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:							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST GAIL	MI	OFFICE USE ONLY			
IVAVIL	NICKNAME CHIP	LAST HUNT	SUFFIX	RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2715 SW 6T	; APT / SUITE #; H AVE AMARILLO	CITY; STATE; ZIP CODE D, TX 79106	JUL 17 2023			
Change of Address				CITY SECRETARY'S CITY OF AMARILLO			
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	PHONE NUMBER 8051401	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	C.THOMAS	MI	Receipt # Amount \$ Date Processed			
TV WIL	NICKNAME	WARREN	SUFFIX II	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business	1620 S JOH	(NO PO BOX PLEASE); APT / : NSON AMARILLO		STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	-			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15						
10 PERIOD COVERED	Month 4	0 (0)00					
11 ELECTION	Month Day 5 6	Year Primary	Description				
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if kn				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGIC CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS	7				
Additional Pages	GENERAL		EACURED NAME				
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					
		23					
GO TO PAGE 2							
				Tural 18-18-18			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CHIP HUNT			16 F#	er ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, I	TEMIZED POLITICAL CONTRIBUTIO LOANS, OR GUARANTEES OF LOAM TIONS MADE ELECTRONICALLY)	•	\$	0.00
		LITICAL CONTRIBUTIONS AN PLEDGES, LOANS, OR GUARAN	TEES OF LOANS)	\$	10,526.00
EXPENDITURE TOTALS	3. TOTAL UNIT	EMIZED POLITICAL EXPENDITURE		\$	0.00
	4. TOTAL POL	LITICAL EXPENDITURES		\$	4,364.18
CONTRIBUTION BALANCE		ITICAL CONTRIBUTIONS MAINTAINE ING PERIOD	ED AS OF THE LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS		ICIPAL AMOUNT OF ALL OUTSTAND OF THE REPORTING PERIOD	ING LOANS AS OF THE	\$	0.00
		enalty of perjury, that the accompar ne under Title 15, Election Code.	nying report is true and o	correct a	and includes all information
			A (1/).		1/1
		\(\)	Signature of Candidate	or Offi	iceholder
	F	Please complete either o	option below:		
		•			
(1) Affidavit					
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by		this the	day	of,
20, to certify	which, witness my hand a	and seal of office.			
Signature of officer administe	ing oath	Printed name of officer administering of	path	Title	of officer administering oath
		OR			
(2) Unsworn Declaration	on				
My name is Gail Chip	Hunt	. and n	ny date of birth is 5/6/	54	

My address is 304 Sunset Terrace

Executed in Potter

(street)

County, State of Texas

Amarillo

(city)

_{day of} June

USA

(country)

79106

(state)

Signature of Candidate/Officeholder (Declarant)

(zip code)

₂₀23

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME HIP HUNT	20 Filer ID (Ethics Com	miss	sion Filers)
21			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	10,526.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	376.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	4,364.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	0.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
CHIP HU	NT		C THEFTD (Ethics of	ommission i nersy		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
00/00/0000	GET CHIP HUNT PROPERTIES	9,526.00	FORGIVE LOAN			
06/08/2023	7 Contributor address; City; State;		TO CAMPAIGN			
	304 SUNSET TERRACE AMARILLO TX	79106	Check if travel outs	 ide of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) SS OWNEROWNER	11 Employe SELF	er (FOR NON-JUDICI	IAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of	In-kind contribution		
	Burkett Outdoor		Contribution \$	description		
04/27/2023			1,000.00	Billboards		
	Contributor address; City; State;	Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
	PO Box 50372 Amarillo TX		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Burkett	Outdoor	Burkett	Outdoor			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	butor'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						
1	f contributor is out-of-state PAC, please see Instructi			g requirements.		

Forms provided by Texas Ethics Comm

Reset Form

Re

Revised 8/17/2020

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.							
The	1 Total pages Schedule E: 2						
2 FILER NAME CHIP HUNT	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UN	IITEMIZED LOANS		\$				
5 Date of loan 04/06/2023	9 Loan Amount (\$) 1,000.00						
6 Is lender a financial Institution?	8 Lender address; City; 304 Sunset Ter Amarillo TX 79	State; Zip Code 106	10 Interest rate 0.00 11 Maturity date				
Y N							
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14 Description of Colling	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	1				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)				
04/13/2023	GET Chip Hunt Properties		3,000.00				
ls lender a financial Institution?	Lender address; City; 304 Sunset Ter Amarillo TX 79	State; Zip Code	Interest rate 0.00				
□ γ ■ N			Maturity date				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
Description of Colla	ateral	Check if personal fund	ds were deposited into political				
none accou							
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code					
not applicable							
Principal Occupation	on (See Instructions)	Employer (See Instructions)					
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re					

SCHEDULE E LOANS

If the requested	I information is not applicable, DO NO	T include this page in the re	port.	
The	1 Total pages Schedule E: 2			
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)	
CHIP HUNT				
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
04/21/2023	GET CHIP HUNT PROPE	RTIES	300.00	
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code 304 SUNSET TER AMARILLO TX 79106			10 Interest rate 0.00	
YN			11 Maturity date	
12 Principal occupation	Don / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
·	18 Guarantor address; City;	State; Zip Code		
not applicable	oug,	0.0.0, 2.0 0000		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#·)	Loan Amount (\$)	
05/04/2023	GET CHIP HUNT PROPE		376.00	
Is lender a financial Institution?	Lender address; City; 304 SUNSET TER AMARILLO	State; Zip Code	Interest rate 0.00	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral Check if personal funds were deposited into political				
none		account (See Instruct		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable	-			
Principal Occupation				
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE		
	V V V V V V V V V V V V V V V V V V V	=	. •	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Com

SCHEDULE F1

Revised 8/17/2020

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

ii the requested iiii	offination is	Tiot applicable, DO NOT	include t	ms page in the n	eport.	
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N CHIP HU				3 Filer ID (Ethic	s Commission Filers)
4 Date 04/28/2023	5 Payee na	ELEVISIN				
6 Amount (\$) 1,992.00	7 Payee at 1801 TA	ALLAHASSEE, FL, 323	309	City;	State;	Zip Code
8 PURPOSE	' '	y (See Categories listed at the top of this	schedule)	(b) Description		
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame	-,			
05/04/2023	C&B PR	RINTING	·			
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
1,844.42	2400 SV	V 6TH AVE AMARILL	O TX 79	9106		
PURPOSE OF EXPENDITURE		((See Categories listed at the top of this s RTISING EXPENSE	schedule)	Description MAILER		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
05/04/2023	ALPHA	MEDIA				
Amount (\$)	Payee ad	ddress;	,	City;	State;	Zip Code
475.00	3505 OL	SEN BLVD #117 AMA	ARILLO	, TX 79109		
	Category	(See Categories listed at the top of this s	schedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		RADIO		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED					

Reset Form

Reset Page

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Polling Expense Printing Expense 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 3 Filer ID (Ethics Commission Filers) CHIP HUNT 4 Date 5 Payee name 05/04/2023 ROBOCENT 6 Amount (\$) 7 Pavee address: Citv: State: Zip Code 2129 GENERAL BOOTH BLVD ST 103-277 VIRGINIA BEACH, VA 23454 52.76 (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE **CALLS PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City; Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The instruction Guide explains how to complete this for		
		Complete only if "Report Type" on page 1 is marked "Final	Report" ••	
	C/OH	· · · · · -	2 Filer ID (Ethics Commission Filers)	
C	HIP	HUNT		
3	SIGNA	ATURE		
	I do no	ot expect any further political contributions or political expenditures in connection with my	candidacy. I understand that	
	designa	nating a report as a final report terminates my campaign treasurer appointment. I also ur aign contributions or make any campaign expenditures without a campaign treasurer app	nderstand that I may not accept any	
	(-	Light commodations of make any campaign experiences without a campaign treasurer app	ionitinent by lie.	
		\mathcal{L}	(h) Hear!	
		✓ Signature	e of Candidate / Officeholder	
4	FII FR	RWHO IS NOTAN OFFICEHOLDER		
		mplete A & B below only if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS		
	Chec	ck only one:		
	•	I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.	
	Г	I have unexpended contributions or unexpended interest or income earned from politic	cal contributions. I understand that I	
	I	may not convert unexpended political contributions or unexpended interest or incom	ne earned on political contributions to	
		personal use. I also understand that I must file an annual report of unexpended countributions or unexpended interest or income earned on political contri	butions and that I may not retain butions longer than six years after	
	filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended			
		interest or income earned on political contributions in accordance with the requiremen	ts of Election Code, § 254,204.	
	B.	ASSETS		
	Chec	ock only one:		
		I do not retain assets purchased with political contributions or interest or other income	from political contributions.	
	V	I do retain assets purchased with political contributions or interest or other income from	m political contributions. I understand	
	1	that I may not convert assets purchased with political contributions or interest or other	income from political contributions to	
		personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	contributions in accordance with the	
			His There	
		SI	gnature of Candidate	
		OFILOL DED		
5		CEHOLDER mplete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who do	pes not have a campaign tressurer on	
		file. I am also aware that I will be required to file reports of unexpended contributions if,	after filing the last required report as	
		an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ributions, or assets purchased with	
		Cla	inchire of Office hald	