

1 of 2 pages
 April 3-2023 to April 26-2023

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: 2		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; margin-top: 10px;">Misty De Ann</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; margin-top: 10px;">Vigil</div>	Date Received <div style="font-size: 24px; font-weight: bold; text-align: center;">RECEIVED</div> <div style="font-size: 24px; font-weight: bold; text-align: center;">APR 26 2023</div> <div style="font-weight: bold; text-align: center;">CITY SECRETARY'S CITY OF AMARILLO</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; margin-top: 10px;">1701 N Julian Blvd Ama, TX 79102</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; margin-top: 10px;">(806) 680-4815</div>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; margin-top: 10px;">Patricia Ann</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; margin-top: 10px;">Vigil</div>	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; margin-top: 10px;">1701 N Julian Amarillo TX 79102</div>	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; margin-top: 10px;">(806) 349-3513</div>	
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 <div style="text-align: center; margin-top: 10px;">April / 3 / 2023 THROUGH April / 26 / 2023</div>	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <div style="text-align: center; margin-top: 10px;">05 / 06 / 2023 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</div>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; margin-top: 10px;">City Council 2</div>
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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <div style="text-align: center; margin-top: 10px;">Patricia Ann Vigil</div> <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <div style="text-align: center; margin-top: 10px;">1701 N Julian Amarillo Texas 79102</div>

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**CANDIDATE / OFFICEHOLDER
 CAMPAIGN FINANCE REPORT** **FORM C/OH
 COVER SHEET PG 2**

15 C/OH NAME <i>Misty Vigil</i>		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)	\$ - 0 -
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4.	TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
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.

Misty Vigil

 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Misty Vigil* this the *26* day of *April*,
 20*23*, to certify which, witness my hand and seal of office.
Jonni Glick *Jonni Glick* *Assistant City Sec*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____, _____, _____, _____, _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____

 (month) (year)

 Signature of Candidate/Officeholder (Declarant)