE	
6 Amount (\$) 540.16	7 Payee address; City; State; Zip Code 900 Cloud Cover Lane heander TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Participation Records	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name AMARILLO Office sought City Council Office held PLACE 1 ELAINE HAYS	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name AMARILLO Office sought City Council Office held PLACE 1 ELAINE HAYS	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name AMARILLO Office sought City Council Office held PLACE 1 ELAINE HAYS	

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 FILED 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. 9 th AVE. / AMARILLO, TX / 79105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) STAMPS		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 4/3/19		Payee name KONC 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

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 <i>ELAINE HAYS</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>3/14/19</i>	6 Payee name <i>HOME DEPOT</i>
--------------------------	-----------------------------------

7 Amount (\$) <i>9.72</i>	8 Payee address; City: State: Zip Code <i>2410 S. GEORGIA ST. / AMARILLO, TX / 79109</i>
------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELAINE HAYS</i>	Office sought <i>AMARILLO City Council</i>	Office held <i>PLAGE 1</i>
---	---	---	-------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City: State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

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: 31
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS. FIRST: ELAINE MI: Taylor NICKNAME: LAST: SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 7071 APT / SUITE #: trays CITY: Amarillo, TX STATE: TX ZIP CODE: 79105	RECEIVED APR 04 2019 AI CITY SECRETARY'S CITY OF AMARILLO	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (806) PHONE NUMBER: 676-6772 EXTENSION:	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. Greg FIRST: Wayne MI: Houbette NICKNAME: LAST: SUFFIX:	Date Hand-delivered or Date Postmarked	Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 701 S. Taylor, LB 120 APT / SUITE #: CITY: Amarillo, TX STATE: ZIP CODE: 79101	Date Processed	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE: 806 PHONE NUMBER: 676-5673 EXTENSION:	Date Imaged	
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: 05 / 4 / 19	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): Amarillo City Council PLACE ONE	13 OFFICE SOUGHT (if known): Amarillo City Council PLACE ONE	

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

\$ 51.⁰⁰

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

\$ 22,701.⁰⁰

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 15,966.53

CONTRIBUTION
BALANCE

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

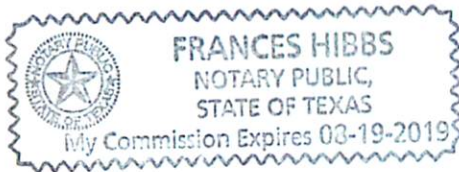
\$ 7,305.27

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.

Elaine Taylor Hays

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elaine Taylor Hays, 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	\$22,650
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$13,645.70
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$2320.83
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$54.22
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **19**

2 FILER NAME

ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date

2/13/19

5 Full name of contributor

Andrew Mitchell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100. —

6 Contributor address;

3004 Hughes Amarillo TX 79109

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

VP of Ops/Fuel

9 Employer (See Instructions)

Toot 'n Totem

Date

2/13/19

Full name of contributor

Gene/Vicki Scivally

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100. —

Contributor address;

1506 S. Lamar Ama TX 79102

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/19

Full name of contributor

Joe/Ram Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100. —

Contributor address;

3911 Eaton Ama TX 79109

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/19

Full name of contributor

William Boyce

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100 —

Contributor address;

35 Oldham Circle Ama TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

William Boyce Ins. Agency

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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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/13/19

John Keitser

6 Contributor address;

City; State; Zip Code

P.O. Box 31388 Ama, TX 79120

100. —

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Yellowhouse Mach.

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/13/19

W. H. Brian, JR.

Contributor address;

City; State; Zip Code

P.O. Box 9238 Ama, TX 79105

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/14/19

Garland / Sharon Sell

Contributor address;

City; State; Zip Code

7801 Clearmeadow Ama TX 79119

250. —

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

SGM

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/14/19

Cliff Bickerstaff

Contributor address;

City; State; Zip Code

2004 Hawthorne Ama TX 79109

100 —

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Amarillo NATIONAL

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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 2/14/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael/Hannah Haning 6 Contributor address; City; State; Zip Code 2615 S. Hughes Ama TX 79109	7 Amount of contribution (\$) 100. —
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Disco, INC.
Date 2/14/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Engler Contributor address; City; State; Zip Code P.O. Box 2010 Ama TX 79105	Amount of contribution (\$) 250. —
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg/JOUE Mitchell Contributor address; City; State; Zip Code 1201 S. Taylor Ama TX 79101	Amount of contribution (\$) 250. —
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Toot 'N Totem
Date 2/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty/Andy Rowley Contributor address; City; State; Zip Code 8010 S. Coulter Ama TX 79119	Amount of contribution (\$) 100. —
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed

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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

2/16/19

5 Full name of contributor

Andrew Hall

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250. —

6 Contributor address;

500 S. Taylor LB 249 AmapTX

City: State: Zip Code 79101

8 Principal occupation / Job title (See Instructions)

Investments

9 Employer (See Instructions)

Alteo Energy

Date

2/16/19

Full name of contributor

Tom / Julie Bivins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500. —

Contributor address;

P.O. Box 708 AmapTX 79105

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

Self-employed

Date

2/16/19

Full name of contributor

Alan / Jane Cornelius

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25. —

Contributor address;

1032 Westbury Dr. AmapTX 79109

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Administration

Employer (See Instructions)

CISD

Date

2/16/19

Full name of contributor

Sharon / Larry Deschger

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100. —

Contributor address;

10 Teal Court AmapTX 79106

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Cryogenic R&D

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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

ELANE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/19

5 Full name of contributor

Mike/Liz Haring

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300. —

6 Contributor address;

No. 5 Hagan Drive Ams TX 79124

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/16/19

Full name of contributor

Don/Brenda Talley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100 —

Contributor address;

2206 Parker Ams TX 79109

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Upshaw Insurance

Date

2/16/19

Full name of contributor

John/Donna Ubed

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250 —

Contributor address;

16 Cypress Point Ams TX 79124

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Hodge Mgt.

Date

2/22/19

Full name of contributor

Paul/Jenny Harpole

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100 —

Contributor address;

2203 Pebblebrook Dr. Ams TX

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner Paul Harpole Motors

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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

2/22/19

5 Full name of contributor

Dee Miller

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250 —

6 Contributor address;

535 Berget Dr. Amar TX 79119

City: State; Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self-employed

Date

2/22/19

Full name of contributor

Claudette Landess

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250. —

Contributor address;

9 Teal Court Amar TX 79106

City: State; Zip Code

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Date

2/22/19

Full name of contributor

J. Pat / Nancy Hickman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150 Laurel Leaf Lane TX Amar Canyon 1000. —

Contributor address; City: State; Zip Code

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

HAPPY STATE BANK

Date

2/22/19

Full name of contributor

Robert Tuba

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3220 S. Milan St. Amar TX 79109

Contributor address; City: State; Zip Code

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/22/19

Jeff/Kathi Nunn

6 Contributor address; City; State; Zip Code

7403 Lynette Pl. Am TX 79121

500. —

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/22/19

David/Vanessa Chavez

Contributor address; City; State; Zip Code

4401 VanWinkle Am TX 79121

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/22/19

Nick/Jennie Knapp

Contributor address; City; State; Zip Code

5021 Everette Ave. Am TX 79106

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Knapp Bookkeeping

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/22/19

Steve Rogers

Contributor address; City; State; Zip Code

5304 Towney Am TX 79106

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real Estate

Self-employed

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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

2/22/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Joe / Betty Howel

6 Contributor address;

City; State; Zip Code

3502 Dansbury Ave TX 79109

7 Amount of contribution (\$)

100. —

8 Principal occupation / Job title (See Instructions)

Vice Pres.

9 Employer (See Instructions)

Satana LLC

Date

2/22/19

Full name of contributor

out-of-state PAC (ID#: _____)

LEON / SUE CHERCH

Contributor address;

City; State; Zip Code

6903 Cayman Ct. Am TX 79124

Amount of contribution (\$)

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

out-of-state PAC (ID#: _____)

James / Janice McCOWN

Contributor address;

City; State; Zip Code

P.O. Box 8872 Am TX 79114

Amount of contribution (\$)

500. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

out-of-state PAC (ID#: _____)

BLAINE / Kelly Roberts

Contributor address;

City; State; Zip Code

2818 S. Lipscomb Am TX 79109

Amount of contribution (\$)

500. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 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 2/22/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry/Margaret Hodge 6 Contributor address; City; State; Zip Code 36 Oldham Circle Am TX 79109	7 Amount of contribution (\$) 1,000. —
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam/Carol Lovelady Contributor address; City; State; Zip Code 2817 Crockett Ave TX 79109	Amount of contribution (\$) 500. —
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Lovelady/Christy Assoc
Date 2/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill/Sandra Gilliland Contributor address; City; State; Zip Code 2806 Hughes Ave TX 79109	Amount of contribution (\$) 500. —
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiekey DANIEL Contributor address; City; State; Zip Code 7207 Cains borough Am TX 79106	Amount of contribution (\$) 100. —
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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

2/22/19

5 Full name of contributor

Mike / Liz Hughes

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2500. —

6 Contributor address;

P.O. Box 51149 Amar TX 79159

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Pres.

9 Employer (See Instructions)

FMC Services, LLC

Date

2/22/19

Full name of contributor

Steve / Rajan Trafton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000. —

Contributor address;

4211 W. I-40 St. 200 Amar TX 79109

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

John Walker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50. —

Contributor address;

2804 S. Bonham Amar TX 79109

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

Garth / Susie Merrick

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000. —

Contributor address;

101 S.E. 11th Ave, St. 100 Amar TX 79101

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/22/19

Mr/Mrs. Eddie Bradley
6 Contributor address; City; State; Zip Code

250. —

3002 S. Lipscomb Ave TX 79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Autos LLP

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/22/19

Patsy Walker
Contributor address; City; State; Zip Code

50. —

5 Teal Court Ama TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/22/19

William/Bev Harris
Contributor address; City; State; Zip Code

250. —

7802 Stuyvesant Ave TX 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/25/19

William/Cynthia Hawkins
Contributor address; City; State; Zip Code 79121

200. —

3518 Kensington Pl Ama TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

2/26/19

5 Full name of contributor

Dennis/Andy Clouch

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100. —

6 Contributor address; City; State; Zip Code

7706 Pebblebrook Dr Amarillo 79119

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Austin Pose

Date

2/26/19

Full name of contributor

James/Pamela Beckham

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200. —

Contributor address; City; State; Zip Code

1507 S. Lamar Amarillo 79102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

William Ware

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250. —

Contributor address; City; State; Zip Code

P.O. Box 1 Amarillo, TX 79105

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

ANB

Date

2/28/19

Full name of contributor

Stanley Schaeffer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300. —

Contributor address; City; State; Zip Code

8717 English Bay Pkwy TX 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

2/28/19

5 Full name of contributor

out-of-state PAC (ID#:

TREVOR / SARAH Caviness

6 Contributor address;

City; State; Zip Code

2410 S. Lipscomb Ave TX 79109

7 Amount of contribution (\$)

250. —

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Caviness Beef

Date

2/28/19

Full name of contributor

out-of-state PAC (ID#:

Lloyd Lara Brown

Contributor address;

City; State; Zip Code

3203 Bowie St. Ams TX 79109

Amount of contribution (\$)

250. —

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Smart Chemical Sol.

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#:

Dr Kyle Sparkman Ams TX

Contributor address;

City; State; Zip Code

7901 Continental Pkwy 79119

Amount of contribution (\$)

500. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#:

Jack / Joan Shelton

Contributor address;

City; State; Zip Code

2320 W. 16th Ams TX 79102

Amount of contribution (\$)

250. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

3/4/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jim Doche

7 Amount of contribution (\$)

50. —

6 Contributor address;

City: State: Zip Code

1615 S. Bryan St. Amar TX 79102

8 Principal occupation / Job title (See Instructions)

2

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Dr. William Vester

Amount of contribution (\$)

250. —

Contributor address;

City: State: Zip Code

4513 Tutbury Court Amar TX 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Dr. Robert / Michelle Bowman

Amount of contribution (\$)

100. —

Contributor address;

City: State: Zip Code

2610 S. Harrison Amar TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Pat / Sheryl Davis

Amount of contribution (\$)

250. —

Contributor address;

City: State: Zip Code

7907 Pebblebrook Dr Amar TX

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Pat Davis Properties

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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 3/4/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy/Stephanie Rifenberg 6 Contributor address; City; State; Zip Code 127 Dewey Ave TX 79124	7 Amount of contribution (\$) 100. —
8 Principal occupation / Job title (See Instructions) Pres.		9 Employer (See Instructions) Centisid Collectors, Inc.
Date 3/4/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Herrick Contributor address; City; State; Zip Code 7901 Valcourt Dr. Am TX 79119	Amount of contribution (\$) 250. —
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Pantex
Date 3/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe/Laura Street Am TX Contributor address; City; State; Zip Code 7800 New England Pkwy 79119	Amount of contribution (\$) 1,000. —
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Street Auto
Date 3/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. + Mrs. Turner Caldwell III Contributor address; City; State; Zip Code 7708 Bent Tree Dr. Am TX 79021	Amount of contribution (\$) 250. —
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed

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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

3/13/19

5 Full name of contributor

Tom/Rebecca Mechler

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250. —

6 Contributor address:

City: State: Zip Code

12940 S. FM 1258 Amap TX 79118

8 Principal occupation / Job title (See Instructions)

Pres.

9 Employer (See Instructions)

Mama Services, Inc.

Date

3/13/19

Full name of contributor

Dr Clyde/Brenda Meeks

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500. —

Contributor address:

City: State: Zip Code

10 Pine Valley Lane Amap TX 79124

Principal occupation / Job title (See Instructions)

Physicians

Employer (See Instructions)

Women's Healthcare

Date

3/18/19

Full name of contributor

Sam/Jeanne Thompson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75. —

Contributor address:

City: State: Zip Code

1522 S. Austin Amap TX 79102

Principal occupation / Job title (See Instructions)

Carpenter

Employer (See Instructions)

Self-employed

Date

3/20/19

Full name of contributor

Randy/Stacy Sharp Amap TX

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100. —

Contributor address:

City: State: Zip Code

7909 Continental Pkwy 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

3/20/19

Johnny/Jill Mize

6 Contributor address; City; State; Zip Code

7720 Stuyvesant Ave TX 79121

100. —

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/23/19

Richard WARE

Contributor address; City; State; Zip Code

P.O. Box 1 Ama TX 79105

250. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Banker

ANB

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/23/19

WINSTON STAHLCKER

Contributor address; City; State; Zip Code

55 Cottonwood Lane Canyon TX 79015

100. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/26/19

David Hudson

Contributor address; City; State; Zip Code

7807 Tripp Ave. Ama TX 79121

100 —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Exec.

Xcel

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

3/11/19

5 Full name of contributor

Stan / Kathy Morris

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100. —

6 Contributor address;

City: State: Zip Code

6308 Calumet Rd. Amg TX 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

3 Date

3/26/19

Full name of contributor

Gary / Linda Hindels

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100. —

Contributor address;

City: State: Zip Code

83 Hunsley Hills Blvd. Canyon TX 79015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BRANCH Pres.

Nappy State Bank

Date

3/30/19

Full name of contributor

Richard Brown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250. —

Contributor address;

City: State: Zip Code

3004 S. Hayden Amg TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

3/28/19

Full name of contributor

Diana Cox

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100. —

Contributor address;

City: State: Zip Code

4 Fairway Dr. Canyon TX 79015

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

1/30/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Amarillo Association of Realtors

7 Amount of contribution (\$)

2000. —

6 Contributor address;

City; State; Zip Code

5601 Enterprise Circle Amar TX 79106

8 Principal occupation / Job title (See Instructions)

9 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)

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.

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 3/26	5 Payee name BAGWELL STRATEGIES
----------------	------------------------------------

6 Amount (\$) 3574.77	7 Payee address; City; State; Zip Code 100 BIRKBECK DRIVE / AMARILLO, TX / 79124
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 1/23	Payee name First Bank Southwest
--------------	------------------------------------

Amount (\$) 10.97	Payee address; City; State; Zip Code P.O. Box 32552 / AMARILLO, TX / 79120
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 1/1/19 - 3/30/19	Payee name Aneodo + DALLAS, TX
--------------------------	-----------------------------------

Amount (\$) 68.68	Payee address; City; State; Zip Code 1920 McKinney Ave, 1 st Floor 75201
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Payment Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

SCHEDULE F1

FROM POLITICAL EXPENDITURES MADE

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Contributions 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
- 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.

3 Filter ID (Ethics Commission Filers)

ELAINE HAYS

2 FILER NAME

1 Total pages Schedule F1:

City of Amarillo

5 Payee name

1/24

4 Date

City: State: ZIP Code

6 Amount (\$)

100.00

601 S. Buchanan Amarillo TX 79101

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

8 PURPOSE OF EXPENDITURE

Fees

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

ELAINE HAYS
 Amarillo City Council District

Candidate / Officeholder name

9 Complete ONLY if direct expenditure to benefit C/O

Payee name

2/13

Date

City: State: ZIP Code

Amount (\$)

353.34

501 S. Jackson / Amarillo, TX 79101

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

PURPOSE OF EXPENDITURE

Event Expense / Printing Expense

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

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/O

Payee name

2/20

Date

City: State: ZIP Code

Amount (\$)

500.00

P.O. Box 30926 / Amarillo, TX / 79120

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

PURPOSE OF EXPENDITURE

Advertising

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

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/O

ELAINE HAYS
 Amarillo City Council District

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/Bookkeeping	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		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 3/4	5 Payee name Postmaster
----------------------	-----------------------------------

6 Amount (\$) 110 -	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 <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1
---	---	---	-------------------------------

Date 3/20	Payee name ZIP PRINT
---------------------	--------------------------------

Amount (\$) 154.26	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/28	Payee name Lamar Advertising
---------------------	--

Amount (\$) 1950. -	Payee address; City; State; Zip Code P.O. Box 32123 / AMARILLO, TX / 79120
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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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
- Legal Services
- Event Expense
- Food/Beverage Expense
- Gift/Awards/Memorabilia Expense
- Printing Expense
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Salaries/Wages/Contract Labor
- Other (enter a category not listed above)
- Travel In District
- Transportation Equipment & Related Expense
- Solicitation/Fundraising Expense

The instruction guide explains how to complete this form.

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

4 Date **3/28** 5 Payee name **United Supermarkets**

6 Amount (\$) **29.55** 7 Payee address: City: State: Zip Code **2530 S. GEORGIA / AMARILLO, TX / 7902**

8 PURPOSE OF EXPENDITURE **Event Expense** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **ELAINE HAYS** Office sought **AMARILLO CITY COUNCIL PLACE 1** Office held

Date **1/18** Payee name **POST MASTER**

Amount (\$) **6000** Payee address: City: State: Zip Code **505 E. 9th / AMARILLO, TX / 79105**

PURPOSE OF EXPENDITURE **Fee** 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 **ELAINE HAYS** Office sought **AMARILLO CITY COUNCIL PLACE 1** Office held

Date **2/21** Payee name **UNITED SUPERMARKETS**

Amount (\$) **454.13** Payee address: City: State: Zip Code **2530 S. GEORGIA / AMARILLO, TX / 7902**

PURPOSE OF EXPENDITURE **Event Exp** 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 **ELAINE HAYS** Office sought **AMARILLO CITY COUNCIL PLACE 1** Office held

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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials 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 ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------	---------------------------------------

4 Date 2/22	5 Payee name PLATINUM PARTIES & EVENTS
----------------	---

6 Amount (\$) 67.55	7 Payee address; City; State; Zip Code 708 S. TAYLOR / AMARILLO, TX / 79101
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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
--------------------------	---	---

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 2/22	Payee name SHELLY MCGEE
--------------	----------------------------

Amount (\$) 480.00	Payee address; City; State; Zip Code 5306 BRINKMAN / AMARILLO, TX 79106
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/22	Payee name LYN ANDERSON
--------------	----------------------------

Amount (\$) 204.00	Payee address; City; State; Zip Code 505 RAMADA TRAIL / AMARILLO, TX 79108
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp	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 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 Expense
- Accounting/Banking Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Food/Beverages Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Political Expense
- Salaries/Wages/Contract Labor
- Sales/Travel In District
- Transportation Equipment & Related Expense
- Solicitation/Fundraising Expense
- 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 FILE NAME ELAINE HAYS

4 Date 2/22

5 Payee name LARA STREET

6 Amount (\$) 9140

7 Payee address: City: State: Zip Code 7800 NEW ANSLAND PKY / AMARILLO, TX / 79119

8 (a) Category (See Categories listed at the top of this schedule) Event Exp

(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 PLACE 1

Office held AMARILLO CITY COUNCIL PLACE 1

1 Date 3/1

2 Payee name BRAGWELL STRATEGIES

3 Amount (\$) 5078.74

4 Payee address: City: State: Zip Code 100 FRANKS DRIVE / AMARILLO, TX 79124

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

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

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

Office sought AMARILLO CITY COUNCIL PLACE 1

Office held AMARILLO CITY COUNCIL PLACE 1

PURPOSE OF EXPENDITURE

358.31

35

5078.74

311

9140

2/22

9140

2/22

9140

2/22

9140

2/22

9140

2/22

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| | 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 ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 7/18	6 Payee name AGE GRAPHICS
-----------------------	-------------------------------------

7 Amount (\$) 1525.⁰⁰	8 Payee address; City; State; Zip Code 52231 St Rt 248 Long Bottom, OH 45743
--	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELAINE HAYS	Office sought Amarillo City Council	Office held Place 1
--	---	---	-------------------------------

Date 7/22	Payee name Et cetera
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Amount (\$) 140.73	Payee address; City; State; Zip Code 2479 I-40 W Ams, TX 79109
------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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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

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 F4: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
--	--------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 2/8/19	6 Payee name ZIP PRINT
-------------------------	----------------------------------

7 Amount (\$) 490.¹⁰	8 Payee address; City; State; Zip Code 501 S. Jackson Ama TX 79101
---	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ELAINE HAYS Amarillo City Council	Office sought PLACE 1	Office held
---	---	---------------------------------	-------------

Date 2/8	Payee name USPS Postal
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Amount (\$) 165.⁰⁰	Payee address; City; State; Zip Code 505 E. 9th Ama TX 79105
---	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Stamps	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ELAINE HAYS Amarillo City Council	Office sought PLACE 1	Office held
--	---	---------------------------------	-------------

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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 G:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
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4 Date 1/25/19	5 Payee name Huge Domains.com
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6 Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2635 Walnut St Denver CO 80205
--	---

8 PURPOSE OF EXPENDITURE cc/Advertising	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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, PLACE	Office held
---	---	--	-------------

Date 1/25/19	Payee name Go Daddy.com
------------------------	-----------------------------------

Amount (\$) 54.22 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N. Hayden Rd, Suite 219 Scottsdale AZ 85260
---	--

PURPOSE OF EXPENDITURE cc/Advertising	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Place 1	Office held
---	---	---	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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