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 MI OFFICE USE ONLY Mr Timothy S		
NAME	NICKNAME LAST SUFFIX Tim Reid ADDRESS (DO BOX: APT / SUITE # CITY: STATE: ZIP CODE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	6001 Landon Drive Amarillo TX 79119 3, 055 APR 0, 2025		
Change of Address	CITY SECRETARY'S		
5 CANDIDATE/ OFFICEHOLDER PHONE	(806) 376-0780 Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Kathryn M Date Processed 4 3 7.5		
IVAME	NICKNAME LAST SUFFIX Katy Reid Date Imaged 5295483		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6001 Landon Drive Amarillo TX 79119		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	(806) 674-5198		
9 REPORT TYPE	January 15 30th day before election Runoff 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 2 / 11 / 25 THROUGH 4 / 2 / 25		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25 General Special ELECTION TYPE Other Description Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Amarillo City Council Place 1		
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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME		
	COMMITTEE TITE		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

10,19

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Timothy S Reid			16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC	L CONTRIBUTIONS (OTHER THAN INTEES OF LOANS, OR TRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	1,769.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPEND	TURES	s 1	0,028.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAS	T DAY \$	2,287.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS OF G PERIOD	THE \$ 1	0,547.21
	wear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E		and correct and	includes all information
, ist		James /4		
		Signature of Car	ndidate or Officeh	older
		/		
	Please comp	lete either option below	/:	
(1) Affidavit				
NOTARY STAMP/SEA	L			
	before me by	this the _	day of	
	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of off	icer administering oath	Title of o	fficer administering oath
		OR		
(2) Unsworn Declarati		·		
My name is Timothy S	S. Reid	and my date of birth is	01-11-1959	
My address is 6001 La	ndon Drive	Amarillo T	X 79119	_, <u>USA</u>
	(street)		state) (zip code	
Executed in Potter	County, State of Texas	, on the 3day of April	, 20 25	
		Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Commonthy S. Reid	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,769.55
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 10,547.21
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,028.85
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s 500.00
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	s 100.00
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 f	orm.	1 Total pages Schedule A1: 3
2 FILER NAME Timothy S.	Reid		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I Barbara McNally	D#:)	7 Amount of contribution (\$)
02/24/20	6 Contributor address; City;		26.34
	6001 Landon Drive Amarillo), IX /9119	
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	,	(D#:)	Amount of contribution (\$)
03/12/20	Kimber Mccollum		100.00
	Contributor address; City;	State; Zip Code	100.00
	4703 Buffalo TR. Amarillo,	, IX 79109	
Principal occup Not Provided	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		iD#:)	Amount of contribution (\$)
03/14/20	Robert Gist		100.00
J,	Contributor address; City;	State; Zip Code	100.00
	2403 SW 26th Amarillo,	17 /9109	
Principal occup Unemployed	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
00/40/00	Keith Price		400 00
03/18/20	Contributor address; City;	State; Zip Code	100.00
	6405 Glenwood Amarillo	, TX 79119	
i -	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Not Provided			

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.

	and information to not applicable, 2 of the time		•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME Timothy S.	Reid		3 Filer ID (Ethics Commission Filers)
4 Date	Timothy P. and Yarima Reid		7 Amount of contribution (\$)
03/21/20	6 Contributor address; City; 10017 W. Rockwell Road Cany	State: Zip Code ron, TX 79015	500.00
8 Principal occur Technician	,	9 Employer (See Instruct Vivint	ions)
Date	Full name of contributor out-of-state PAC James Farren	(ID#:)	Amount of contribution (\$)
03/27/20	Contributor address; City; 7900 SW 81st St. Amarillo		25.00
Principal occup Unemployed	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/27/20	Sharon Sauls	State; Zip Code O, TX 79108	Amount of contribution (\$) 50.00
Principal occup Unemployed	ation / Job title (See Instructions)	Employer (See Instruct	dions)
Date	Full name of contributor out-of-state PAC Daniel Roeder	(ID#:)	Amount of contribution (\$)
03/31/20	Contributor address; City; 4004 Gatewood Amarillo	State; Zip Code o, TX 79109	35.00
Principal occup President	pation / Job title (See Instructions)	Employer (See Instruction Crossroads Technology)	
	ATTACH ADDITIONAL COPIES		EEDED

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 reques	ted information is not applicable, I	OO NOT ind	lude thi	s page in the	report.
The	Instruction Guide explains how to co	omplete this	form.		1 Total pages Schedule A1: 3
2 FILER NAME Timothy S.	Reid				3 Filer ID (Ethics Commission Filers)
4 Date	Patrick Callahan	out-of-state PAC)	7 Amount of contribution (\$)
04/02/20	6 Contributor address; 146 Timbercreek A	City;	State;		260.59
8 Principal occu Partner	pation / Job title (See Instructions)	1	-	oyer (See Instruction See In	
Date		out-of-state PAC			Amount of contribution (\$)
02/14/20	Tim Reid for TX Senate		gn		572.62
02/1/1/20		• •	State;		312.02
	6001 Landon Drive	Amanıı		<u></u>	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	lions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;			Zip Code	
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.				
The I	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Timothy S. R	eid			
4 TOTAL OF UN	ITEMIZED LOANS	:	\$	
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
03/10/2025	Timothy and Kathryn Reid		547.21	
6 Is lender a financial Institution?	8 Lender address; City; 6001 Landon Drive Amarillo,	State; Zip Code	10 Interest rate 0.00	
☐ Y ■ N			11 Maturity date 05/03/2025	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Executive Dire		Texas Panhandle Wa	ar Memorial	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
■ not applicable				
20 Principal Occupation (See Instructions) 21 Employer (See Instru				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
04/01/2025	Timothy and Kathryn Reid		10,000.00	
Is lender a financial	Lender address; City; 6001 Landon Drive Amarillo, 7	State; Zip Code	Interest rate 0.00	
Institution? 6001 Landon Drive Amarino, 17,79119			Maturity date 05/03/2025	
	on / Job title (See Instructions)	Employer (See Instructions)	Nor Momorial	
Executive Dir	rector	Texas Panhandle V	var iviernoriai	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
■ not applicable			<u></u>	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
1f le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE	EDED eporting requirements.	

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 now to c	ombiere mis totur	,	
1 Total pages Schedule F1:	2 FILER NAME Timothy S. Reid		3 Filer ID (Ethica	s Commission Filers)
4 Date 02/18/2025	5 Payee name Network Solutions			-
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
181.28	Online service: Herdon, VA 20170			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Web domain,	email, Google	e Workspace
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/19/2025	Wix			
Amount (\$)	Payee address;	City;	State;	Zip Code
461.16	Online service- New York, New York	10014		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Website		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/25/2025	UPS Store			
Amount (\$)	Payee address;	City;	State;	Zip Code
153.00	5600 Bell St., Suite 105. Amarillo, TX	79109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental	Mailbox rental		
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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)

1 Total pages Schedule F1: 6 Timothy S. Reid 1 Date O3/01/2025	Cleditoaurayinaa	The Instruction Guide explains how to co	mplete this form.		
Welcome Pardner		2 FILER NAME Timothy S. Reid		3 Filer ID (Ethics	Commission Filers)
Famount (s) Fayer address Famount (s) Famount (s)		_ •			
Purpose	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T.	500.00	6700 Wentworth Dr. Amarillo, TX 791	09		
PORTOGE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Office sought Office held Date 03/07/2025 Payee name Whitney Russell Amount (\$) Payee address; 1500 S. Polk St. Amarillo, TX 79101 Purpose Office Schedule T. Check if Austin, TX, officeholder living expense Category (See Categories listed at the top of this schedule) Printing Category (See Categories listed at the top of this schedule) Printing Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name Network Solutions Amount (\$) Payee address; City: State; Zip Code Office held Candidate / Officeholder name Office sought Office held	8	(a) Category (See Categories listed at the top of this schedule)			
9 Complete QNLY if direct expenditure to benefit C/OH Date 03/07/2025 Amount (\$) Payee address: 1500 S. Polk St. Amarillo, TX 79101 Category (See Categories listed at the top of this schedule) Printing Check if traveloutside of Texas. Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH Date 02/17/2025 Payee address: Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Payee name Network Solutions Payee address: Opline service: Herson, VA 20170	OF.	Advertising	Mailer inserts		
9 Complete ONLY if direct expenditure to benefit C/OH Date 03/07/2025 Whitney Russell Amount (\$) Payee address; 1500 S. Polk St. Amarillo, TX 79101 Category (See Categories listed at the top of this schedule) Printing Category (See Categories listed at the top of this schedule) Printing Category (See Categories listed at the top of this schedule) Printing Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/17/2025 Network Solutions Payee address; Online service: Herson, VA 20170		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
O3/07/2025 Whitney Russell Amount (\$) Payee address; City; State; Zip Code Payee address; 1500 S. Polk St. Amarillo, TX 79101 Category (See Categories listed at the top of this schedule) Printing Category (See Categories listed at the top of this schedule) Name tags Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Network Solutions Payee address; City; State; Zip Code Online service: Herson, VA 20170	9 Complete ONLY if direct expenditure to benefit C/Ol	 	Office sought		Office held
Amount (\$) 216.50 Payee address; 1500 S. Polk St. Amarillo, TX 79101 Category (See Categories listed at the top of this schedule) Printing Check if traveloutside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 02/17/2025 Network Solutions Payee address; Online service: Herson, VA 20170	Date	Payee name	<u>-</u> -		
Payee address; 1500 S. Polk St. Amarillo, TX 79101 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing 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 Payee name Network Solutions Payee address; Online service: Herson, VA 20170	03/07/2025	Whitney Russell			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Check if traveloutside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Payee name Network Solutions Amount (\$) Payee address; Online service: Herson, VA 20170	Amount (\$)	1	City;	State;	Zip Code
PURPOSE OF EXPENDITURE 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 Payee name O2/17/2025 Network Solutions Amount (\$) Payee address; City; State; Zip Code Online service: Herson, VA 20170	216.50	1500 S. Polk St. Amarillo, TX 79101			
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 Payee name O2/17/2025 Network Solutions Amount (\$) Payee address; City; State; Zip Code Online service: Herson, VA 20170		Category (See Categories listed at the top of this schedule)	1		
Complete ONLY if direct expenditure to benefit C/OH Date Date Payee name O2/17/2025 Amount (\$) Payee address; Ocheck if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Office held Candidate / Officeholder name Office sought Office held City; State; Zip Code	=	Printing	Name tags		
Complete ONLY if direct expenditure to benefit C/OH Date Date Payee name Office sought Office held Payee name O2/17/2025 Network Solutions Amount (\$) Payee address; City; State; Zip Code Online service: Herson, VA 20170					·
Complete ONLY if direct expenditure to benefit C/OH Date Date Payee name O2/17/2025 Network Solutions Amount (\$) Payee address; City; State; Zip Code Online service: Herson, VA 20170					g expense
02/17/2025 Network Solutions Amount (\$) Payee address; City; State; Zip Code Online service: Herson, VA 20170	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code Online service: Herson, VA 20170	Date	Payee name			
Online service: Herson, VA 20170	02/17/2025	Network Solutions			
Online service: Herson, VA 20170	Amount (\$)	Payee address;	City;	State;	Zip Code
5.00	5.00	Online service: Herson, VA 20170			
Category (See Categories listed at the top of this schedule) Description		Category (See Categories listed at the top of this schedule)	1	-•	
PURPOSE Advertising Domain protection OF EXPENDITURE	OF	Advertising	Domain protec	ction	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Timothy S. Reid		3 Filer ID (Ethics	Commission Filers)
4 Date 03/25/2025	5 Payee name Sydney Frye			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	8801 Tarter Ave., # 209 Amarillo, T	X 79119		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		-
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Digital work	<u></u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/27/2025	Office Depot/Office Max			
Amount (\$)	Payee address;	City;	State;	Zip Code
161.60	2912 Soncy Amarillo, TX 79124			
	Category (See Categories listed at the top of this schedule)	Description		
Purpose Printing Print cardstock, envelo		ck, envelopes		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			18.0
03/27/2025	Zip Print/PPS			
Amount (\$)	Payee address;	Cîty;	State;	Zîp Code
250.30	920 SW 9th Ave. Amarillo, TX 79101			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Thank you ca	rds and envel	opes
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Timothy S. Reid		3 Filer ID (Ethic	s Commission Filers)	
4 Date 03/31/2025	5 Payee name Octane Studios				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
192.15	1860 E. Sundown Lane. Amarillo, TX	X 79118			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	Car magnets	<u> </u>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/01/2025	Burkett Outdoor Advertising				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,500.00	PO Box 50372 Amarillo, TX 79159				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising	Billboard			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	· <u>-</u>			
04/01/2025	Promotions Plus				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4,118.91	1407 Sw 10th, Suite B Amarillo, TX	79101			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing	Yard signs, door hangers, rack cards		ack cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

Event Expense 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 co	omplete this form.		
	2 FILER NAME Timothy S. Reid		3 Filer ID (Ethic	s Commission Filers)
	5 Payee name Promotions Plus			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,592.13	1407 SW 10th, Suite B Amarillo, TX	79101		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-	
PURPOSE OF EXPENDITURE	Printing	Large signs		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/02/2025	Sydney Frye			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	8801 Tarter Ave., # 209 Amarillo, TX	79119		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Digital service	S	
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/02/2025	Sydney Frye			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	8801 Tarter Ave., # 209 Amarillo, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages.Contract Labor	Digital services	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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

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

eimbursement Solicitation/Fundraising Expense
antal Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Timothy S. Reid		3 Filer ID (Ethics	Commission Filers)
4 Date 04/01/2025	5 Payee name Donorbox/Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
96.82	Online platform: Alexandria, VA 2230	07		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor processing fees- March donors		
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name LEFT BLANK			
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/Ol-	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name LEFT BLANK	· · · · · · · · · · · · · · · · · · ·		
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/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	fice Overhead/Rental Expense utling Expense inting Expense daries/Wages/Contract Labor	Transportation Equipment & I Travel In District Travel Out Of District Other (enter a category not lis	·	
	The instruction Guide explains he	ow to complete this form.			
1 Total pages Schedule F2:	2 FILER NAME Timothy S. Reid		3 Filer 1D (Ethics Commis	ssion Filers)	
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBLIGA	TIONS	\$ 500.00		
5 Date 04/01/2025	6 Payee name Welcome Pardner				
7 Amount (\$) 500.00	8 Payee address; City; State; Zip Code 6700 Wentworth Dr. Amarillo, TX 79109				
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advertising (b) Check if travel outside of Texas. Complete School	Mailer insert	stin, TX, officeholder living expens	8	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name LEFT BLANK				
Amount (\$)	Payee address;	City;	State; Z	ip Code	
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense lling Expense noting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Timothy S. Reid		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/11/2025	City of Amarillo				
6 Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee address; 623 S. Johnson Amarillo, TX 79	City; 9101	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedules Fees	(b) Description Filing Fee			
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name LEFT BLANK				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduler	ule) Description			
Ext Estations	Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name LEFT BLANK				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched				
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIES OF T	HIS SCHEDI II E AS NEE	nen		