

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

67 tim 7 ti 61				COVER SHEET PG I
The C/OH Instruction	Guide explains how to compl	ete this form.	ID	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ginger	MI	OFFICE USE ONLY Date Received ECEIVED
	NICKNAME	LAST Nelson	SUFFIX	JUL 11 2019
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 301 S. Polk St., Ste. 102,		ZIP CODE	Date Hand delivered of Date Postmarker Receipt # Amount
Change of Address	Amarillo, TX 79101			Date Processed Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST	MI	
TREASURER NAME	Dr.	Alan		
	NICKNAME	LAST Keister	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO	BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	1215 S. Coulter		Suite 301 Amar	illo TX 79105
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (806) 355-9	E NUMBER EXTENSION EXTENSI	NC	
8 REPORT TYPE	January 15 X July 15	30th day before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 04/27/2019	THROUGH	Month Day 06/30/2019	Year Ə
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019	Primary X General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Mayor	•	12 OFFICE SOUGHT Mayor	(if known)
		GO TO PAG	SE 2	
E de de de la	exas Ethics Commission	www.ethics.stat	e ty us	Version V1.1.c63509e1



CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Ginger Date Received LCL VL NAME JUL 11 2019 NICKNAME LAST SUFFIX Nelson CITY SECRETARY'S CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand delivered Date Postmarked ZIP CODE **OFFICEHOLDER** 301 S. Polk St., Ste. 102, LB 37 MAILING **ADDRESS** Amount Change of Address Amarillo, TX 79101 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** Dr. NAME Alan **NICKNAME** LAST SUFFIX Keister CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; ZIP CODE TREASURER **ADDRESS** 1215 S. Coulter Suite 301 Amarillo TX 79105 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER (806)355-9741 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) X July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 04/27/2019 THROUGH 06/30/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff Other 05/04/2019 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Mayor Mayor

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Nelson, Ginger	1 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	Candidate / Officeriolder.	s made by political committees to support the candidate's or officeholder's knowledge or nly if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE							
	GENERAL							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
16 CONTRIBUTION TOTALS	TOTAL POLITICATION LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	AN PLEDGES, \$ 0.00					
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,275.00					
EXPENDITURE TOTALS	3. TOTAL POLITICA	\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 12,902.81					
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	T DAY OF THE \$ 23,618.02						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	* THE LAST DAY \$ 10,000.00						
17 AFFADAVIT								
			perjury, that the accompanying report is formation required to be reported by me A M andidate or Officeholder					
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subs	cribed before me, by the sa	aid Ginger Nelson ertify which, witness my hand and seal of office.	, this theday					
<u>Darla</u> Signature of offi	Henderson cer administering	Printed name of officer administering	Notary Public, State of Texas Notary ID #512654-3 My Commission Expires 11-14-2021 Title of officer administering oath					

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 3 of 11 **18 FILER NAME** 19 Filer ID Nelson, Ginger **20 SCHEDULE SUBTOTALS** NAME OF SCHEDULE SUBTOTAL AMOUNT X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1.275.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 12,902.81 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/11 2 FILER NAME Filer ID Nelson, Ginger 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/06/2019 Burgess, C.C. \$500.00 6 Contributor address; City; State; Zip Code P.O. Box 9900 Amarillo, TX 79105 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/07/2019 Gibner, Mary Alice \$75.00 Contributor address; City; State; Zip Code P.O. Box 56 Spearman, TX 79081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/08/2019 Perdue Brandon Fielder Collins & Mott LLP \$500.00 Contributor address; City; State; Zip Code P.O. Box 9132 Amarillo, TX 79105-9132 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 05/06/2019 \$200.00 Pinkston, Bobby and Laurie Contributor address; City; State; Zip Code 17 Willow Bridge Dr Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) www.ethics.state.tx.us Version V1.1.c63509e1

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Travel in District Polling Expense
Printing 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 F1: 2 FILER NAME 3 Filer ID Sch: 1/7 Rpt: 5/11 Nelson, Ginger 4 Date Pavee name 05/04/2019 A-Team Rentals 6 Amount (\$) Pavee address: City: State; Zip Code \$142.89 1715 SE 10th Amarillo, TX 79102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF **Event Expense** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense projector and screen for event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2019 Anderson, Lyn Payee address; Amount (\$) City; State; Zip Code \$302.18 505 Ramada Trail Amaillo, TX 79108 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2019 Britten, Andrea Payee address; State; Zip Code Amount (\$) City; \$881.19 3708 Farwell Amarillo, TX 79109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll (4/16/2019 - 4/30/2019) Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/7 Rpt: 6/11 Nelson, Ginger 4 Date Payee name 05/16/2019 Britten, Andrea 6 Amount (\$) Payee address; City; State; Zip Code \$615.35 3708 Farwell Amarillo, TX 79109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll (5/1/2019 - 5/15/2019) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2019 Britten, Andrea Payee address; City; State; Zip Code Amount (\$) \$45.32 3708 Farwell Amarillo, TX 79109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense event Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/03/2019 Britten, Andrea Payee address; City; State; Zip Code Amount (\$) \$72.03 3708 Farwell Amarillo, TX 79109 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll (5/16/2019 - 5/31/2019) Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

	Address of the second		XPENDITURE CATEGOR				
	Advertising Expense Accounting/Banking Consulting Expense	Fees		Office Overl	yment/Reimbursement head/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Ex	pense
	Contributions/ Donations Made By Candidate/Officeholder/Political	- Gift/A	/Beverage Expense wards/Memorials Expense	Polling Expe	pense	Travel in District Travel Out of District	
	Credit Card Payment	J	Services Instruction Guide explains		ages/Contract Labor	OTHER (enter a category not listed above	/e)
1	Total pages Schedule F1:		•		•	3 Filer ID	
	Sch: 3/7 Rpt: 7/11	Nelson, Ginger					
4	Date	5 Payee name	· · · ·				
	05/01/2019	C&B Marketing					
6	Amount (\$)	7 Payee address;	City; State;	Zip Cod	de		
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		Amarillo, TX 79	106				
8	PURPOSE	(a) Category (See Cat	egories listed at the top of this sch	edule) ((b) Description		
	OF EXPENDITURE	Printing Expens	e		□	outside of Texas. Complete Schedule T, n, TX, officeholder living expense	
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9	Complete ONLY if direct	Candidate/Officeho	older name C	Office soug	ıht	Office held	
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	expenditure to benefit C/O	-1					
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SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

06/05/2019	Nelson, Ginger	ow to complete		
Sch: 4/7 Rpt: 8/11 4 Date 5 06/05/2019	Nelson, Ginger			
4 Date 5 06/05/2019			3	Filer ID
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06/05/2019	Payee name			
6 Amount (\$) 7	Electronic Federal Tax Payment System			
\$11.94	Payee address; City; State;	Zip Code		
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B PURPOSE (a) OF EXPENDITURE	Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor		=	de of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Off	ice sought		Office held
Date	Payee name			······································
05/04/2019	McCaig, Strecia (Sgt.)			
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PURPOSE OF EXPENDITURE	 Category (see Categories listed at the top of this sched Event Expense 		_	de of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Off	ice sought		Office held
Date	Payee name			
05/06/2019	New West Communications			
Amount (\$)		Zip Code		
\$2,500.00	P.O. Box 13557	- ,		
	Austin, TX 78711			
PURPOSE (a) OF EXPENDITURE	 category (see Categories listed at the top of this sched Consulting Expense 		2	de of Texas. Complete Schedule T. officeholder living expense consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Off	ice sought		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

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\vdash	PURPOSE	(2)						(b)	Description			
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SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)	se		
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		Amarillo, T	X 79101						
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SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/M	pense xpens Vages	se s/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
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4			Payee name	,		-		-		_
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