

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: <u>6</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Samantha</u> MI <u>R</u>	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">RECEIVED APR 28 2023 City Secretary</p> <p style="margin: 0; color: blue; font-size: 1.2em;">NC</p> </div>	
NICKNAME <u>Sam</u>	LAST <u>Burnett</u> SUFFIX <u>Smith TX 79109</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3403 Mockingbird Ln Amarillo Tx 79109</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(806) 433-2835</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>NA</u> FIRST <u>NA</u> MI NICKNAME LAST SUFFIX	Date Received	Date Hand-Delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>NA</u>	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>() NA</u>	Date Processed	Date Imaged
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>03 / 28 / 23</u> <u>04 / 28 / 23</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 06 / 23</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Mayor</u>	
14 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. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>NA</u>		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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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)	\$ 748.16
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 748.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 811.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 811.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 215.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NA

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Samantha R Burnett, and my date of birth is 6/21/23.
 My address is 3403 Mockingbird Ln, amarillo, Tx, 79169, usa.
(street) (city) (state) (zip code) (country)

Executed in Randell County, State of Texas, on the 28 day of 04, 20 23.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Samantha Burnett

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>748.16</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>NA</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>NA</i>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>NA</i>
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>811.88</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>NA</i>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>NA</i>
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>NA</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>NA</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>NA</i>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>NA</i>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>NA</i>

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 <i>Samantha Durratt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/04/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert Wend</i>	7 Amount of contribution (\$) <i>\$100</i>
	6 Contributor address; City; State; Zip Code <i>UNKNOWN amarillo</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/05/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mary Holmurd</i>	Amount of contribution (\$) <i>\$100</i>
	Contributor address; City; State; Zip Code <i>UNKNOWN amarillo</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/04/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sandra Dunn</i>	Amount of contribution (\$) <i>\$100</i>
	Contributor address; City; State; Zip Code <i>UNKNOWN amarillo</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/04/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Donna Clifton</i>	Amount of contribution (\$) <i>\$200</i>
	Contributor address; City; State; Zip Code <i>UNKNOWN amarillo</i>	
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

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		3 Filer ID (Ethics Commission Filers)
4 Date 4/03/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Tanner	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code unknown Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethania Evenstar	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code unknown Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Garcia	Amount of contribution (\$) \$48.16
Contributor address; City; State; Zip Code unknown		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date 4/4/23	5 Name of person from whom investment is purchased abc signs
6 Address of person from whom investment is purchased; City; State; Zip Code 6212 River Road Amarillo TX 79108	
7 Description of investment Yard signs	
8 Amount of investment (\$) \$811.88	

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