The C/OH Instruction Guide explains how to complete this form.       1       Filer ID (Ethics Commission Filers)       2       Total pages filed:         3       CANDIDATE / OFFICE HOLDER NAME       Ms / Mss / Ms       Filer       Mit       T       OFFICE USE ONLY         4       CANDIDATE / OFFICE HOLDER NAME       Ms / Mss / Ms       Filer       Mit       T       OFFICE USE ONLY         4       CANDIDATE / OFFICE HOLDER NAME MS       Address       And reference       II       Date Reference       APR / OI 2021         4       CANDIDATE / OFFICE HOLDER NAME MS       Address       Arr / suffer (CTY)       State:       20 cone         5       CANDIDATE / OFFICE HOLDER NAME MS       Address       Arr / suffer (CTY)       State:       20 cone         5       CANDIDATE / OFFICE HOLDER NAME MS       Mit / MS / M		TE / OFFICEHOLDER	FORM C/OH COVER SHEET PG 1
OFFICEHOLDER NAME       Mr       Clarence       T         AME       LAST       SUFFIX       II         ACANDIDATE / OFFICEHOLDER MALING       ADDRESS       Mr       SUFFIX       II         ADDRESS       ADDRESS       APP 01 2021       APP 01 2021         OFFICEHOLDER MALING       Amarillo, TX 79102       CITY SECRETARYS CITY OF AMARILLO         OFFICEHOLDER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         OFFICEHOLDER NAME       AREA CODE       PHONE NUMBER       EXTENSION         OFFICEHOLDER NAME       MIS / MIS / MIR       PHIST       MI         MARE       MS / MIS / MIR       PHIST       MI         MAME       LAST       SUFFIX       Date Hand-delivered or Date Postmarked         MAME       MIS / MIR / MIR       PHIST       MI         MARE       LAST       SUFFIX       Date Mandelivered or Date Postmarked         MAME       STREET ADDRESS (NO PO BIX PLEASE). APT / SUITE #:       CITY:       STATE:       ZIP CODE         Statest ADDRESS       NORMARY       AREA CODE       PHONE NUMBER       EXTENSION       Date Imaged         GREADERSS       ACAMPAIGN       AREA CODE       PHONE NUMBER       EXTENSION       Exceeded Modilied Reportiguint       Tish day aft	The C/OH Instruction G	uide explains how to complete this form.	2 Total pages filed:
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	E / OFFICEHOLDER	FORM C/OH COVER SHEET PG 2		
15 C/OH NAME Tom Warren II	16	Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	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)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	<sup>SAY</sup> \$ 58.11		
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD</li> </ol>	<sup>HE</sup> \$ 0.00		
required to be reported by me under Title 15, Election Code.       Omega Data         Signature of Candidate or Officeholder         Please complete either option below:         (1) Affidavit         NOTARY STAMP/SEAL         Sworn to and subscribed before me by				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR	nue of onicer auministering oath		
(2) Unsworn Declaratio	on			
My name is Clarence	T. "Tom" Warren, and my date of birth is 0	1/21/1974		
My address is 1620 S.		79106 USA		
Executed in Potter	(street) (city) (state County, State of Texas , on the 1 day of April (month) Signature of Candidate	e) (zip code) (country) 2021 (year) (year) (year) (year) (year)		
Forms provided by Texas Eth				
orms provided by Texas Etr	www.etnics.state.tx.us	Revised 8/17/2020		