

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 **8:00am**

**RECEIVED
APR 17 2023
City Secretary**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed **4/17/23**

Date Imaged **4/17/23**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MS. TONYA** FIRST MI
NICKNAME **Lady Butter** LAST **WINSTON** SUFFIX **C.**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**P.O. Box 50171
AMARILLO, TX 79124-2113**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(806) 910-8757

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MS. MELVIA** FIRST MI
NICKNAME **MELVIA** LAST **PERKINS** SUFFIX **F.**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
3114 MAGNOLIA ST. AMARILLO, TX 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 Month Day Year
01 18 2023 THROUGH 04 06 2023

11 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Runoff Other Description **CITY ELECTION**
 General Special

12 OFFICE

OFFICE HELD (if any) **N/A**

13 OFFICE SOUGHT (if known) **MAYOR'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.

Additional Pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME **WINSTON FOR MAYOR 2023 AMARILLO, TX**

COMMITTEE ADDRESS **P.O. BOX 50171**

COMMITTEE CAMPAIGN TREASURER NAME **MS. MELVIA PERKINS**

COMMITTEE CAMPAIGN TREASURER ADDRESS **3114 MAGNOLIA ST. AMARILLO, TX 79107**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

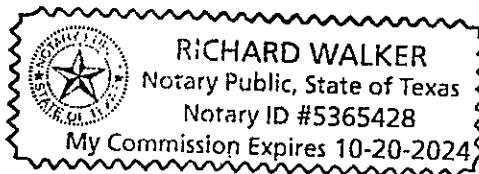
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,518.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,785.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6 6,303.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6

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 Tonya C. Winston this the 29th day of March, 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 Public 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 <i>TONYA C. WINSTON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3518.06</i>
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	\$ <i>2,785.52</i>
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	\$

\$6,303.58

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 3/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Clayton	7 Amount of contribution (\$) \$792.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Hood	Amount of contribution (\$) \$611.06
Contributor address; City; State; Zip Code Amarillo, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Goodin	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code Sycamore, Amarillo, TX 79107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) ASARCD
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Castille	Amount of contribution (\$) \$255.00
Contributor address; City; State; Zip Code Amarillo, TX 79107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,958.04
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	\$
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 3/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Taylor	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2524 Redwood Amarillo TX 79107		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) MERVINS Department Store
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Vaughn	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79107		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AESD
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Williams	Amount of contribution (\$) \$650.00
Contributor address; City; State; Zip Code Amarillo, TX 7910		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Doss	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950. ⁰⁰
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	\$
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 3/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelia LAX	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79107		
8 Principal occupation / Job title (See Instructions) Walmart - Retired		9 Employer (See Instructions) Walmart
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Barlow	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 2800 Magnolia, Amarillo TX 79107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie Mitchell	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Amarillo, TX 79107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROY & RAMONA MURKELDORF	Amount of contribution (\$) \$60.00
Contributor address; City; State; Zip Code Amarillo, TX 79107		
Principal occupation / Job title (See Instructions) Railroad Conductor		Employer (See Instructions) Railroad

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 560. ⁰⁰
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	\$
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>TONYA C. WINSTON</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen LAND</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>Amarillo, TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
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	\$
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	\$

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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 2/16/23	5 Payee name 777 WRAPS
--------------------------	----------------------------------

6 Amount (\$) \$761.21	7 Payee address; City; State; Zip Code 12001 FM-2590 Amarillo, TX 79119
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign	(b) Description Campaign YARD Signs
	(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 MAYOR Position	Office held
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Date 3/10/23	Payee name Lamar Signs
------------------------	----------------------------------

Amount (\$) \$1,230.00	Payee address; City; State; Zip Code 411 N. MIRROR ST. Amarillo, TX 79107
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Billboard Sign
	<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
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Date 3/2/23	Payee name ABC Sign
-----------------------	-------------------------------

Amount (\$) \$380.00	Payee address; City; State; Zip Code 5212 River Rd. Amarillo TX 79107
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Campaign Banner
	<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
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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 <i>TONYA C. W. WILSON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/31/23</i>		5 Payee name <i>Zipper Hat</i>			
6 Amount (\$) <i>\$ 89.31</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <i>Campaign Buttons</i>		
	(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		Office sought Office held	
Date <i>3/25/23</i>		Payee name <i>Hilltop Senior Citizen</i>			
Amount (\$) <i>\$ 150.00</i>		Payee address; City; State; Zip Code <i>1311 N. Taylor Amarillo, TX 79107</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Rental/Gospel Jubilee</i>		
	<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 <i>7/26/23</i>		Payee name <i>North Heights George's OCCASION</i>			
Amount (\$) <i>\$ 175.00</i>		Payee address; City; State; Zip Code <i>409 N. Hughes Amarillo, TX 79107</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Campaign office</i>		
	<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

Received via email 4/6/23 (missing cover Pages 1+2)

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)

1 Total pages Schedule F1: 1
2 FILER NAME: **TONYA C. WINSTON**
3 Filer ID (Ethics Commission Filer):

4 Date: **2/16/23**
5 Paper name: **777 WRAPS**
6 Amount (\$): **\$761.31**
7 Filer address: **12001 FM-2580 Amarillo, TX 79119**

8 PURPOSE OF EXPENDITURE: **Campaign**
8(A) Category (See Instructions for the top of this schedule): **Campaign Yard Signs**
8(B) Description: **Campaign Yard Signs**

9 Candidate / Officeholder name: **TONYA C. WINSTON** Office sought: **Mayor Position**

10 Date: **3/10/23**
11 Filer name: **Lamar Signs**
12 Amount (\$): **\$1,230.00**
13 Filer address: **411 N. MIRROR ST Amarillo, TX 79107**

14 PURPOSE OF EXPENDITURE: **B. H. Beard Sign**

15 Candidate / Officeholder name: Office sought: Office held:

16 Date: **3/2/23**
17 Filer name: **HBC Sign**
18 Amount (\$): **\$380.00**
19 Filer address: **5212 RIVER RD. Amarillo, TX 79107**

20 PURPOSE OF EXPENDITURE: **Campaign Banner**

21 Candidate / Officeholder name: Office sought: 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)

1 Total pages Schedule F1: 1
2 FILER NAME: **TONYA C. WINSTON**
3 Filer ID (Ethics Commission Filer):

4 Date: **3/31/23**
5 Paper name: **Zipper Art**
6 Amount (\$): **\$89.31**
7 Filer address: **12001 FM-2580 Amarillo, TX 79119**

8 PURPOSE OF EXPENDITURE: **Campaign Buttons**
8(A) Category (See Instructions for the top of this schedule): **Campaign Buttons**
8(B) Description: **Campaign Buttons**

9 Candidate / Officeholder name: Office sought: Office held:

10 Date: **3/5/23**
11 Filer name: **Hilltop Senior Citizen**
12 Amount (\$): **\$150.00**
13 Filer address: **1511 N. Taylor Amarillo, TX 79107**

14 PURPOSE OF EXPENDITURE: **Rental/Gospel Jubilee**

15 Candidate / Officeholder name: Office sought: Office held:

16 Date: **4/24/23**
17 Filer name: **North Heights George's OCCASION**
18 Amount (\$): **\$175.00**
19 Filer address: **409 N Hughes Amarillo, TX 79107**

20 PURPOSE OF EXPENDITURE: **Campaign office**

21 Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Received via email 4/6/23 - (Missing Cover Pages 1+2)

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
19 FILER NAME <i>TONYA C. WINSTON</i>	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3518.06</i>	
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	\$ <i>2,785.52</i>	
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	\$	

Received via email 4/6/23 - (Missing cover Pages 1+2)

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: (State Commission Name)

4. Date: **3/27/23**

5. Full name of contributor: **Barbara Clayton**

6. Contributor address: **Amesville, TX 79109**

7. Amount of contribution: **\$792.00**

8. Principal occupation / job title: **Retired**

9. Employer (See instructions)

Date: **3/27/23**

Full name of contributor: **Bobby Hood**

Contributor address: **Amesville, TX**

Amount of contribution: **\$611.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **Rose Goodin**

Contributor address: **Sycamore, Amesville, TX 79107**

Amount of contribution: **\$300.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **Helen Castillo**

Contributor address: **Amesville, TX 79107**

Amount of contribution: **\$255.00**

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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: (State Commission Name)

4. Date: **3/27/23**

5. Full name of contributor: **Rose Taylor**

6. Contributor address: **2524 Redwood Amesville, TX 79109**

7. Amount of contribution: **\$100.00**

8. Principal occupation / job title: **Retired**

9. Employer (See instructions)

Date: **3/27/23**

Full name of contributor: **Linda Vaughn**

Contributor address: **Amesville, TX 79107**

Amount of contribution: **\$100.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **Cathy Williams**

Contributor address: **Amesville, TX 79106**

Amount of contribution: **\$650.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **Sheila Doss**

Contributor address: **Amesville, TX 79106**

Amount of contribution: **\$100.00**

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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1. Total pages Schedule A1

2. FILER NAME: **TONYA C. WINSTON**

3. Filer ID: (State Commission Name)

4. Date: **3/27/23**

5. Full name of contributor: **Sheila LAA**

6. Contributor address: **Amesville, TX 79107**

7. Amount of contribution: **\$100.00**

8. Principal occupation / job title: **Retired**

9. Employer (See instructions)

Date: **3/27/23**

Full name of contributor: **Curtis Barlow**

Contributor address: **2800 Magnolia, Amesville, TX 79109**

Amount of contribution: **\$350.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **W. H. Mitchell**

Contributor address: **Amesville, TX 79107**

Amount of contribution: **\$50.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **Troy & Kamona Muckeladore**

Contributor address: **Amesville, TX 79107**

Amount of contribution: **\$60.00**

Principal occupation / job title: **Retired**

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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: (State Commission Name)

4. Date: **3/27/23**

5. Full name of contributor: **Stephen LAND**

6. Contributor address: **Amesville, TX**

7. Amount of contribution: **\$50.00**

8. Principal occupation / job title: **Retired**

9. Employer (See instructions)

Date: **3/27/23**

Full name of contributor: **W. H. Mitchell**

Contributor address: **Amesville, TX 79107**

Amount of contribution: **\$50.00**

Principal occupation / job title: **Retired**

Date: **3/27/23**

Full name of contributor: **Troy & Kamona Muckeladore**

Contributor address: **Amesville, TX 79107**

Amount of contribution: **\$60.00**

Principal occupation / job title: **Retired**

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