CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Mr. Don	MI G	OFFICE USE ONLY				
NAME	NICKNAME LAST	SUFFIX	Date Received				
	Tipps	RECEIVED					
4 CANDIDATE/		CITY; STATE; ZIP CODE	ILOCIACD				
OFFICEHOLDER MAILING ADDRESS	5611 Barrinton Ct. Amarillo, TX	OCT 31 2024					
Change of Address			CITY SECRETARY'S				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered of Date Postmarked				
OFFICEHOLDER PHONE	(806) 673-7770	Receipt # Amount \$					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	Receipt #				
	Dr. Douglas		Date Processed				
	NICKNAME LAST	SUFFIX	Date Imaged				
	Albracht						
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE				
TREASURER ADDRESS	8 Medical Dr. Amarillo, Tx 7910	06					
(Residence or Business)							
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
TREASURER PHONE	(806) 242-6637						
9 REPORT TYPE January 15 30th day before election Runoff 15th day after campai treasurer appointment (Officeholder Only)							
	July 15 8th day before election Exceeded Modified Report (Attach C/OH - FR) Reporting Limit						
10 PERIOD	Month Day Year	Month	Day Year				
COVERED	1 / 15 / 24 THROUGH 7 / 15 / 24						
11 ELECTION	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
Moeth Day Year Primary Runoff Other							
	5 6 23 General Special Description						
	3 / 0 / 23						
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)						
	Amarillo City Council Place 2						
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
	CENEDAL COMMITTEE ADDRESS						
Additional Pages	GENERAL						
	SPECIFIC 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			16 Filer	ID (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		.N	\$	
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO.	IBUTIONS ANS, OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEN	DITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE LA	AST DAY	\$ 10,4	456.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTII	DF ALL OUTSTANDING LOANS AS (NG PERIOD	OF THE	\$	
	wear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,	,	ue and cor	rrect and includ	es all informatio
		1/-			
		M		32	,
		Signature of C	andidate o	or Officeholder	
	Please com	plete either option belo	w.		
	1 10000 00111	pioto citiloi option solo	•••		
(1) Affidavit	KINSEY L. PETT Notary Public, State o	f Texas			
	Comm. Expires 01-29 Notary ID 132336				
NOTARY STAMP/SEA					
	before me by Don Tipps	5 this the	31	day of OC	tober.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	which, witness my hand and seal of office. **Insey Po	Hy		Account	tober. Manag
Signature of officer administe		fficer administering oath			dministering oatr
		OR			
(2) Unsworn Declarati	on				
My name is		, and my date of birth i	s		
			,	,	
	(street)	(4) 10 May 1 (4) 1	(state)	(zip code)	(country)
Executed in	County, State of	, on the day of(mont	th)	, 20 (year)	
		Signature of Cand	lidate/Office	eholder (Declara	ant)