CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr.
FIRST: Misty
LAST: Collier
MI:
NICKNAME:
SUFFIX:

OFFICE USE ONLY

Date Received

RECEIVED

APR 04 2025

CITY SECRETARY'S CITY OF AMARILLO

$2.00
$4.00

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1701 N Julian
Amarillo Texas

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (806) PHONE NUMBER: 680 4815 EXTENSION:

Receipt # | Amount $

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr.
FIRST: Patricia
MI: A
NICKNAME:
LAST: Vigil
SUFFIX:

Date Processed

Date Imaged

#5295919

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1701 N Julian

8 CAMPAIGN TREASURER PHONE
AREA CODE: (806) PHONE NUMBER: 349-3513 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 2 / Day 28 / Year 2025 THROUGH Month 3 / Day 3 / Year 2025

11 ELECTION
ELECTION DATE: Month 5 / Day 3 / Year 25
ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☑ General
☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Mayor

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 | COMMITTEE NAME
☐ GENERAL | COMMITTEE ADDRESS
☐ SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME
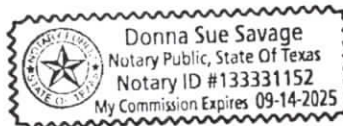| COMMITTEE CAMPAIGN TREASURER ADDRESS

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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)	$ 200.26
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ -0-
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 200.26
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 200.26
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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Misty Collier_ this the _4th_ day of _APRIL_,
20_25_, to certify which, witness my hand and seal of office.

Donna Sue Savage   _Donna Sue Savage_
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)