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: 13

OFFICE USE ONLY

Date Received: RECEIVED APR 06 2023 CITY SECRETARY'S CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

RBS 3:22

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: DON | MI:

NICKNAME: | LAST: TIPPS | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5611 BARRINGTON COURT
AMARILLO, TEXAS 79119

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (806) | PHONE NUMBER: 673-7770 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: DR. | FIRST: DOUGLAS | MI:

NICKNAME: | LAST: ALBRACHT | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 MEDICAL DRIVE
AMARILLO, TEXAS 79106

8 CAMPAIGN TREASURER PHONE

AREA CODE: (806) | PHONE NUMBER: 242-6637 | EXTENSION:

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: 01 / 01 / 2023 THROUGH Month Day Year: 03 / 27 / 2023

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 06 / 2023

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): AMARILLO CITY COUNCIL PLACE 2

14 NOTICE FROM POLITICAL COMMITTEE(S).

☐ 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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	DON TIPPS	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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 20,405.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,255.87
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	$ 18,149.13

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

Donna Sue Savage
Notary Public, State Of Texas
Notary ID #133331152
My Commission Expires 09-14-2025

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Don Tipps this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

Donna Sue Savage	Donna Sue Savage	Admin IV
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
DON TIPPS	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 18,655.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1750.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2255.87
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ 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: 1/7

2 FILER NAME: DON TIPPS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/31/23	JIMMY CASTILLO 9108 QUINCY AVE LUBBOCK TX	$5.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/4/23	SAM PAKAN 5510 BERGET DR. AMARILLO, TX	$200.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/23	BRIAN MOORE 3333 S. COULTER AMARILLO, TX	$500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/9/23	MICHEAL STEVENS 6923 INDIANA AVE LUBBOCK, TX	$50.00

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: 2/7

2 FILER NAME DON TIPPS

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/11/23	RICKEY HOWELL 5717 BRANDY LEA CT AMA, TX	$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/14/23	BRETT KNIVETON 1703 S. JULIAN BLVD AMARILLO, TX	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/19/23	RAYMOND DONALDSON 3501 GOODFELLOW LANE AMARILLO, TX	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/23/23	DON TIPPS 5611 BARRINGTON COURT AMA, TX	$10,000.00

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: 3/7

2 FILER NAME: DON TIPPS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/2/23	WINSTON OR KATHLEEN CURTIS 1513 BOWIE AMARILLO, TX	$300.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/23	RHONDA SHERWOOD 1006 S BONHAM AMARILLO, TX	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/23	MERRITT VAUGHN 8001 SW 34TH SUITE A AMA, TX	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/23	BOYD GIST SERVICES 2403 SW 26TH AVE. AMARILLO, TX	$500.00

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: 4/7

2 FILER NAME: DON TIPPS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/4/23	DOUG + MELISSA ALBRACHT 7904 CONTINENTAL PKWY AMA, TX	$500.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/8/23	KENNETH LYONS III 3928 EATON AMARILLO, TX	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/9/23	MATT SPEARS 7801 BENT TREE DR. AMARILLO, TX	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/9/23	JAMES SCHENCK 6216 GAINSBOROUGH AMARILLO, TX	$100.00 CASH

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: 5/7

2 FILER NAME: DON TIPPS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/11/23	ALLYSON SHERWOOD 7803 CONTINENTAL PKWY AMA, TX	$250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/13/23	STACI HAND 4506 GREENWICH PLACE AMARILLO, TX	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/16/23	JERRY HODGE 320 S. POLK SUITE 100 AMARILLO, TX	$500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/19/23	MARK SHAFFER PO BOX 50250 AMARILLO, TX 79159	$500.00

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: 6/7

2 FILER NAME: DON TIPPS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/19/23	JULIE MARTIN DALE 6200 FOLEY SQUARE AMARILLO, TX	$25.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/23	CYNTHIA ST. CLAIR 3509 EDGEWOOD AMARILLO, TX	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/24/23	CARRIE MUIR 6404 ANDOVER AMARILLO, TX	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/24/23	GARY KARRH PO BOX 19024 AMARILLO, TX 79114	$250.00

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: 7/7

2 FILER NAME: DON TIPPS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/25/23	JAMES PRAY	114 NORTH ROSEMONT ST. AMA, TX	$25.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/27/23	TANYA PAKAN	5510 BERGET DR. AMARILLO, TX	$1000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/22/23	MIKE OR LIZ HUGHES	2806 PARKER AMARILLO, TX	$1000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/27/23	RICKEY PFIEL		$100.00 CASH

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME DON TIPPS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
3/15/23	PROFESSIONAL FIREFIGHTERS ASSOCIATION 7 Contributor address; City; State; Zip Code 613 SE 46TH AMARILLO, TX 79118	$1750.00 ☐ Check if travel outside of Texas. Complete Schedule T.	PUSH CARDS & POLLING

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) FIREFIGHTERS	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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ Check if travel outside of Texas. Complete Schedule T.	

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.

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
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: 1/2	2 FILER NAME DON TIPPS	3 Filer ID (Ethics Commission Filers)

4 Date 3/6/23	5 Payee name THE HOME DEPOT #6552			
6 Amount ($) $247.54	7 Payee address;	City; AMARILLO	State; TX	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description T POSTS, DRIVER, ZIP TIES WASHERS, SCREWS		
	(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	Office sought	Office held	

Date 3/24/23	Payee name C+B MARKETING			
Amount ($) $1689.24	Payee address; 2400 SW 6TH AVE	City; AMARILLO	State; TX	Zip Code 79106
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS		
	☐ 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	

Date 3/27/23	Payee name LOWE'S #270			
Amount ($) $118.79	Payee address;	City; AMARILLO	State; TX	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T POSTS		
	☐ 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 DON TIPPS	Office sought CITY COUNCIL PLACE 2	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
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: 2/2	2 FILER NAME DON TIPPS	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/23	5 Payee name ANEDOT	
6 Amount ($) $200.30	7 Payee address; 1340 POYDRAS ST SUITE 1770	City; NEW ORLEANS, LA 70112 State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANK CHARGES	(b) Description SURCHARGE FOR ONLINE DONATIONS
	(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 DON TIPPS	Office sought CITY COUNCIL PLACE 2 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
	☐ 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

Date	Payee name	
Amount ($)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ 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