

# 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	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST JAMES MICHAEL	MI
	NICKNAME	LAST Hunt	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2715 SW 6th Ave  Amarillo, TX 79106		ZIP CODE
	Date Received		Date Hand-delivered or Date Mailed
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>G.E. Chip</i>	MI
	NICKNAME	LAST <i>Hunt</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2715 S.W. 6th Ave Amarillo, TX 79106</i>		
	7 CAMPAIGN TREASURER PHONE	AREA CODE <i>806</i>	PHONE NUMBER <i>206-1215</i>
8 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2021		THROUGH Month Day Year 03/22/2021
10 ELECTION	ELECTION DATE Month Day Year 05/01/2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Place MAYOR

**OFFICE USE ONLY**  
**RECEIVED**  
Date Received  
**MAR 31 2021**  
**CITY SECRETARY'S**  
**CITY OF AMARILLO**

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

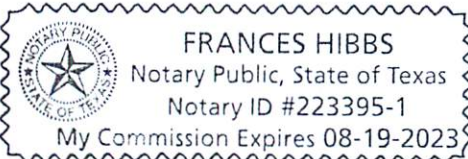
**FORM C/OH  
COVER SHEET PG 2**  
2 of 17

<b>13 C / OH NAME</b> Hunt, JAMES MICHAEL	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.																	
<table border="1" style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td colspan="2"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="3"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td colspan="3"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="3"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>		<input type="checkbox"/> GENERAL			<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>			<b>COMMITTEE CAMPAIGN TREASURER NAME</b>			<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>				
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>																
	<input type="checkbox"/> GENERAL																	
	<input type="checkbox"/> SPECIFIC																	
<b>COMMITTEE ADDRESS</b>																		
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>																		
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>																		


<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,726.11
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,087.62
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,665.00

**17 AFFADAVIT**




**FRANCES HIBBS**  
Notary Public, State of Texas  
Notary ID #223395-1  
My Commission Expires 08-19-2023

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Hunt, this the 31 day of March, 2021, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Frances Hibbs

 \_\_\_\_\_  
 Printed name of officer administering

CITY SECRETARY

 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Hunt, JAMES MICHAEL		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,726.11
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,665.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,962.62
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 125.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/17
2 FILER NAME Hunt, JAMES MICHAEL		3 Filer ID
4 Date 01/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, ROBERT	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2412 UTICA  LUBBOCK, TX 79407		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAILEY, SUSAN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 306 SUNSET  AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIVENS, SABRINA	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 7104 MARLOWE  AMARILLO, TX 79108		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Melanie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 5111 harvard  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, ALAN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3910 S. GEORGIA  AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/17
2 FILER NAME Hunt, JAMES MICHAEL		3 Filer ID
4 Date 02/07/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, John	7 Amount of Contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code 1514 JORDAN  Amarillo, TX 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EBERT, DAVID	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code P.O.BOX 54816  HURST, TX 76054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOELZER, JEREMY	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code 6805 DREYFUSS  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, MONTE	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 2723 E. 56TH  TULSA, OK 74105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENSON, RODNEY	Amount of Contribution (\$)  \$511.11
Contributor address; City; State; Zip Code 1461 LARIMER RIDGE PARKWAY  TIMNATH, CO 80547		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 3/4 Rpt: 6/17

2 FILER NAME  
Hunt, JAMES MICHAEL

3 Filer ID

4 Date  
01/19/2021

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Hunt, Chip

6 Contributor address; City; State; Zip Code  
2715 SW 6th Ave  
Amarillo, TX 79106

7 Amount of Contribution (\$)  
\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)  
self

Date  
03/18/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
KELLEY, KEN

Contributor address; City; State; Zip Code  
3209 S. ONG  
AMARILLO, TX 79109

Amount of Contribution (\$)  
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/26/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
PHILLIPS, BRAD

Contributor address; City; State; Zip Code  
6609 KINGSBURY  
AMARILLO, TX 79109

Amount of Contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/09/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
RODRIGUES, MICHELE

Contributor address; City; State; Zip Code  
609 S. KENTUCKY  
AMARILLO, TX 79106

Amount of Contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
RUFFVALDEZ, JERRIE

Contributor address; City; State; Zip Code  
8250 CLIFFSIDE  
Amarillo, TX 79124

Amount of Contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/17
<b>2</b> FILER NAME Hunt, JAMES MICHAEL		<b>3</b> Filer ID
<b>4</b> Date 03/18/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUFFVALDEZ, JERRIE <b>6</b> Contributor address; City; State; Zip Code 8250 CLIFFSIDE Amarillo, TX 79124	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSETTE, JON Contributor address; City; State; Zip Code 2607 WOLFLIN Amarillo, TX 79106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSETTE, JON Contributor address; City; State; Zip Code 2607 WOLFLIN Amarillo, TX 79106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/17	
2 FILER NAME Hunt, JAMES MICHAEL		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/25/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURKETT OUTDOOR ADV	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description BILLBOARDS 3 MONTHS
	7 Contributor address; City; State; Zip Code PO BOX 50372  AMARILLO, TX 79159	<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 03/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, TOM	Amount of contribution (\$) \$500.00	In-kind contribution description DIGITAL AD
	Contributor address; City; State; Zip Code PO BOX 295  AMARILLO, TX 79105	<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)			



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/2 Rpt: 9/17
<b>2</b> FILER NAME Hunt, JAMES MICHAEL		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 01/15/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT, JAMES MICHAEL	<b>9</b> Loan Amount (\$) \$465.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 2715 SW 6th Ave  Amarillo, TX 79106	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions) SELF
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>19</b> Amount Guaranteed (\$)		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)
Date of loan 01/11/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, JAMES MICHAEL	Loan Amount (\$) \$800.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 2715 SW 6th Ave  Amarillo, TX 79106	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal occupation		Employer (See Instructions)

**LOANS****SCHEDULE E****The Instruction Guide explains how to complete this form.****1** Total pages Schedule E:  
Sch: 2/2 Rpt: 10/17**2** FILER NAME

Hunt, JAMES MICHAEL

**3** Filer ID**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan  
01/15/2021**7** Name of lender

Hunt, JAMES MICHAEL

 out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)

\$1,400.00

**6** Is lender a  
financial  
institution?  
  
No**8** Lender address; City; State; Zip Code

2715 SW 6th Ave

Amarillo, TX 79106

**10** Interest Rate**11** Maturity Date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)

SELF

**14** Description of Collateral None**15** Check if personal funds were deposited into political account  
(See Instructions)**16** GUARANTOR  
INFORMATION not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal occupation**21** Employer (See Instructions)

# POLITICAL EXPENDITURES 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: Sch: 1/6 Rpt: 11/17		2 FILER NAME Hunt, JAMES MICHAEL		3 Filer ID
4 Date 03/21/2021		5 Payee name AF FILM		
6 Amount (\$) \$450.00		7 Payee address; City; State; Zip Code 930 W. COLORADO AVE  Amarillo, TX 79108		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 TV / RADIO ADS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 01/15/2021		Payee name AGE GRAPHICS		
Amount (\$) \$465.00		Payee address; City; State; Zip Code P. O. BOX 271  WILMINGTON, OH 45177-0271		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 YARD SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name HUNT , JAMES MICHAEL	Office sought MAYOR	Office held
Date 01/15/2021		Payee name AGE GRAPHICS		
Amount (\$) \$1,400.00		Payee address; City; State; Zip Code P. O. BOX 271  WILMINGTON, OH 45177-0271		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 YARD SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 12/17	<b>2</b> FILER NAME Hunt, JAMES MICHAEL	<b>3</b> Filer ID
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<b>4</b> Date 03/22/2021	<b>5</b> Payee name AGE GRAPHICS
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<b>6</b> Amount (\$)  \$450.00	<b>7</b> Payee address; City; State; Zip Code P. O. BOX 271  WILMINGTON, OH 45177-0271
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2021	Payee name ANEDOT
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Amount (\$)  \$10.90	Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT FOR ONLINE DONATIONS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HUNT, JAMES MICHAEL	Office sought MAYOR	Office held None
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Date 01/27/2021	Payee name ANEDOT
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Amount (\$)  \$3.40	Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEES FOR ONLINE PAYMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 13/17	<b>2</b> FILER NAME Hunt, JAMES MICHAEL	<b>3</b> Filer ID
<b>4</b> Date 01/28/2021	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$4.30	<b>7</b> Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEE FOR ONLINE PAYMENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/10/2021	Payee name ANEDOT	
Amount (\$) \$20.74	Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEE FOR ONLINE PAYMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/09/2021	Payee name ANEDOT	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEE FOR ONLINE PAYMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES 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: Sch: 4/6 Rpt: 14/17		2 FILER NAME Hunt, JAMES MICHAEL		3 Filer ID	
4 Date 03/12/2021		5 Payee name ANEDOT			
6 Amount (\$) \$1.30		7 Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEE FOR ONLINE PAYMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/18/2021		Payee name ANEDOT			
Amount (\$) \$10.30		Payee address; City; State; Zip Code 5555 HILTON AVE #106  BATON ROUGE, LA 70808			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEE FOR ONLINE PAYMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/04/2021		Payee name C&B MARKETING			
Amount (\$) \$115.83		Payee address; City; State; Zip Code 2400 SW 6TH AVE  Amarillo, TX 79106			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 MAGNETIC SIGNS FOR CAR	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 15/17	<b>2</b> FILER NAME Hunt, JAMES MICHAEL	<b>3</b> Filer ID
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<b>4</b> Date 01/13/2021	<b>5</b> Payee name CITY OF AMARILLO
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<b>6</b> Amount (\$)  \$100.00	<b>7</b> Payee address; City; State; Zip Code 509 SE 7TH AVE  Amarillo, TX 79101
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTION FEES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2021	Payee name FIRST BANK SOUTHWEST
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Amount (\$)  \$12.50	Payee address; City; State; Zip Code P. O. BOX 32552  Amarillo, TX 79120
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE CHARGE BY BANK
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2021	Payee name HARLAND CLARK
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Amount (\$)  \$16.05	Payee address; City; State; Zip Code P.O. BOX 32552  AMARILLO, TX 79120
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING CHECKS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 16/17	<b>2</b> FILER NAME Hunt, JAMES MICHAEL	<b>3</b> Filer ID
<b>4</b> Date 02/19/2021	<b>5</b> Payee name MUSTANG STRATEGIES	
<b>6</b> Amount (\$) \$900.00	<b>7</b> Payee address; City; State; Zip Code 8745 GARY BURNS DRIVE  FRISCO , TX 75034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA MANAGEMENT
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 17/17	<b>2</b> FILER NAME Hunt, JAMES MICHAEL	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 03/15/2021	<b>6</b> Payee name AMARILLO PIONEER MEDIA
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<b>7</b> Amount (\$) \$125.00	<b>8</b> Payee address; City; State; Zip Code PO BOX 295 AMARILLO, TX 79105
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL/PRINT ADV
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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