

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

Print Name of Candidate or Officeholder
2 Total pages filed

4

3 CANDIDATE / OFFICEHOLDER NAME	MRS. ELAINE TAYLOR HAYS P.O. Box 9071 Amarillo, TX 79105	OFFICE USE ONLY Date Received RECEIVED JUL 13 2020 CITY SECRETARY'S CITY OF AMARILLO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 9071 Amarillo, TX 79105	
5 CANDIDATE / OFFICEHOLDER PHONE	806 676-6772	
6 CAMPAIGN TREASURER NAME	MR. GREG WAYNE Houlette	
7 CAMPAIGN TREASURER ADDRESS	701 S. Taylor, LB 120 Amarillo, TX 79101	Date Received Date Received Date Received
8 CAMPAIGN TREASURER PHONE	806 676-5673	
9 REPORT TYPE	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Suspended Member	
10 PERIOD COVERED	1 1 2020 to 6 30 2020	Date Received Date Received
11 ELECTION	5 04 19	
12 OFFICE	Amarillo City Council, PLACE ONE	Date Received

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID # Hibbs, Frances Hibbs

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS ROW IS FOR NOTICE BY THE C/OH CONTAINING INFORMATION ON POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE, OFFICEHOLDER, OR THEIR CANDIDACY THAT MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. THE CANDIDATE AND OFFICEHOLDER ARE REQUIRED TO REPORT THIS INFORMATION ONLY IN THE INCIDENT NOTICE OF SUCH EXPENDITURES.

16A POLITICAL COMMITTEE NAME

16B TYPE

16C COMMITTEE ADDRESS

16D CITY

16E STATE

16F ZIP

16G PHONE

16H FAX

16I E-MAIL

16J WEBSITE

16K OTHER

Additional Pages

17 CONTRIBUTION
TOTALS

1 TOTAL UNOFFICIAL CONTRIBUTIONS OTHER THAN FRIENDS' LOANS OR CONTRIBUTIONS MADE THROUGH A POLITICAL COMMITTEE

\$ -0-

2 TOTAL POLITICAL CONTRIBUTIONS OTHER THAN FRIENDS' LOANS OR CONTRIBUTIONS MADE THROUGH A POLITICAL COMMITTEE

\$ -0-

EXPENDITURE
TOTALS

3 TOTAL UNOFFICIAL EXPENDITURES OTHER THAN FRIENDS' LOANS

\$ -0-

4 TOTAL POLITICAL EXPENDITURES

\$ 253.35

CONTRIBUTION
BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS RECEIVED AND REPORTED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 851.88

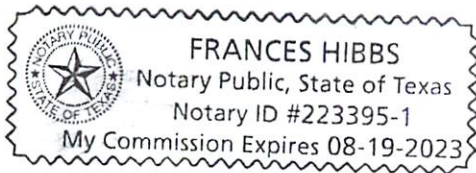
OUTSTANDING
LOAN TOTALS

6 TOTAL PRINCIPAL AMOUNT OF FRIENDS' LOANS AND OTHERS TO THE CANDIDATE OR OFFICEHOLDER

\$ -0-

18 AFFIDAVIT

I, the undersigned, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me in this report. I declare under the penalty of perjury that the foregoing is true and correct.



Elaine Taylor Hays
Signature of Candidate or Officeholder

Sworn to and subscribed before me by the said Elaine Taylor Hays on the 13th day of July 2020

Frances Hibbs *Frances Hibbs* City Secretary

Signature of official administering oath

Signature of candidate or officeholder

Signature of official 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. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 253.35

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. 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

\$

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 Taylor Hays	3 Filer ID (Ethics Commission Filers) ¹⁰
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4 Date 7/6/20	5 Payee name USPS
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6 Amount (\$) 134. ⁰⁰	7 Payee address: 505 E 9th Ave.	City: Amarillo	State: TX	Zip Code 79105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office/Rental Exp.	(b) Description P.O. Box Rental
	(c) <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
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Date 7/6/20	Payee name ELAINE HAYS
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Amount (\$) 119.35	Payee address: P.O. Box 9071	City: Amarillo	State: TX	Zip Code 79105
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Reimbursement Magnetic Signs
	<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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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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8 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