

# 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	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Clarence	MI
	NICKNAME	LAST Warren	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	2000 S. Hughes		
	Amarillo, TX 79109		
	<div style="text-align: right; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <b>RECEIVED</b>                  APR 06 2017                   CITY SECRETARY'S                  CITY OF AMARILLO             </div>		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Len	Walker
NICKNAME		LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	3401 SW 6th Ave		Amarillo Tx 79106
CITY;		STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806)	553 - 5456	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	01/01/2017	THROUGH	03/27/2017
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/06/2017		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		
		Amarillo City Council Place 3	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 12

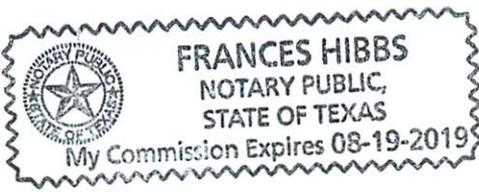
13 C / OH NAME Warren, Clarence	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,056.92
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,409.24
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	670.76
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

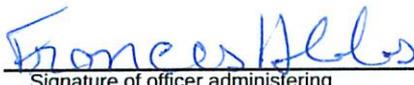


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Tom Warren II, this the 6<sup>th</sup> day of April, 20 17, to certify which, witness my hand and seal of office.



Signature of officer administering

Frances Hibbs

Printed name of officer administering

City Secretary

Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Warren, Clarence	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,080.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,976.92
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,409.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/12
<b>2</b> FILER NAME Warren, Clarence		<b>3</b> Filer ID
<b>4</b> Date 02/17/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, John (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 3603 SE 30th Ave.  Amarillo, TX 79103-6704	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/04/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Thomas (Mr.) <hr/> Contributor address; City; State; Zip Code 6408 Hatfield Cir.  Amarillo, TX 79109	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Burkett Outdoor
Date 03/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code 6703 Nick St.  Amarillo, TX 79119	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassell, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code 5014 Westway Trail  Amarillo, TX 79109	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) TSRA
Date 03/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Chip (Mrs.) <hr/> Contributor address; City; State; Zip Code 2715 SW 6th Ave.  Amarillo, TX 79106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 6th Street Antique Mall

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/12
<b>2</b> FILER NAME Warren, Clarence		<b>3</b> Filer ID
<b>4</b> Date 02/22/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Lyndon (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 10650 Dobie St.  Amarillo, TX 79118	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code 6205 Hampton  Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Whitney-Russell
Date 02/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfrimmer III, Jesse (Mr.) <hr/> Contributor address; City; State; Zip Code 5723 S. Milam  Amarillo, TX 79110	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfrimmer III, Jesse (Mr.) <hr/> Contributor address; City; State; Zip Code 5723 S. Milam  Amarillo, TX 79110	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spear, Tracey (Ms.) <hr/> Contributor address; City; State; Zip Code 2605 S. Jackson  Amarillo, TX 79109	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
<b>2</b> FILER NAME Warren, Clarence		<b>3</b> Filer ID
<b>4</b> Date 03/04/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villyard, Max (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 2203 S. Travis St.  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$10.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Cashier		<b>9</b> Employer (See Instructions) Cold Stone Creamery
Date 03/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren II, Clarence "Tom" (Mr.) <hr/> Contributor address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109	Amount of Contribution (\$) <span style="float: right;">\$100.00</span>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Tom Warren Vintage Trucks

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 7/12	
<b>2</b> FILER NAME Warren, Clarence		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/25/2017	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Thomas (Mr.)	<b>8</b> Amount of contribution (\$) \$2,000.00	<b>9</b> In-kind contribution description Billboard Ad.
	<b>7</b> Contributor address; City; State; Zip Code 6408 Hatfield Cir.  Amarillo, TX 79109		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Burkett Outdoor	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 03/14/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Victor (Mr.)	<b>Amount of contribution (\$)</b> \$375.00	<b>In-kind contribution description</b> Food for Campaign Event
	<b>Contributor address; City; State; Zip Code</b> 1556 S. Alabama  Amarillo, TX 79102		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b> Owner		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b> Leal's	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 03/25/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren II, Clarence "Tom" (Mr.)	<b>Amount of contribution (\$)</b> \$200.00	<b>In-kind contribution description</b> Buttons
	<b>Contributor address; City; State; Zip Code</b> 2000 S. Hughes St.  Amarillo, TX 79109		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b> Owner		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b> Tom Warren Vintage Trucks	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 8/12	
<b>2</b> FILER NAME Warren, Clarence		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/26/2017	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren II, Clarence "Tom" (Mr.)	<b>8</b> Amount of contribution (\$) \$43.29	<b>9</b> In-kind contribution description Printing
	<b>7</b> Contributor address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Tom Warren Vintage Trucks	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 03/27/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren II, Clarence "Tom" (Mr.)	<b>Amount of contribution (\$)</b> \$108.63	<b>In-kind contribution description</b> Printing
	<b>Contributor address; City; State; Zip Code</b> 2000 S. Hughes St.  Amarillo, TX 79109		
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b> Owner		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b> Tom Warren Vintage Trucks	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 03/23/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren III, Clarence Thomas "T3" (Mr.)	<b>Amount of contribution (\$)</b> \$250.00	<b>In-kind contribution description</b> Newspaper Ad
	<b>Contributor address; City; State; Zip Code</b> 2000 S. Hughes St.  Amarillo, TX 79109		
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b> Editor-In-Chief		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b> The Amarillo Pioneer	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 10/12	<b>2</b> FILER NAME Warren, Clarence	<b>3</b> Filer ID
<b>4</b> Date 03/13/2017	<b>5</b> Payee name Robertson, Parker Q. (Mr.)	
<b>6</b> Amount (\$) \$80.00	<b>7</b> Payee address; City; State; Zip Code 5505 Brinkman Drive  Amarillo, TX 79106	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Band	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for band at campaign event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/23/2017	Payee name Warren III, Clarence T. "T3" (Mr.)	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Printing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/07/2017	Payee name Warren II, Clarence Thomas (Mr.)	
Amount (\$) \$14.00	Payee address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Website Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 11/12	<b>2</b> FILER NAME Warren, Clarence	<b>3</b> Filer ID
<b>4</b> Date 03/08/2017	<b>5</b> Payee name Warren II, Clarence Thomas (Mr.)	
<b>6</b> Amount (\$) \$24.85	<b>7</b> Payee address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Website domain fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/13/2017	Payee name Warren II, Clarence Thomas (Mr.)	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Website Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/13/2017	Payee name Warren, Tamara (Mrs.)	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 2000 S. Hughes St.  Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Facebook Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### 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.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 12/12	<b>2</b> FILER NAME Warren, Clarence	<b>3</b> Filer ID
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<b>4</b> Date 03/23/2017	<b>5</b> Payee name Warren, Tamara (Mrs.)
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<b>6</b> Amount (\$) \$70.00	<b>7</b> Payee address; City; State; Zip Code 2000 S. Hughes St  Amarillo, TX 79109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Printing Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/04/2017	Payee name WePay, Inc.
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Amount (\$) \$80.39	Payee address; City; State; Zip Code 350 Convention Way #200 Redwood City, CA 94063
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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