

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:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST MI SUFFIX
Ms. Tonya C. Winston
 NICKNAME LAST SUFFIX
Lady ButterScotch Winston

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. BOX 50171
Amarillo, Texas 79124-2113

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 910-8757

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST MI SUFFIX
Ms. Melvia G. Perkins
 NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
3114 Magnolia Street Amarillo, Texas 79107

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 206-0656

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
03 28 2023 THROUGH 04 25 2023

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
 General Special **City Election**
05 06 2023

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayoral's Position

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE COMMITTEE NAME
 GENERAL **WINSTON Campaign WinstonForMayor2023Amarillo, TX**
 SPECIFIC COMMITTEE ADDRESS
P.O. BOX 50171 Amarillo, Texas 79124-2113
 COMMITTEE CAMPAIGN TREASURER NAME
Ms. Melvia G. Perkins
 COMMITTEE CAMPAIGN TREASURER ADDRESS
3114 Magnolia Street Amarillo, Texas 79107

Additional Pages

OFFICE USE ONLY

Date Received:

Date Hand-delivered or Date Postmarked:

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Tonya C. Winston **16 Filer ID (Ethics Commission Filers)**

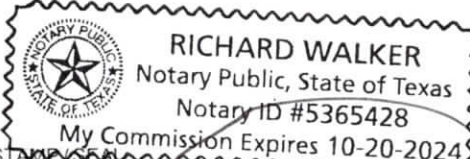
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,755.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,484.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 270.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Tonya C. Winston
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Tonya C. Winston this the 27th day of April, 2023, to certify which, witness my hand and seal of office.

Richard Walker Signature of officer administering oath Richard Walker Printed name of officer administering oath Notary 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 Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <p style="text-align: center; font-size: 24pt;">Tonya C. Winston</p>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,755.56
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$5,484.74
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

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 Tonya C. Winston		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Betty S. Mitchell Winston	7 Amount of contribution (\$) \$2,098.56
6 Contributor address; City; State; Zip Code 1100 N.W. Avenue Amarillo, Texas 79107		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Rose Gooden	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code Sycamore St. Amarillo, Texas 79107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Douglas D. Shaki Swain Jr.	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 1100 N.W. Avenue Amarillo, Texas 79107		
Principal occupation / Job title (See Instructions) R - R/Business Owner		Employer (See Instructions) Conductor
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Curtis Barlow Sr.	Amount of contribution (\$) \$777.00
Contributor address; City; State; Zip Code 606 N. Hughes St. Amarillo, Texas 79107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
		Total \$4,675.56

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 Tonya C. Winston		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Doris F. Roland 6 Contributor address; City; State; Zip Code 1330 NW Amarillo, Texas 79107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Sylvester Moore Contributor address; City; State; Zip Code Amarillo, Texas 79107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Melva Perkins Contributor address; City; State; Zip Code Magnolia Street Amarillo, Texas	Amount of contribution (\$) \$475.00
Principal occupation / Job title (See Instructions) Home Care Nurse		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Rosie Taylor Contributor address; City; State; Zip Code 2524 Redwood Street Amarillo, Texas 79107	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
		Total \$705.00

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 Tonya C. Winston		3 Filer ID (Ethics Commission Filers)
4 Date 04/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Gi - Gi Quincy 6 Contributor address; City; State; Zip Code Popular St. Amarillo, Texas 79107	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Joe Harris Contributor address; City; State; Zip Code Amarillo, Texas 79107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Disabled Retired Veteran		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Lou Helen Moore Contributor address; City; State; Zip Code Amarillo, Texas 79107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Church Clerk		Employer (See Instructions) GMOBC
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Gentry & Rosie Powell Contributor address; City; State; Zip Code Jennifer Street Amarillo, Texas 79107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
		Total \$225.00
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Tonya C. Winston		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Keyva S. Young	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Augusta, GA 30813		
8 Principal occupation / Job title (See Instructions) U.S. Airforce		9 Employer (See Instructions) Government
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Lynn Taylor	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Amarillo, Texas 79107		
Principal occupation / Job title (See Instructions) Disabled Citizen		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)
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)
		Total \$150.00
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | GIR/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 Tonya C. Winston	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Payee name Office Max	
6 Amount (\$) \$1,558.80	7 Payee address; City: State: Zip Code 2912 Soncy Rd. Amarillo, Texas 79124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Flyers
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tonya C. Winston	Office sought Mayoral Position Office held
Date 04/15/2023	Payee name Office Depot	
Amount (\$) \$1,402.92	Payee address; City: State: Zip Code 2622 Wolflin Village Amarillo, Texas 79109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Flyers
	<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 Tonya C. Winston	Office sought Mayoral Position Office held
Date 04/ 01/2023	Payee name Office Max	
Amount (\$) \$1,136.62	Payee address; City: State: Zip Code 2912 Soncy Rd. Amarillo, Texas 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Pamphlets
	<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 Tonya C. Winston	Office sought Mayoral Position Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tonya C. Winston	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Payee name Office Depot	
6 Amount (\$) \$243.56	7 Payee address; City; State; Zip Code 2622 Wolflin Village Amarillo, Texas 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Posters
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tonya C. Winston	Office sought Mayoral Position
4 Date 04/21/2023	5 Payee name Office Depot	
6 Amount (\$) \$909.74	7 Payee address; City; State; Zip Code 2622 Wolflin Village Amarillo, Texas 79109	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Self Service Printing Expenses	Description C S Flyers
	(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 Tonya C. Winston	Office sought Mayoral Position
4 Date 04/22/2023	5 Payee name Toot Totum	
6 Amount (\$) \$108.10	7 Payee address; City; State; Zip Code Various Locations Amarillo, Texas 79107	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation/Fuel	Description Fuel
	(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 Tonya C. Winston	Office sought Mayoral Position

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Tonya C. Winston	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2023	5 Payee name North Heights At George's Occasion's	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 409 North Hughes Street Amarillo, Texas 79107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental	(b) Description Rental Building Campaign
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tonya C. Winston	Office sought Office held Mayoral Position
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED