

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: 5 | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | RECEIVED OFFICE USE ONLY Date Received APR 22 2021 <i>4/23/21</i> CITY SECRETARY'S CITY OF AMARILLO | | | | | |
| | | Jason | | | | | | | |
| | NICKNAME | LAST | SUFFIX | | | | | | |
| | | Foglesong | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE | | Date Hand-delivered or Date Postmarked | | | | |
| | PO Box 51131 | | | | Receipt # | | | | |
| | Amarillo, TX 79159 | | | | Amount | | | | |
| | | | | | Date Processed | | | | |
| | | | | Date Imaged | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS (MR) | FIRST | MI | | | | | | |
| | | Jason | D | | | | | | |
| | NICKNAME | LAST | SUFFIX | | | | | | |
| | | Foglesong | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | |
| | 709 S. Maryland St | | | Amarillo, TX | | 79106 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | |
| | (806) | 477-8598 | | | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" 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 | THROUGH | Month | Day | Year | | |
| | | | 04/02/2021 | | | | 04/21/2021 | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | | | |
| | | | 05/01/2021 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | | 12 OFFICE SOUGHT (if known) | | | | |
| | | | | | Amarillo City Council Place Two District Amarillo | | | | |

GO TO PAGE 2

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

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

2 of 5

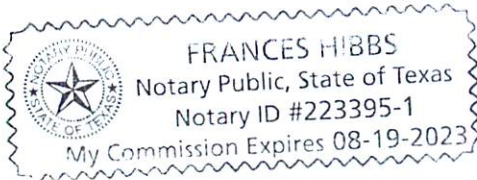
| | |
|------------------------------------|-------------|
| 13 C / OH NAME Foglesong, Jason | 14 Filer ID |
|------------------------------------|-------------|

| | | | |
|--|--|-------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <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. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

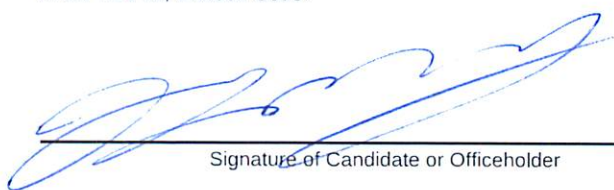
| | | | | |
|-------------------------|----|--|----|--------|
| 16 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 500.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 200.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 5.68 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFADAVIT

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.




AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jason Foglesong, this the 22 day of April, 2021, to certify which, witness my hand and seal of office.



Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

| | |
|--|--------------------|
| 18 FILER NAME Foglesong, Jason | 19 Filer ID |
|--|--------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|------------------------|
| NAME OF SCHEDULE | | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 500.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 200.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 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 | \$ |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 4/5 | |
| 2 FILER NAME Foglesong, Jason | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/20/2021 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Amarillo Pioneer | 8 Amount of contribution (\$) \$500.00 | 9 In-kind contribution description Advertising in-kind donation from the Amarillo Pioneer |
| | 7 Contributor address; City; State; Zip Code 1620 S Johnson St Amarillo, TX 79101 | <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) | | | |

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)

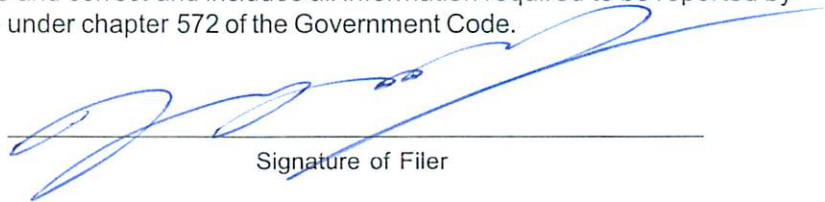
The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5 | 2 FILER NAME Foglesong, Jason | 3 Filer ID |
| 4 Date 04/19/2021 | 5 Payee name Cumulus Media | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 4302 Call Field Rd Wichita Falls, TX 76308 | |
| 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 Radio ads for KPUR and KZRK during early voting. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name _____ Office sought _____ Office held _____ | | |

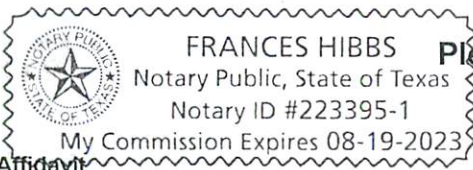
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2020, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sean Ferguson this the 22 day of April, 2021, to certify which, witness my hand and seal of office.

Frances Hibbs Frances Hibbs City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Registrant (Declarant)