

# 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:<br><br><div style="font-size: 2em; text-align: center;">28</div>   |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR _____ FIRST _____ MI _____<br>NICKNAME _____ LAST _____ SUFFIX _____<br><div style="text-align: center; font-size: 1.2em;">James Michael Hunt</div>   |                                       | <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <b>OFFICE USE ONLY</b><br/><br/>                     Date Received<br/><br/> <div style="font-size: 2em; font-weight: bold;">RECEIVED</div><br/> <div style="font-size: 1.2em;">APR 23 2021</div><br/> <div style="font-weight: bold;">CITY SECRETARYS<br/>CITY OF AMARILLO</div> </div> |
|  | ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____<br>2715 S.W. 6th Ave Amarillo Tx 79106<br><input type="checkbox"/> Change of Address   |                                       |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | AREA CODE _____ PHONE NUMBER _____ EXTENSION _____<br>(806) 677 4543  |                                       |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | MS / MRS / MR _____ FIRST _____ MI _____<br>NICKNAME _____ LAST _____ SUFFIX _____<br><div style="text-align: center; font-size: 1.2em;">G.E. Chip Hunt</div>   |                                       |   |
| 6 CAMPAIGN TREASURER NAME                                      | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____<br>2715 S.W. 6th Ave Amarillo Tx 79106<br>(Residence or Business)   |                                       | Date Hand-delivered or Date Postmarked  |
| 7 CAMPAIGN TREASURER ADDRESS                                   | AREA CODE _____ PHONE NUMBER _____ EXTENSION _____<br>(806) 206 1215  |                                       | Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____  |
| 8 CAMPAIGN TREASURER PHONE                                     | 9 REPORT TYPE<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |                                       |   |
| 9 PERIOD COVERED   | Month _____ Day _____ Year _____<br>03 / 23 / 2021 THROUGH 04 / 22 / 2021   |                                       |   |
| 10 ELECTION  | ELECTION DATE<br>Month _____ Day _____ Year _____<br>05 / 01 / 2021<br>ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special   |                                       |   |
| 11 OFFICE  | OFFICE HELD (if any)<br><br>OFFICE SOUGHT (if known)<br><div style="font-size: 1.5em; text-align: center;">Mayor</div>  |                                       |   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Hunt, James Michael 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

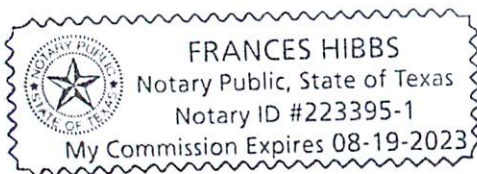
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  |                                      |
| <input type="checkbox"/> SPECIFIC |                                      |
|                                   | COMMITTEE ADDRESS                    |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

☐ Additional Pages

|                         |   |                        |
|-------------------------|---|------------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 6,015 <sup>00</sup> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,413 <sup>03</sup> |
| 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 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

James Michael Hunt  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Hunt, this the 23 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

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

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b>                              |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 5,015 <sup>00</sup>                        |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 1,000 <sup>00</sup>                        |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 6413.03<br><del>5013.03</del>              |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

3/26/21

Craig E Gualtieri

\$1,000.00

6 Contributor address:

City:

State:

Zip Code

4822 Marika Cir Amarillo TX 79124

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/28/21

Kenneth Risley

\$20.00

Contributor address:

City:

State:

Zip Code

814 S. Tennessee Amarillo TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/21

Stan Hall

\$25.00

Contributor address:

City:

State:

Zip Code

2472 Santa Cruz Ln Odessa TX 79763

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/24/21

Chip & Michael Hunt

\$2800.00

Contributor address:

City:

State:

Zip Code

304 Sunset Terr Amarillo TX 79106

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

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1:                |
| FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)     |
| 3/27/21   | 5 Full name of contributor<br>Michael Bass<br>6 Contributor address:<br>6719 Sandie Ct Amarillo Tx 79109 | 7 Amount of contribution (\$)<br>\$250.00 |
| Principal occupation / Job title (See Instructions)       |  | 9 Employer (See Instructions)             |
| 3/31/21   | Full name of contributor<br>Barbara Aplin<br>Contributor address:<br>6011 Princeton St Amarillo Tx 79106 | Amount of contribution (\$)<br>\$25.00    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)               |
| 3/31/21   | Full name of contributor<br>Gateway Church<br>Contributor address:<br>5416 Dumas Dr Amarillo Tx 79108    | Amount of contribution (\$)<br>\$70.00    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)               |
| 4/5/21  | Full name of contributor<br>Tom & Karen Malone<br>Contributor address:<br>2115 Tyler Amarillo Tx 79102   | Amount of contribution (\$)<br>\$150.00   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)               |

TARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |  |   |  |
|--|--|---|--|
| Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                |  |
|  |  | 3 Filer ID (Ethics Commission Filers)     |  |
| 5 Full name of contributor<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Janie Dysart |  | 7 Amount of contribution (\$)<br>\$100.00 |  |
| 6 Contributor address:<br>City: State: Zip Code<br>1900 Beech Ama Tx 79106                           |  |   |  |
| Occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)             |  |
| Full name of contributor<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brian Flemming |  | Amount of contribution (\$)<br>\$50.00    |  |
| Contributor address:<br>City: State: Zip Code<br>8801 Lundy Ln Amarillo Tx 79119                     |  |   |  |
| Occupation / Job title (See Instructions)  |  | Employer (See Instructions)               |  |
| Full name of contributor<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jon Winsette   |  | Amount of contribution (\$)<br>\$500.00   |  |
| Contributor address:<br>City: State: Zip Code<br>2607 Wolf Lin Amarillo Tx 79109                     |  |   |  |
| Occupation / Job title (See Instructions)  |  | Employer (See Instructions)               |  |
| Full name of contributor<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tom Warren     |  | Amount of contribution (\$)<br>\$25.00    |  |
| Contributor address:<br>City: State: Zip Code<br>16205 Johnson Amarillo Tx 79102                     |  |   |  |
| Occupation / Job title (See Instructions)  |  | Employer (See Instructions)               |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |  |  |
|---|---|--|--|
| The Instruction Guide explains how to complete this form.                   |   | 1 Total pages Schedule A2:                                   |  |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)                        |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$   |  |
| 5 Date<br><br><del>3/27/21</del><br>4/22/21                                 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br><del>Michael B. Bass</del> Tom Warren<br><br>7 Contributor address: City: State: Zip Code<br><br>1620 S. Johnson Ave. El Paso Tx 79102 | 8 Amount of Contribution \$<br><br>\$1000.00                 | 9 In-kind contribution description<br><br>Digital Ad |
| 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   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address: City: State: Zip Code | Amount of Contribution \$                                 | In-kind contribution description |
| 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) |   |   |                                  |

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

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

|   |   |   |                                    |
|---|---|---|------------------------------------|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule B:   |                                    |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES   |   | \$  |                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>7 Pledgor address: _____ City: _____ State: _____ Zip Code _____ | 8 Amount of Pledge \$   | 9 In-kind contribution description |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (See Instructions)  |   | 11 Employer (See Instructions)  |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address: _____ City: _____ State: _____ Zip Code _____     | Amount of Pledge \$   | In-kind contribution description   |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address: _____ City: _____ State: _____ Zip Code _____     | Amount of Pledge \$   | In-kind contribution description   |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address: _____ City: _____ State: _____ Zip Code _____     | Amount of Pledge \$   | In-kind contribution description   |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |                                    |
|   |   |   |                                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |                                    |



**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID# \_\_\_\_\_ )**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?  
  
Y N**8** Lender address;

City;

State;

Zip Code

**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15**☐ Check if personal funds were deposited into political  
account (See Instructions)**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_ )

Loan Amount (\$)

Is lender  
a financial  
Institution?  
  
Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none☐Check if personal funds were deposited into political  
account (See Instructions)GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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         | 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.

|  |   |                             |   |                          |
|--|---|-----------------------------|---|--------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br><i>Hunt, James Michael</i>  |                             | 3 Filer ID (Ethics Commission Filers)         |                          |
| 4 Date<br><i>2-27-21</i>                                     | 5 Payee name<br><i>Portraits By Tracy</i>   |                             |   |                          |
| 6 Amount (\$)<br><i>150.00</i>                               | 7 Payee address:<br><i>3211 S.W. 6th Ave</i>  | City:<br><i>Amarillo</i>    | State:<br><i>Tx</i>                           | Zip Code<br><i>79106</i> |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  |                             | (b) Description<br><i>Push Cards/Web page</i> |                          |
|  | (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<br><i>Hunt, James Michael</i>  |   |                             |   |                          |
| Office sought<br><i>Mayor</i>                                |   |                             |   |                          |
| Office held  |   |                             |   |                          |
| Date<br><i>3/27/21</i>                                       | Payee name<br><i>ANEDOT</i>   |                             |   |                          |
| Amount (\$)<br><i>10.30</i>                                  | Payee address:<br><i>5555 Hilton Ave #106</i>   | City:<br><i>Baton Rouge</i> | State:<br><i>La</i>                           | Zip Code<br><i>70808</i> |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><i>Fees</i>   |                             | Description<br><i>Fee for online payment</i>  |                          |
|  | <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<br><i>Hunt, James Michael</i>  |   |                             |   |                          |
| Office sought<br><i>Mayor</i>                                |   |                             |   |                          |
| Office held  |   |                             |   |                          |
| Date<br><i>3/24/21</i>                                       | Payee name<br><i>C&amp;B Printing</i>   |                             |   |                          |
| Amount (\$)<br><i>152.63</i>                                 | Payee address:<br><i>2400 S.W. 6th Ave</i>  | City:<br><i>Amarillo</i>    | State:<br><i>Tx</i>                           | Zip Code<br><i>79106</i> |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  |                             | Description<br><i>Push Cards</i>              |                          |
|  | <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  |   |                             |   |                          |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense  
Banking Expense  
Campaign Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee or 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.

|   |  |  |   |                 |
|---|--|--|---|-----------------|
| pages Schedule F1:                                  | 2 FILER NAME<br><i>Hunt, James Michael</i>   |  | 3 Filer ID (Ethics Commission Filers)             |                 |
| 3/31/21   | 5 Payee name<br><i>Awedot</i>  |  |   |                 |
| Amount (\$)   | 7 Payee address:   |  | City:   | State: Zip Code |
| \$1.30  | 5555 Hilton Ave #104   |  | Baton Rouge                                       | La 70808        |
| PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Fee</i>   |  | (b) Description<br><i>Fees for online payment</i> |                 |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |                 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Hunt, James Michael</i>  |  | Office sought<br><i>Mayor</i>                     | Office held     |
| 3/31/21   | Payee name<br><i>1st Bank Southwest</i>  |  |   |                 |
| Amount (\$)   | Payee address:   |  | City:   | State: Zip Code |
| 12.50   | P.O. Box 32552   |  | Amarillo  | Tx 79120        |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Accounting Fee</i>  |  | Description<br><i>Bank Service Charge</i>         |                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |   |                 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Hunt, James Michael</i>  |  | Office sought<br><i>Mayor</i>                     | Office held     |
| 4/5/21  | Payee name<br><i>News Channel 7 KVII</i>   |  |   |                 |
| Amount (\$)   | Payee address:   |  | City:   | State: Zip Code |
| \$4310.00   | One Broadcast Center   |  | Amarillo  | Tx 79101        |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>   |  | Description<br><i>Commercial</i>                  |                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |   |                 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  |  | Office sought                                     | Office held     |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1:

2 FILER NAME

Hunt, James Michael

4 Date

3/28/21

5 Payee name

Amarillo Pioneer

City:

Amarillo

State:

Tx

Zip Code

79105

6 Amount (\$)

\$125-

7 Payee address:

P.O. Box 295

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertisig

(b) Description

web

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Hunt, James Michael

Office sought

Mayor

Office held

Date

3/29/21

Payee name

Mustang Strategies

Amount (\$)

\$900.00

Payee address:

8745 Gary Burns Dr #160

City:

Frisco

State:

Tx

Zip Code

75034

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertisig

Description

Social Media Management

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Hunt, James Michael

Office sought

Mayor

Office held

Date

3/31/21

Payee name

A NeDot

Amount (\$)

1.30

Payee address:

5555 Hilton Ave #106

City:

Baton Rouge

State:

La

Zip Code

70808

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees

Description

Fee for online Payment

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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:                                   |  | 2 FILER NAME<br><i>Hunt, James Michael</i>                  |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><i>4/22/21</i>                                     |  | 5 Payee name<br><i>Noah Dawson</i>                          |   |                                       |                     |
| 6 Amount (\$)<br><i>\$2500</i>                               |  | 7 Payee address:<br><i>16205 Johnson</i>                    |   | City:<br><i>Amarillo</i>              | State:<br><i>Tx</i> |
|  |  |   |   | Zip Code:<br><i>79102</i>             |                     |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><i>Adv</i>       |   | (b) Description<br><i>web creator</i>                                     |                                       |                     |
|  | (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<br><i>Hunt, James Michael</i> |   | Office sought<br><i>Mayor</i>         |                     |
| Date<br><i>3/23/21</i>                                       |  | Payee name<br><i>Tom Warren</i>                             |   |                                       |                     |
| Amount (\$)  |  | Payee address:<br><i>P.O. Box 295</i>                       |   | City:<br><i>Amarillo</i>              | State:<br><i>Tx</i> |
|  |  |   |   | Zip Code:<br><i>79105</i>             |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><i>Advertisize</i>   |   | Description<br><i>Digital/Print Adv</i>                                   |                                       |                     |
|  | <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<br><i>Hunt, James Michael</i> |   | Office sought<br><i>Mayor</i>         |                     |
| Date<br><i>4/16/21</i>                                       |  | Payee name<br><i>Townsquare Media</i>                       |   |                                       |                     |
| Amount (\$)<br><i>\$60000</i>                                |  | Payee address:<br><i>6214 W. 34th</i>                       |   | City:<br><i>Amarillo</i>              | State:<br><i>Tx</i> |
|  |  |   |   | Zip Code:<br><i>79105</i>             |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><i>Advertisizing</i> |   | Description<br><i>Radio</i>   |                                       |                     |
|  | <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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**LOANS****SCHEDULE E**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule E:  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address: _____ City: _____ State: _____ Zip Code _____          | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address: _____ City: _____ State: _____ Zip Code _____      |  |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )    | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y N                           | Lender address: _____ City: _____ State: _____ Zip Code _____            | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address: _____ City: _____ State: _____ Zip Code _____         |  |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)  |

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|                            |              |                                       |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

|        |              |
|--------|--------------|
| 5 Date | 6 Payee name |
|--------|--------------|

|               |                  |       |        |          |
|---------------|------------------|-------|--------|----------|
| 7 Amount (\$) | 8 Payee address: | City: | State: | Zip Code |
|---------------|------------------|-------|--------|----------|

|                       |                                    |  |
|-----------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|-----------------------|------------------------------------|--|

|                           |  |                 |
|---------------------------|--|-----------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)   | (b) Description |
|                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address: | City: | State: | Zip Code |
|-------------|----------------|-------|--------|----------|

|                     |                                    |  |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

|                        |  |             |
|------------------------|--|-------------|
| 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 |
|--|-------------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City: State: Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City: State: Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

|                            |              |                                       |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

|        |              |
|--------|--------------|
| 5 Date | 6 Payee name |
|--------|--------------|

|               |  |
|---------------|--|
| 7 Amount (\$) | 8 Payee address: City: State: Zip Code |
|---------------|--|

|                       |   |
|-----------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|---|

|                           |  |                 |
|---------------------------|--|-----------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)   | (b) Description |
|                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address: City: State: Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |  |             |
|------------------------|--|-------------|
| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:   | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Payee name   |  |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address: _____ City: _____ State: _____ Zip Code _____   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)   |  |
|  | <b>(b)</b> Description  |  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |  |
| Candidate / Officeholder name _____ Office sought _____ Office held _____                                |   |  |
| Date   | Payee name  |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address: _____ City: _____ State: _____ Zip Code _____  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | 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 _____                                |   |  |
| Date   | Payee name  |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address: _____ City: _____ State: _____ Zip Code _____  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | 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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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H:   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)   | <b>7</b> Business address; City; State; Zip Code   |  |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |  |
| Date   | Business name  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | 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<br>Candidate / Officeholder name Office sought Office held          |  |  |
| Date   | Business name  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | 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<br>Candidate / Officeholder name Office sought Office held          |  |  |
| Date   | Business name  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | 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<br>Candidate / Officeholder name Office sought Office held          |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |  |  |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule I:                  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                      |
| 4 Date                                     | 5 Payee name   |  |
| 6 Amount (\$)                              | 7 Payee address:   | City State Zip Code  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | (a) Category (See instructions for examples of acceptable categories ) | (b) Description (See instructions regarding type of information required ) |
| Date                                       | Payee name   |  |
| Amount (\$)                                | Payee address:   | City State Zip Code  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>      | Category (See instructions for examples of acceptable categories )     | Description (See instructions regarding type of information required )     |
| Date                                       | Payee name   |  |
| Amount (\$)                                | Payee address:   | City State Zip Code  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>      | Category (See instructions for examples of acceptable categories )     | Description (See instructions regarding type of information required )     |
| Date                                       | Payee name   |  |
| Amount (\$)                                | Payee address:   | City State Zip Code  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>      | Category (See instructions for examples of acceptable categories )     | Description (See instructions regarding type of information required )     |

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City: State: Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME   |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| <b>5</b> Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> |   |  |
| <b>6</b> Dates of travel  | <b>7</b> Name of person(s) traveling  |  |
|   | <b>8</b> Departure city or name of departure location                               |  |
|   | <b>9</b> Destination city or name of destination location                           |  |
| <b>10</b> Means of transportation   | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |  |
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| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |  |