CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comr	mission Filers)		2 Total pages filed:		OFFICE	USE ONLY 2
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS E	FIRST	IE Tay	10 P	Date Received REC	EIVED
	NICKNAME	Hast	45	SUFFIX		23 2019
4 ORIGINAL REPORT TYPE	January 15	Rur	off Other (spec	cify)	CITY SEC	CRETARY'S AMARILLO
	30th day before election	n 15th	n day after treasurer pointment (officeholder only)		Date Hand-delivered of	or Date Postmarked
	8th day before election	Fina	al report		Receipt #	Amount \$
5 ORIGINAL PERIOD COVERED	Month Day	Year	Month Day	Year	Date Processed	
	4/27/	19	ROUGH (/30/	19	Date Imaged	
6 EXPLANATION OF CO	DRRECTION					
Ma	th erro	OR	010			
	Remain	ing	Contrib	ofte	NS	
7 AFFIDAVIT			or affirm, under penalty of true and correct.	of perjury, t	that this correct	ed
		Check O	NLY if applicable:			
			nual reports: I swear, o			
	4	made in sent the	good faith and without information contained ir	an intent to the the report	o mislead or to rt.	o misrepre-
			eports: I swear, or affi of later than the 14th but			
FRA	ANCES HIBBS	that the r	eport as originally filed is that any error or omiss	s inaccurat	e or incomplete	e. I swear,
	OTARY PUBLIC,	was mad	le in good faith.	1)		
C Petitions	ATE OF TEXAS n Expires 08-19-2019	\$	9()	1 /		
	··········	ď.	Claure	Ha	4	
AFFIX NOTARY STAN	MP / SEAL ABOVE		Signature of Ca	indidate or O	fficeholder	
Sworn to and subscribe	Sworn to and subscribed before me, by the said Elative Nacc, this the 3 day of 5 day.					
20, to certify	20, to certify which, witness my hand and seal of office.					
Fromew 1.	Illes	Tro;	CES ALHES	C	HKI SPO	Pretor
Signature of officer adr	ministering oath	Printed	name of officer administering oat	h	Title of officer	administering oath
Rei	member To Attach	Any Par	Of The Campaign Fir	nance Re	port Form	
			rt And Explain Correc			

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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3689,54	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1070.20	< 1
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$	Corred
18 AFFIDAVIT				
FRANCES HIBBS NOTARY PUBLIC, STATE OF TEXAS Ny Commission Expires 08-19-2019 Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subsc	10		, this the	
day of	, 20 / 4.	to certify which, witness my hand and seal of office.		
Ganees	Melos	Grences Libbs	City Staret	5C X
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	8

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MRS ELATNE	laglof C SUFFIX	Date Received
	Hays	5	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY: STATE: ZIP CODE	JUL 1 5 2019 🔾
Change of Address	Amarillo 17	79105	CITY SECRETARY'S
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	CITY OF AMARILO Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	MI	Receipt # Amount \$
TREASURER NAME	MR COREG I	uayne.	Date Processed
	Houle He	SUPPIA	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SU	JITE #: CITY; STATE;	ZIP CODE
TREASURER ADDRESS	701 S. bylor	LB 120	
(Residence or Business)	Amarillo TX	79101	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 676 - 56	EXTENSION 7 3	
9 REPORT TYPE	January 15 30th day before electric day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 06 /	30 19
11 ELECTION	BLECTION DATE Month Day Year Primary 05 / 04 / 19 General	Runofl Other Description Special	
12 OFFICE	AMON (NO City) COUNCIL, RACE 1	13 OFFICE SOUGHT OF KNOWN AMARICATOR COUNCIL	8 City 8 DACE ONE
	GO ТО	PAGE 2	

14 C/OH NAME	EHAZ	15	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	TO THE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS ACCEPTED OR POLITICAL EXPENDITIONS AND THE BEEN MADE WINDS AND THE CONTRIBUTION OF THE CONTRIBUTI	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		11 21 10 10 11 11 11 11 11
	SPECIFIC	COMMITTEE ADDRESS	
9.00	0 0	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	_3		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
0 M2 22 31 1	X 80 31	B 1 1 1 2 2 111	1 21 m HB 55 5 *
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
1 10-1-4 v s		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3689.54
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1326.32
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
			perjury, that the accompanying report is commation required to be reported by me
		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subscr	ribed before me, t	by the said Elgine Nove	, this the
day of	L, 20/9,	to certify which, witness my hand and seal of office.	
Fronces	12665	Frances Hibbs C	Hy Secretary
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
		A ST NOTE OF THE PARTY OF THE P
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 150
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ —
SCHEDULE B: PLEDGED CONTRIBUTIONS		s —
SCHEDULE E: LOANS		\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 3689.5
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	,	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	· (· · · · · · · · · · · · · · · · ·	s —
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	- FUNDS	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$ —
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	s —
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	IBUTIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) State; 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID) Amount of contribution (\$) State; Contributor address 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 Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; City: State: Zip Code Employer (See Instructions) Principal occupation / Job title (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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Pate 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 2824.12 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) State; 205.13 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code ance Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (address a salegony not listed above)

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a	category not listed above)
Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
Date 20	5 Payee name Baswell Stea	tegies	
5 Amount (\$)	7 Payee address; City; State; Zip Code		
67,09			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advects in g	(b) Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date Amount (\$)	Payee name Mary Baguel Payee address: City; State; Zip Code	,	
256.14			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schodule) FUENT EXPENSE Reimbursement	*Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder	**************************************
Complete ONLY if direct expenditure to benefit C/Ol-	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 Check if travel outside of Texas. Com Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	<i>r</i> :

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MRS. ELAINE	Aylac	Date Received
	NICKNAME LAST	SUFFIX	
	Hays		RECEIVED
4 CANDIDATE/		ITY: STATE; ZIP CODE	HECEIVED
OFFICEHOLDER MAILING	P.O. DOL 9071		APR 26 2019
ADDRESS	Amasilla TX 70	- 2216	AIN 20 Zois yi
Change of Address	MMEET VIS 17 10	1102	CITY SECRETARY'S
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(806) 676-677	2	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Correy Wo	une	Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	AND FETTY	_	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI	ITE #: CITY: STATE:	ZIP CODE
ADDRESS	701 J. 104/08) CB 120	
(Residence or Business)	1		
	HMALTILLO IN	Tatog -	79101
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(806) 676-56	13	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign
			treasurer appointment (Officeholder Only)
	July 15 8th day before elec	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
40 DED:05	-	200 100	D
10 PERIOD COVERED	Month Day Year	Month	Day Year
	3 /31 19	THROUGH 4	26 19
11 ELECTION	ELECTION DATE	ELECTION TYPE	, 1
II EEEOTION	Month Day Year Primary	Runoff Other	
	05 / 4 / 10 Deneral	Description	
	17 11 /		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1 Council
	HARLY (110 CITY) COUNC	Amar IIVO C	ity Coucil
	AMARIANO CITY COUNCE	PLACE (NE
	TOPICE CITE	1 700	7100
	GO TO	PAGE 2	

14 C/OH NAME	LAINE	HAUS	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.			
2	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	TOXAS Kealtors PA	~	
	SPECIFIC	P.O. BOX 295305		
		COMMITTEE CAMPAIGN TREASURER NAME	29	
Additional Pages		lance lacy		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		10. Box 2246		
		HUSLIN 1X 78768-	2246	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	IAN ZED \$ ——	
		POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,336.72	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,870,00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 4,609.74	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	
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. NOTARY PUBLIC, STATE OF TEXAS W. Commission Expires 08-19-2019 Signature of Candidate or Officeholder				
AFFIX NOTARY STAN	MP/SEALABOVE			
Sworn to and subscribed before me, by the said 2012 , this the day of 2012, to certify which, witness my hand and seal of office.				
Signature of officer	administering oath	Printed name of officer administering oath	CHY SCCreforY Title of officer administering oath	

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethles of	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7175,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$14161.72
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$9.86928
8.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	18
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9.72
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ _
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ~
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) nwner Date Out-of-state PAC (IDa Amount of contribution (\$) Contributor address: State; Zip Code Employer (See Instructions) Res Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) State: Zip Code Principal occupation / Job title (See Instructions) Officer Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME ELA	INE HAYS		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)		
4/8/19	121.2511.1.	o; Zip Code	500.		
11	pation Job title (See Instructions)	9 Employer (See Instruct	tions)		
Dist	Ributor	Budweis	ier_		
4/9/19	Mitch and Tamara	Carthel	Amount of contribution (\$)		
	Contributor address; City; state 2123 5. Harrison Ar	1 -01001	250		
Principal occup	pation / Job title (See Instructions) AUD 1 NEW	Employer (See Instruct	lons)		
Date	Full name of contributor out-of-state PAG		Amount of contribution (\$)		
111119	Contributor address; City; state 512 5 and 5 54 Am	: ZIP COOP 9109-	250		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ilons)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
7/3/19	Contributor address; City; state	Si Zip Code 354	250		
7 1	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONET	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	ELAME HAYS	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (IDS:) MILES FOR ESTER 6 Contributor address; City; State; Zip Code 2212 S. One St. Amal. (16 th. 79109)	7 Amount of contribution (\$)				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)				
Date /	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)				
4/13/19	Contributor address; City: State: Zip Code 9106 5 Willow Bridge DR. Ampfillo to	500				
Principal occup	pation / Job title (See Instructions) J Employer (See Instruc	tions)				
Date 4/16/19	Full name of contributor out-of-state PAC (ID#:) Richard Ware Contributor address; City; State; Zip Code P.O. Box Amarillo TX 79105	Amount of contribution (\$)				
	pation / Job title (See Instructions) Employer (See Instructions) AND Employer (See Instructions)	ations)				
Pate 4	Full name of contributor cut-of-state PAC (IDS:) Victor Recol Contributor address; City; State; Zip Code 79 (24) Contributor address; City; State; Zip Code 79 (24)	Amount of contribution (\$)				
1 /1 \	pation / Job title (See Instructions) Employer (See Instru	ctions) WERAGE				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see instruction guide for additional	REEDED al reporting requirements.				

MONE	TARY 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	5 Full name of contributor out-of-state PAC (IDS:	7 Amount of contribution (\$)	
רונטוני	6 Contributor address: City: State: Zip Code 79109	250	
8 Principal occu	2205 5. Georgia Hwill TX pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (IDS:)	Amount of contribution (\$)	
1/6/19	Jerry Hodge Contributor address: City: State: Zip Code 3205. Polk Amarillatx 79101	1,000.	
Oringing!	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
- Findipal occuj	Saudi 7 300 tille (366 ilisudctions)	auria)	
Date	Full name of contributor cut-of-state PAC (IDS:)	Amount of contribution (\$)	
416/19	Tom and Julie Bivins Contributor address; City: State; Zip Code	1,000	
	18.0.Box 708 Amarillotx 79105		
O	pation / Job title (See Instructions) Employer (See Instructions)	emploise	
Date	Tohn and bonna Ward	Amount of contribution (\$)	
4/16/19	Contributor address; City; State; Zip Code 19124	250	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
C	FO bodge M	Not.	
		O	
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 HAUS	3 Filer ID (Ethics Commission Filers)		
4 Date 4/(6)/19	5 Full name of contributor out-of-state PAC (IDS:) 6 Contributor address; City; State; Zip Codef Mar. H.	7 Amount of contribution (\$)		
8 Principal occu	1500 S. Vay OF LB 249 TX 79 (o) pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date /	Full name of contributor out-of-state PAC (IDS:)	Amount of contribution (\$)		
4/19/19	contributor address; City; State; Zip Code 79/19 6003 TUS Cany Mage Amarillo TX	250,		
	pation / Job title (See Instructions) Employer (See Instructions) Nec OLC	tions) Den Ways		
Date	Ron and Cheri Boyd	Amount of contribution (\$)		
١٩ إدور	Contributor address: City: State: Zip Code 79101	100		
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)				
Date	Full name of contributor out-of-state PAC (IDS:	Amount of contribution (\$)		
4/24/19	Mr. +Mr. S. tddie Dradlees Contributor address; City: State: Zip Code Jai 09	250		
Principal occu	pation / Job title (See Instructions) Employer See Instruct	tions)		
	Autos, 1	UP		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional			

MONE	TARY POLITICAL CONTRI	SCHEDULE A1			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	ELAME HAYS		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Out-obstato PAC	; (ID4:)	7 Amount of contribution (\$)		
4/23/19	6 Contributor address: City: State	Sell	100		
	1226 S. Crockett Ang	M. 1×79102			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	; (ID#:	Amount of contribution (\$)		
4/0/0	Contributor address; City, State	re Hustra	15		
1919	2815 S. Goodaid Ami	11 otx 79109	150		
Principal occur	pation (Job title (See Instructions)	Steven A	100s) 15ty 105		
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor Gut-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 O if contributor is cut-of-state PAC, please see instr	F THIS SCHEDULE AS NE ruction guide for additional	EDED requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME ELATINE HAYS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$14,161,72
5 Date 6 Full name of contributor cut-of-state PAC (IDS:	8 Amount of Contribution \$ 9 In-kind contribution description 3 360 Co SU True The Check if travel outside of Texas. Complete Schedule 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 centributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Amount of Contribution & In-kind contribution description Ode 1,390 Check if travel outside of Texas. Complete Schedule 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 T If contributor is out-of-state PAC, please see instruction	inio ouncoule 40 NEEDED on guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of In-kind contribution Contribution S 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 Amount of In-kind contribution description Contributor address; Zip Code 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	m. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor qui-ci-state PAC (IDs:	8 Amount of 9 In-kind contribution description de 2400 Cut Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Centributer'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)	L
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Amount of in-kind contribution description 79105 Contribution \$ description Contrib
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 1 If contributor is out-of-state PAC, please see instruction	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	he instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (IDS:) H123 HMACINO MATHERS 7 Contributor address; City: State; Zip Code R.O. BOX 1532 HMACINO TX		8 Amount of 9 In-kind contribution Contribution \$ description 218250 Receptor Check it travel outside of Texas. Complete Schedule T.		
10 Principal occ	zupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Centribu	rtor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (If any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution Contribution \$. description	
	Contributor address; City; State; Zip Co		Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)	
Contributors	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
if contribute	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
1	f contributor is out-of-state PAC, please see instruction	n guide for a	additional reporting requirements.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Combituders/Donations Made By
Candidate/Cificeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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 O'l District Other (enter a category not Ested above)

Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME I=LAINE HAYS REPUBLICAN WOMEN 25.00 Check if travel outside of Toxas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held

PLACE AMARIN CH Candidate / Officeholder pame 9 Complete ONLY if direct expenditure to benefit C/OH HAYS ELAINE Рауее пате Amount (\$) JACKSON / AMARINO 4712.20 Category (See Categories listed at the top of this schedule) Check if travel outside of Toxas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Complete ONLY if direct AMARILL expenditure to benefit C/OH Payee name Date -2019 Amount (\$) 20 Description Check it travel outside of Texas. Complete Schedule Y. **PURPOSE** OF Check if Austin, TX, afficeholder living expense EXPENDITURE FEES Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH E CAINE Aman.llo

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Mamorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wagos/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ELAINE 540.16 7864 (b) Description Check if travel outside of Texas. Complete Schodule T. **PURPOSE** EXPENDITURE AMARITOOffice sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH ELAINE Payee name Date Amount (\$) AMAR110 195.11 Check il travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense PRINTING EXPENSE EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY If direct AMAR. 110 City Council Place 1 expenditure to benefit C/OH BAGWELL STRATEGIES DRIVE 1 2177.99 Category (See Categories listed at the top of this schedule) Check if travel outside of Yexas. Complete Schodule T. **PURPOSE** ionsultino OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food Food/Boverage Expense Git/Awards/Memoriats Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selantes/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 FILEBRAME LAYS	3 Filter ID (Ethics Commission Filers)	
4 Date 3/14/19	5 Payee name POSTMASTER		
6 Amount (\$)	7 Payee address; City; State; Zip Code	/ / – /	
110.00	505 E. 9th A	VE. AMARILO, TX/79105	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	S	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	STAMPS	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name ELAINE HAYS AMA	Office sought (CONC.) PLAKE	
Date	Payee name		
4/1/19	WELCOME PARTNER		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	P.O. BOX 30926 / AM	nacillo, Tx /79120	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	ADVERTISMG	Check If Austin, TX, officeholder living expense	
	/		
Complete ONLY If direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	ELAINE HAYS AMA	Office sought Council PLACE	
Date	Payee name		
4/3/19	KGNC AM		
Amount (\$)	Payee address: Olsen DIVO	Cite 117	
1600.00	BUS PISER DIVE	, , , , , , , , , , , , , , , , , , , ,	
7000.00	HMarillo TX 7910	9	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	0 24-25-6-4-6	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	A DUERTISING	Chock is realist, 17, emediated sang asparts	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OI	ELAWE MAYS AMA	-a. 110 (ity Council PLACE 1	
	ATTACH ADDITIONAL COPIES OF THIS S	OVERUI E AC NEEDER	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Rolmbursement 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)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILERNAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name HUME 2410 S. GEORGIA ST. / AMARILO, TX / 79/09 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder expanditure to benefit C/OH AMAR. 110 City Cowel PLAGE/ ELAWE Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **Political** EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder fiving expense EXPENDITURE Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MRS. ELAINE	1AY 1012 SUFFIX	Date Received
	Hays		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX 7071	CITY: STATE: ZIP CODE	APR 0 4 2019
Change of Address	Anvaidle TX 70	1105	CITY SECRETARY'S CITY OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (506) 676-677	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	, MI	Receipt # Amount \$
TREASURER NAME	MIR, GREG LAST	Wayne	Date Processed
	Houlett	i-C	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	CB120	ZIP CODE
	Hongrillo M	79101	
8 CAMPAIGN TREASURER PHONE	SCK 1676 - 56	extension 073	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bth day before elec	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
-	01/01/2019	THROUGH 03	30/2019
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other	
	Month Day Year Primary 05 4 9 General	Runoff Other Description Special	
12 OFFICE	Anxi (110 City Cource	13 OFFICE SOUGHT (if known)	ity Council
	PLACE ONE	PLACE Q	E
4 AN	GO ТО І	PAGE 2	

14 C/OH NAME		15 File	r 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			
	General	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED	\$51,°°	
	Marin	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$22,701.	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$15,966.53			
CONTRIBUTION BALANCE	The state of the s	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 7,305,27	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -0 -	
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. NOTARY PUBLIC, STATE OF TEXAS My Commission Expires 08-19-2019 Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	IP/SEALABOVE	1		
Sworn to and subsc	10	by the said Equip region + kinds to certify which, witness my hand and seal of office.	_, this the	
Frances	Melis	FRENCES HILBS CF	Kysecretary	
Signature of officer a	administering oath	Printed name of officer administering oath Tit	le of officer administering oath	

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$22,650
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		5-0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$-0-
4.	SCHEDULE E: LOANS	\$ -0 -	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$13,64570
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$-0
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ -0 -
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$2320.83
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	INDS	554.22
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ ~0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	s <u>-0</u> –
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS S—C		\$-0-

MONE.	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	ELAME HAYS		3 Filer ID (Ethics Commission Filers)
2/13/19	5 Full name of contributor out-of-state PAC Andrew Mittchell 6 Contributor address; City; State 3004 Hughes Hwali	c; (ID#:) C; Zip Code (\lambda\lambd	7 Amount of contribution (\$)
8 Principal occi	pation / Job title (See tostructions)	9 Employer (See Instruc	Totem
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
1/3/19	Gene/Vicki Scitall Contributor address: City: State 1506 S. Lamar Ama	2/2/p Code	100.
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 13 19	Full name of contributor out-of-state PAC JOE Ram Jone S Contributor address; City: State	; Zip Code	Amount of contribution (\$)
Principal occup	3911 Eaton Ama T	79109 Employer (See Instruct	
	•		
Date 2 1	William Boyce	; (ID#:)	Amount of contribution (\$)
/13/19	Contributor address; City; State 35 Oldhan Cede	zip Code 79 109	/00 —
· ·	pation / Job title (See Instructions)	Employer (See Instruct	Boyce Ins. Agra
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see instr	ruction guide for additional	reporting requirements.

MONE.	TARY 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 2/13/19	5 Full name of contributor cut-al-state PAC (IDF:	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	n /\
2/13/19	Full name of contributor cut-of-state PAC (IDS:) W. H. BRIAN JR Contributor address; City; State; Zip Code 8.0. Box 9238 Ama TX 79.05	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
2/14/19	Full name of contributor out-of-state PAC (IDS:	Amount of contribution (\$)
1\ A	nation / Job title (See Instructions) Employer (See Instructions) Sem	ions)
P/14/19	Full name of contributor out-of-state PAC (IDD):	Amount of contribution (\$)
1.1	ation / Job title (See Instructions) Employer (See Instructions) An K-en Amar' Lo	NATIONAL
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	FDFD
	if contributor is out-of-state PAC, please see instruction guide for additional r	

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)
Date 5 Full name of contributor cut-of-state PAC (IDS:) Michael Hannah Haning	7 Amount of contribution (\$)
2/14/19 6 Contributor address: City: State: Zip Cope) 2615 5. Hughes that 79109	100.
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	• .
Kresident Visco, -	FNC,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/14/19 Your thater City: State: Zip Code	250.
1.0.Box 2010 fmatx 79105	
Principal occupation / Job title (See Instructions) / Employer (See Instruc	tions)
Date Full name of contributor cut-of-state PAC (IDF:)	Amount of contribution (\$)
16/19 GREG/JULE MITCHELL Contributor address; City: State; Zip Code	250.
1201 5. Taylor tma, TX 19101	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Toot 'N	totem
Date Full name of contributor cut-of-state PAC (ID#:	Amount of contribution (\$)
2/16/19 Warty / Grdy Kowley City: State: Zip Codo	100.
8010 S. Coulter Amg TX 79119	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	employed
	9 0
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI tf contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
4 Date S Full name of contributor cut-of-state PAC (IDS:) HNDREW HAU 6 Contributor address; City: State; Zip Code 79 101 500 5. Taylor LB 249 Amatx	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	elay
Pate Full name of contributor Gut-of-state PAC (IDS:) Tom Julie Bivins Contributor address; City; State; Zip Code P.O. Box 708 Ama TX 79105	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct Self-ex	nployed
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct Employer (See Instruct C (S D)	ions)
Date Surror Guit-of-state PAC 808:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) EVAGENTIAL	. \ \
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE if contributor is out-of-state PAC, please see instruction guide for additional re-	

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)
Date 5 Full name of dontributor Out-of-state PAC (IDS:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Don Brench Taley	Amount of contribution (\$)
Contributor address; City: State: Zip Code 2206 Par Ker Ama TX 79109	100
Principal occupation / Job title (See Instructions) / Employer (See Instru	1 7 6 1 5 4 5 5
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2/16/19 Contributor address; City: State; Zip Code 16 Cypress Point How TX 79124	250
Principal occupation / Job title (See Instructions) Employer (See Instru	mat.
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
203 Pebble DROOK DR. Amatx	100
Principal occupation / Job title (See Instructions) Employer (See Instructions)	rpole Motors
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	EEDED reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME FLANE HAUS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor cut-of-state PAC (IDF:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 504	-employed
Date Full name of contributor out-of-state PAC (IDD:) Claudette andess Contributor address: City: State: Zip Code Teal Court Analy 79166	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#: J. Rat NAncy Hickman Contributor address; City; State; Zip Cope MA CONTRIBUTOR CONTRIBUT	Amount of contribution (\$) WYON 1000.
Principal occupation / Job title (See Instructions) Employer (See Instructions)	State Bank
Date Full name of contributor cut-of-state PAC (ID#:	Amount of contribution (\$) / C O .
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	-DED
if contributor is out-of-state PAC, please see instruction guide for additional n	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Full name of contributor ☐ out-of-state PAC (iD#: 500. Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of coatributor Date Cut-of-state PAC (ID# Amount of contribution (\$) 100 Contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) 502 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution Cut-cf-state PAC (ID#: City; 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 FLAME HAYS	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$)
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6903 Cayman Ct. Ana X 79124	100.
Principal occupation / Job title (See Instructions) Employer (See Instruc	itons)
Date Full name of contributor	Amount of contribution (\$)
Holla Janice McCounting Contributor address; City; State; Zip Code 8.0 Box 8872 Amatx 79114	500.
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Date Full name of contributor BLAINE Kelly Koberts Contributor address; City; State; AZIp Code —19 1.06	Amount of contribution (\$)
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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
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Jerry Margaret Hodge 6 Contributor pedress; City: State; Zip Code	1,000.
136 Oldham Circle Amatx 79109	
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Dain/ Carol Wobelady Contributor address: City: State: Zip Code	500.
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Steve Rajan TRaffon Contributor address; City: State: Zip Code 79109 4211 W. I-40 St. 200 Ama TX	1,000.
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John Walker Contributor address; City; State; Zip Code 2804. S. Bonham Amat X 79109	50.
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123/19 Contributor address; City: State; Zip Code 10/5.F. 1174/Aug. 57.100 April 79101	1,000.
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1.0. Box 1 Amarillo TX 79105		
Principal occupation / Job title (See Instructions) Employer (See Instructions) AND Employer (See Instructions)	ions)	
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128/19 Contributor address; State; Zip Codiffma 8717 Enalish Cay Pky TX 79119	300.	
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74/19 Contributor address; City: State: Zip Code 79/19 45/3 THOUTY COURT HAW TX	250.	
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7907 Rebble beach Dr. Ama TX	250.	
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127 bewey Ama IX 79124	4	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Collectors In	
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3/5/19 JOE/ LOURA STREET AND TO Contributor address; City: State: Zip Code And Ty 7800 Nov Fragand Nun 79119	1,000.	
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7 5719 Contributor address; City; State: Ztp Code 7708 Bept TREEDE. Ama TX 79 DI	250.	
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Paes. Many Ser	vices, INC.
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9/3/9 UR CIYAE BRONDA MEEKS Contributor address: City: State, Zip Code	500.
10 tine Valley ane Amal 779124	
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Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (S)
3/9/9 Sam / Jeanne Thomp Son Contributor address; City: State Zip Code	75,
1522 S. Austin Amaty 79102	
Principal occupation / Job title (See Instructions) Employer-(See Instructions)	ions)
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2 FILER NAME	ELAWE HAYS	3 Filer ID (Ethics Commission Filers)
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8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
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	If contributor is out-of-state PAC, please see instruction guide fo	or additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1	2 FILER NAME 12 LAINE + HAS 3 Filer ID (Ethics Commission Filers)
4 Date 3/26	5 Payee name BA6WELL STRATEGIES
6 Amount (\$) 35 74.77	7 Payee address; City: State: Zip Code 100 BITNES DRIVE AMARINO, TX / 79124
8 PURPOSE OF EXPENDITURE	(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/O	Candidate / Office holder name Office sought Office held ELITIME HALS AMAZILO (ITY COUNCIL PLACE
Date 1/23 Amount (\$)	Payee address: City; State; Zip Code P. O. BOX 32552 AMARINO TX / 79120
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Date ///9 - 3/30/19	Payee name Aredo + DALLAS TX
LS. LS	Payee address: City: State: Zip Code 1920 MC Kinney Ave the Floor
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POLITICAL EXPENDITURES MADE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credi Card Payment	Sy	Legal Service	e e Expense lemorials Expense s	Loan Repay Office Over Polling Exp Printing Exp Satarles/Wi		Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)	39
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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 Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Git/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Weges/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILEB NAME ELA (NE HAYC 5 Payee address; City; State; Zip Cpde 4 Date 2/22 S. TAylur / AMAR. 110 79:61 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Event typense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH ELAINE Payee name Date 2/22 SHELLY MCGEE Payee address; 'City; State: Zip Code Amount (\$) 5306 BIZINKMAN/AMARILO, TX 480.0 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Amanilo Cty Council E LAWR Date YN ANDERSON City; State; Zip Code Amount (\$) RAMADA TRAIL AMARILO 204a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Taxas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH City (Ouncl E LAINE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FROM POLITICAL CONTRIBUTIONS SCHEDULE F1 POLITICAL EXPENDITURES MADE

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)
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	The Instruction Guide explains how to complete this form.
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By rees Food/Beverage Expense Git/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Date 25 Amount (\$) 00 Reimbursement from political contributions Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office held expenditure to benefit C/OH Payee name **i**Date Amount (\$) Pavee address: 54,20 Reimbursement from political contributions Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Office sought Office held expenditure to benefit C/OH Date Pavee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED