

# 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 (Ethics Commission Filers)

2 Total pages filed  
*16*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	MS.	ALISON	B
	NICKNAME	LAST	SUFFIX
	ALI	RAMOS	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE
Change of Address	1303 S AVONDALE ST AMARILLO, TX 79106				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 806 )	206-8955	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MRS	KATHERYN	N
	NICKNAME	LAST	SUFFIX
	KAT	ROSAS	

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE),	APT / SUITE #,	CITY,	STATE,	ZIP CODE
(Residence or Business)	132 N TIMBERCREEK DR		AMARILLO	TX	79118

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 806 )	674-5288	

9 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)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	21	21		4	1	21

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5	1	21	<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	N/A	CITY COUNCIL PLACE 4

14 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	COMMITTEE ADDRESS
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
MAR 31 2021 *AL*

CITY SECRETARY'S  
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked  
**RECEIVED**

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed  
APR 01 2021 *AL*

Date in \_\_\_\_\_  
CITY SECRETARY'S  
CITY OF AMARILLO

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

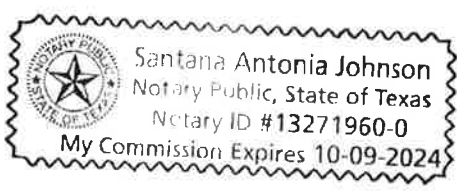
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,170.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,784.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Santana Johnson this the 31<sup>st</sup> day of March, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Santana Johnson Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,345.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 34,825.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,784.63
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		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/08/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Ronnie Nanos</b> 6 Contributor address, City, State, Zip Code <b>701 Georgia St Amarillo, TX 79106</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/09/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Kristina Drumheller</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/11/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jak Thurmond</b> Contributor address, City, State, Zip Code <b>Donated through CashApp</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/16/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Rene Burk</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$)  <b>100.00</b>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/27/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Sarah Busbee</b> 6 Contributor address, City, State, Zip Code <b>Donated through CashApp</b>	7 Amount of contribution (\$)  <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/28/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Janice Broms</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/28/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Lori Generes</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/01/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Christa Moore</b> Contributor address, City, State, Zip Code <b>Donated through Venmo</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Chrystal Zimmerman</b> 6 Contributor address; City, State, Zip Code <b>Donated through Venmo</b>	7 Amount of contribution (\$)  <b>75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/02/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Emily Wolinsky</b> Contributor address; City, State, Zip Code <b>1314 Blakeney Lane Austin, TX 78753</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/02/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jodie Coker</b> Contributor address; City, State, Zip Code <b>Donated through Venmo</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/03/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Kelsi (Last Name Unavailable)</b> Contributor address; City, State, Zip Code <b>Donated through Venmo</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/03/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Kirbi Kelley-Diaz</b>	7 Amount of contribution (\$)  <b>20.00</b>
	6 Contributor address, City, State, Zip Code <b>3224 Janet Dr apt 503 Amarillo, TX 79109</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/07/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Kat Rosas</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address, City, State, Zip Code <b>132 N Timbercreek Dr Amarillo, TX 79118</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/07/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Brandon Parlow</b>	Amount of contribution (\$)  <b>10.00</b>
	Contributor address, City, State, Zip Code <b>2038 S Washington St Amarillo, TX 79109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/07/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ana Quinones</b>	Amount of contribution (\$)  <b>15.00</b>
	Contributor address, City, State, Zip Code <b>4203 S Williams S tAmarillo, TX 79118</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/09/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Terry Martin</b> 6 Contributor address; City, State; Zip Code <b>2601 S Travis St Amarillo, TX 79109</b>	7 Amount of contribution (\$)  <b>30.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/11/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Paul O'Hanlon</b> Contributor address; City, State; Zip Code <b>959 S. Braddock Ave. Pittsburgh, PA 15221</b>	Amount of contribution (\$)  <b>15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/14/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Alana Theriault</b> Contributor address; City, State; Zip Code <b>2228 Sacramento St. Berkeley, CA 94702</b>	Amount of contribution (\$)  <b>2.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/15/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Lydia Marsh</b> Contributor address; City, State; Zip Code <b>1 Greenwood Lane, Amarillo, Texas, 79109</b>	Amount of contribution (\$)  <b>1,012.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/15/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Ande Parlow</b> 6 Contributor address, City, State, Zip Code <b>2038 S Washington St Amarillo, TX 79109</b>	7 Amount of contribution (\$)  <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/15/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Shae Cairns</b> Contributor address, City, State, Zip Code <b>6519 Mosley St Amarillo, TX 79119</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/16/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jina Thammavong</b> Contributor address, City, State, Zip Code <b>5820 NE 19th Ave Amarillo, TX 79107</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/18/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Shane Sanderson</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/18/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Ben Lovell</b> 6 Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/20/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Joan Garnier</b> Contributor address, City, State, Zip Code <b>317 South 5th Street Dekalb, IL 60115</b>	Amount of contribution (\$) <b>2.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/20/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Nicholas Crabbe</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Yulia Arakelyan</b> Contributor address, City, State, Zip Code <b>9250 N Saint Johns Ave Portland, OR 97203</b>	Amount of contribution (\$) <b>2.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/22/2021</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Kristen Smith</b> 6 Contributor address, City, State, Zip Code <b>2124 King Court Green Brook, NJ 08812</b>	7 Amount of contribution (\$)  <b>2.50</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/23/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Brett Bieder</b> Contributor address, City, State, Zip Code <b>500 Cunat BLVD APT 2A Richmond, IL 60071</b>	Amount of contribution (\$)  <b>27.50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ashley Wetter</b> Contributor address, City, State, Zip Code <b>Donated through PayPal</b>	Amount of contribution (\$)  <b>35.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Amanda Leal</b> Contributor address, City, State, Zip Code <b>5222 Loyce Ave Amarillo, TX 79109</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>ALISON RAMOS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/2021</b>	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> <b>April Pierce</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address, <small>City; State; Zip Code</small> <b>2312 Victoria St Amarillo, TX 79106</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>  Contributor address, <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>  Contributor address, <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>  Contributor address, <small>City; State; Zip Code</small>	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.

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	
2 FILER NAME <b>Derek Weathersbee</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 15,000	
5 Date <b>3-29</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Derek Weathersbee</b>	8 Amount of Contribution \$ 15,000	9 In-kind contribution description Web development, branding, font creation, marketing, brand management, copywriting
7 Contributor address, City, State, Zip Code <b>6505 Bayberry Lane Amarillo, TX 79124</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Designer &amp; Instructor</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Amarillo College</b>	
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 03/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Derek Weathersbee</b>	Amount of Contribution \$ 5,000.00	In-kind contribution description Design, marketing, copywriting and web development
Contributor address, City, State, Zip Code <b>6505 Bayberry Lane Amarillo, TX 79124</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Graphic Designer</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Amarillo College Weathersbee Creative</b>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	
2 FILER NAME <b>Daniel Martinez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>10,000</b>	
5 Date <b>3-31-21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Martinez</b>	8 Amount of Contribution \$ <b>5,000</b>	9 In-kind contribution description <b>Graphic Design &amp; Marketing</b>
7 Contributor address, City, State, Zip Code <b>1020 sw 34th ave Amarillo TX 79109</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Multimedia designer</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Austin Hose</b>	
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 <b>3-31-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Martinez</b>	Amount of Contribution \$ <b>\$5,000</b>	In-kind contribution description <b>Branding</b>
Contributor address, City, State, Zip Code <b>1020 sw 34th ave Amarillo. TX 79109</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Multimedia Designer</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Austin Hose</b>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	
2 FILER NAME <b>Alex Fairbanks</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>9,825.00</b>	
5 Date <b>3-29</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alexander Campbell Fairbanks</b>	8 Amount of Contribution \$ <b>9,825.00</b>	9 In-kind contribution description <b>Video Production &amp; Editing</b>
7 Contributor address, City, State, Zip Code <b>930 W Colorado Ave, Amarillo, TX 79108</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Videographer</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Self Employed</b>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of Contribution \$	In-kind contribution description
			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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**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         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME ALISON RAMOS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2021	<b>5</b> Payee name 4OVER	
<b>6</b> Amount (\$) 333.96	<b>7</b> Payee address; 5900 SAN FERNANDO RD	City, State, Zip Code GLENDALE CA 91202
<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 YARD SIGNS
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/16/2021	Payee name 4OVER	
Amount (\$) 258.41	Payee address; 5900 SAN FERNANDO RD	City, State, Zip Code GLENDALE CA 91202
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/29/2021	Payee name 4OVER	
Amount (\$) 179.76	Payee address; 5900 SAN FERNANDO RD	City, State, Zip Code GLENDALE CA 91202
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description LARGE SIGNS
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**