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: 31

OFFICE USE ONLY

Date Received: RECEIVED APR 04 2019 CITY SECRETARY'S CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS. | FIRST: ELAINE | MI:

NICKNAME: | LAST: Hays | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 9071
Amarillo, TX 79105

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (806) | PHONE NUMBER: 676-6772 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. | FIRST: Greg | MI: Wayne

NICKNAME: | LAST: Houbette | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

701 S. Taylor, LB 120
Amarillo, TX 79101

8 CAMPAIGN TREASURER PHONE

AREA CODE: (806) | PHONE NUMBER: 676-5673 | 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 $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 01 / 01 / 2019 THROUGH Month / Day / Year: 03 / 30 / 2019

11 ELECTION

ELECTION DATE: Month / Day / Year: 05 / 4 / 19

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Amarillo City Council PLACE ONE

13 OFFICE SOUGHT (if known): Amarillo City Council PLACE ONE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 51.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 22,701.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 15,966.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7,305.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

18 AFFIDAVIT

FRANCES HIBBS
NOTARY PUBLIC,
STATE OF TEXAS
My Commission Expires 08-19-2019

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Elaine Hays

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elaine Taylor Hays, this the 4 day of April, 20 19, to certify which, witness my hand and seal of office.

Frances Hibbs	Frances Hibbs	City Secretary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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. ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$22,650
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ — 0 —
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ — 0 —
4. ☐ SCHEDULE E: LOANS	$ — 0 —
5. ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$13,645.70
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ — 0 —
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ — 0 —
8. ☑ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$2320.83
9. ☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$54.22
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ — 0 —
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ — 0 —
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ — 0 —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/13/19	Andrew Mitchell 3004 Hughes Amarillo TX 79109	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
VP of Ops/Fuel	Toot 'n Totem

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/13/19	Gene/Vicki Scivally 1506 S. Lamar Ama TX 79102	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/13/19	Joe/Pam Jones 3911 Eaton Ama TX 79109	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/13/19	William Boyce 35 Oldham Circle Ama TX 79109	100—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INSURANCE	William Boyce Ins. Agncy

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/13/19	John Kritser P.O. Box 31388 Ama, TX 79120	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
President	Yellowhouse Mach.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/13/19	W. H. Brian, JR. P.O. Box 9238 Ama, TX 79105	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/14/19	Garland / Sharon Sell 7801 Clearmeadow Ama TX 79119	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	SGM

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/14/19	Cliff Bickerstaff 2604 Hawthorne Ama TX 79109	100—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Banker	Amarillo NATIONAL

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/14/19	Michael / Hannah Haning 2615 S. Hughes Ama TX 79109	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
President	Disco, INC.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/14/19	Paul Engler P.O. Box 2010 Ama TX 79105	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	Greg / Julie Mitchell 1201 S. Taylor Ama TX 79101	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chairman	Toot 'N Totem

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	Marty / Cindy Rowley 8010 S. Coulter Ama TX 79119	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/16/19	Andrew Hall 500 S. Taylor LB 249 Ama TX 79101	250. —

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Investments	Alleo Energy

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	Tom / Julie Bivins P.O. Box 708 Ama TX 79105	500. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Rancher	Self-employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	Alan / Jane Cornelius 1032 Westbury Dr. Ama TX 79109	25. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Administration	CISD

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	Sharon / Larry Oeschger 10 Teal Court Ama TX 79106	100. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Cryogenic R&D

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/16/19	☐ out-of-state PAC (ID#:) Mike/Liz Haning No. 5 Hogan Drive Ama TX 79124	300.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	☐ out-of-state PAC (ID#:) Don/Brenda Talley 2206 Parker Ama TX 79109	100—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	Upshaw Insurance

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/19	☐ out-of-state PAC (ID#:) John/Donna Ward 16 Cypress Point Ama TX 79124	250—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CFO	Hodge Mgt.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	☐ out-of-state PAC (ID#:) Paul/Jenny Harpole 2203 Pebblebrook Dr. Ama TX 79119	100—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Paul Harpole Motors

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/22/19	Dee Miller 5315 Berget Dr. Ama TX 79119	250 —

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Attorney	Self-employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Claudette Landess 9 Teal Court Ama TX 79106	250. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Investor	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	J. Pat / Nancy Hickman 150 Laurel Leaf Lane ~~Ama~~ Canyon TX	1000. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	Happy State Bank

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Robert Juba 3220 S. Milam St. Ama TX 79109	100. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/22/19	Jeff / Kathi Nunn 7403 Lynette Pl. Ama TX 79121	500.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	David / Vanessa Chavez 4401 VanWinkle Ama TX 79121	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Nick / Jennie Knapp 5021 Everette Ave. Ama TX 79106	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Knapp Bookkeeping

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Steve Rogers 5304 Tawney Ama TX 79106	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate	Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/22/19	☐ out-of-state PAC (ID#:_____) Joe / Betty Howel 3502 Dansbury Ama TX 79109	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Vice Pres.	Satana LLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	☐ out-of-state PAC (ID#:_____) Leon / Sue Church 6903 Cayman Ct. Ama TX 79124	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	☐ out-of-state PAC (ID#:_____) James / Janice McCown P.O Box 8872 Ama TX 79114	500.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	☐ out-of-state PAC (ID#:_____) Blaine / Kelly Roberts 2818 S. Lipscomb Ama TX 79109	500.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/22/19	Jerry/Margaret Hodge 36 Oldham Circle Ama TX 79109	1,000.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Sam/Carol Lovelady 2817 Crockett Ama TX 79109	500.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CPA	Lovelady/Christy & Assoc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Bill/Sandra Gilliland 2806 Hughes Ama TX 79109	500.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Shirley Daniel 7207 Gainsborough Ama TX 79106	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/22/19	Mike / Liz Hughes P.O. Box 51149 Ama TX 79159	2500.—	PRES.	FMC Services, LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2/22/19	Steve / Rajan Trafton 4211 W. I-40, St. 200 Ama TX 79109	1,000.—		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2/22/19	John Walker 2804 S. Bonham Ama TX 79109	50.—		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2/22/19	Garth / Susie Merrick 101 S.E. 11th Ave, St. 100 Ama TX 79101	1,000.—		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/22/19	Mr/Mrs. Eddie Bradley 3002 S. Lipscomb Ama TX 79109	250.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
	Autos LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Patsy Walker 5 Teal Court Ama, TX 79106	50.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	William/Bev Harris 7802 Stuyvesant Ama TX 79121	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/25/19	William/Cynthia Hawkins 3518 Kensington Pl Ama TX 79121	200.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/26/19	☐ out-of-state PAC (ID#: ____) Dennis/Cindy Clouch 7706 Pebble Brook Dr. Ama TX 79119	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Owner	Austin Hose

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/19	☐ out-of-state PAC (ID#: ____) James/Pamela Beckham 1507 S. Lamar Ama TX 79102	200.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/19	☐ out-of-state PAC (ID#: ____) William Ware P.O. Box 1 Amarillo, TX 79105	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Banker	ANB

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/28/19	☐ out-of-state PAC (ID#: ____) Stanley Schaeffer 8717 English Bay Pkwy Ama TX 79119	300.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/28/19	TREVOR / SARAH Caviness 2410 S. Lipscomb Ama TX 79109	250. —

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Owner	Caviness Beef

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/28/19	Lloyd / Lara BROWN 3203 Bowie St. Ama TX 79109	250. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	Smart Chemical Sol.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/4/19	Dr. Kyle Sparkman Ama, TX 7901 Continental Pkwy 79119	500. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/4/19	Jack / JOAN SHELTON 2320 W. 16th Ama TX 79102	250. —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/4/19	Jim Doche 1615 S. Bryan St. Ama TX 79102	50.—

8 Principal occupation / Job title (See Instructions) #2

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/4/19	Dr. William V Esler 4513 Tutbury Court Ama, TX 79119	250.—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/4/19	Dr. Robert/Michelle Bauman 2610 S. Harrison Ama, TX 79109	100.—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/4/19	Pat/Sheryl Davis 7907 Pebblebrook Dr. Ama, TX 79119	250.—

Principal occupation / Job title (See Instructions): Owner

Employer (See Instructions): Pat Davis Properties

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/4/19	☐ out-of-state PAC (ID#:) Jimmy / Stephanie Rifenberg 127 Dewey Ama TX 79124	100.—

8 Principal occupation / Job title (See Instructions): PRES.

9 Employer (See Instructions): Certified Collectors, INC.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/4/19	☐ out-of-state PAC (ID#:) Jason Herrick 7901 Valcourt Dr. Ama TX 79119	250.—

Principal occupation / Job title (See Instructions): Engineer

Employer (See Instructions): Pantex

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/5/19	☐ out-of-state PAC (ID#:) Joe / Laura Street Ama TX 7800 New England Pkwy 79119	1,000.—

Principal occupation / Job title (See Instructions): Owner

Employer (See Instructions): Street Auto

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/5/19	☐ out-of-state PAC (ID#:) Dr. + Mrs. Turner Caldwell III 7708 Bent Tree Dr. Ama TX 79121	250.—

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Self-employed

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/13/19	☐ out-of-state PAC (ID#:) Tom/Rebecca Mechler 12940 S. FM 1258 Ama TX 79118	250.—

8 Principal occupation / Job title (See Instructions): Pres.

9 Employer (See Instructions): Manna Services, Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/13/19	☐ out-of-state PAC (ID#:) Dr. Clyde/Brenda Meeks 10 Pine Valley Lane Ama TX 79124	500.—

Principal occupation / Job title (See Instructions): Physicians

Employer (See Instructions): Women's Healthcar

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/18/19	☐ out-of-state PAC (ID#:) Sam/Jeanne Thompson 1522 S. Austin Ama TX 79102	75.—

Principal occupation / Job title (See Instructions): Carpenter

Employer (See Instructions): Self-employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/20/19	☐ out-of-state PAC (ID#:) Randy/Stacy Sharp 7909 Continental Pkwy Ama TX 79119	100.—

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/20/19	Johnny / Jill Mize 7720 Stuyvesant Ama TX 79121	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/23/19	Richard WARe P.O. Box 1 Ama, TX 79105	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Banker	ANB

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/23/19	WINSTON STAHLECKER 55 Cottonwood lane Canyon TX 79015	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/26/19	David Hudson 7807 Trigg Ave. Ama TX 79121	100—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Exec.	Xcel

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/11/19	☐ out-of-state PAC (ID#:_____) Stan/Kathy Morris 6308 Calumet Rd. Amarillo TX 79106	100.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/26/19	☐ out-of-state PAC (ID#:_____) Gary/Linda Hinders 83 Hunsley Hills Blvd. Canyon TX 79015	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BRANCH PRES.	Happy State Bank

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/30/19	☐ out-of-state PAC (ID#:_____) Richard Brown 3004 S. Hayden Amarillo TX 79109	250.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	Retired

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/28/19	☐ out-of-state PAC (ID#:_____) Diana Cox 4 Fairway Dr. Canyon TX 79015	100.—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date: 1/30/19

5 Full name of contributor: Amarillo Association of Realtors PAC ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: 5601 Enterprise Circle Ama TX 79106

7 Amount of contribution ($): 2000.

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
4 Date 3/26	5 Payee name BAGWELL STRATEGIES	
6 Amount ($) 3574.77	7 Payee address; City; State; Zip Code 100 BANKS DRIVE / AMARILLO, TX / 79124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description ☐ 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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1

Date 1/23	Payee name First Bank Southwest	
Amount ($) 10.97	Payee address; City; State; Zip Code P.O. BOX 32552 / AMARILLO, TX / 79120	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1

Date 1/1/19 – 3/30/19	Payee name Anedot	
Amount ($) 68.68	Payee address; City; State; Zip Code 1920 McKinney Ave, 7th FLOOR DALLAS, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Payment Fee	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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: ELAINE HAYS

3 Filer ID (Ethics Commission Filers):

4 Date: 1/24

5 Payee name: City of Amarillo

6 Amount ($): 100.—

7 Payee address; City; State; Zip Code: 601 S. Buchanan Amarillo TX 79101

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Fees

(b) Description
- [ ] 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/OH

Candidate / Officeholder name: ELAINE HAYS

Office sought: Amarillo City Council

Office held: PLACE 1

Date: 2/13

Payee name: ZIP PRINT

Amount ($): 353.34

Payee address; City; State; Zip Code: 501 S. JACKSON / AMARILLO, TX / 79101

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense / Printing Expense

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/OH

Candidate / Officeholder name: ELAINE HAYS

Office sought: Amarillo City Council

Office held: PLACE 1

Date: 2/20

Payee name: Welcome Partner

Amount ($): 500.—

Payee address; City; State; Zip Code: P.O. Box 30926 / Amarillo, TX / 79120

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

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/OH

Candidate / Officeholder name: ELAINE HAYS

Office sought: Amarillo City Council

Office held: PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 Date 3/4

5 Payee name Postmaster

6 Amount ($) 110 —

7 Payee address; City; State; Zip Code 505 E. 9th AVE / AMARILLO, TX / 79105

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Stamps

(b) Description
- [ ] 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/OH

Candidate / Officeholder name: ELAINE HAYS

Office sought: AMARILLO City Council

Office held: PLACE 1

Date 3/20

Payee name ZIP PRINT

Amount ($) 154.26

Payee address; City; State; Zip Code 501 S. JACKSON / AMARILLO, TX / 79101

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Printing

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/OH

Candidate / Officeholder name: ELAINE HAYS

Office sought: AMARILLO City Council

Office held: PLACE 1

Date 3/28

Payee name Lamar Advertising

Amount ($) 1950.—

Payee address; City; State; Zip Code P.O. BOX 32123 / AMARILLO, TX / 79120

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Advertising

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/OH

Candidate / Officeholder name: ELAINE HAYS

Office sought: AMARILLO City Council

Office held: PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
3/28	United Supermarkets

6 Amount ($)	7 Payee address; City; State; Zip Code
29.55	2530 S. GEORGIA / AMARILLO, TX / 79102

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ 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/OH	Candidate / Officeholder name	Office sought	Office held
	ELAINE HAYS	AMARILLO City Council	PLACE 1

Date	Payee name
1/18	POST MASTER

Amount ($)	Payee address; City; State; Zip Code
60.00	505 E. 9th Ave / AMARILLO, TX / 79105

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	☐ 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
	ELAINE HAYS	AMARILLO City Council	PLACE 1

Date	Payee name
2/21	UNITED SUPERMARKETS

Amount ($)	Payee address; City; State; Zip Code
454.13	2530 S. GEORGIA / AMARILLO, TX / 79102

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Exp	☐ 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
	ELAINE HAYS	AMARILLO City Council	PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
4 Date 2/22	5 Payee name PLATINUM PARTIES & EVENTS	
6 Amount ($) 67.55	7 Payee address; City; State; Zip Code 708 S. TAYLOR / AMARILLO, TX / 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ☐ 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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought Amarillo City Council / Office held PLACE 1

Date 2/22	Payee name SHELLY MCGEE	
Amount ($) 480.00	Payee address; City; State; Zip Code 5306 BRINKMAN / AMARILLO, TX 79106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp	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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought Amarillo City Council / Office held PLACE 1

Date 2/22	Payee name LYN ANDERSON	
Amount ($) 204.00	Payee address; City; State; Zip Code 505 RAMADA TRAIL / AMARILLO, TX 79108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp	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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought Amarillo City Council / Office held PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
4 Date 2/22	5 Payee name LAURA STREET	
6 Amount ($) 91.40	7 Payee address; City; State; Zip Code 7800 NEW ENGLAND PKY / AMARILLO, TX / 79119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp	(b) Description ☐ 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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1

Date 3/1	Payee name BAGWELL STRATEGIES	
Amount ($) 5078.74	Payee address; City; State; Zip Code 100 BANKS DRIVE / AMARILLO, TX 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1

Date 3-5	Payee name SIR SPEEDY	
Amount ($) 358.31	Payee address; City; State; Zip Code 416 S.W. 8th / AMARILLO, TX 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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/OH	Candidate / Officeholder name ELAINE HAYS	Office sought AMARILLO City Council	Office held PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 Date 2/18	6 Payee name AGE GRAPHICS
7 Amount ($) 1525.00	8 Payee address; City; State; Zip Code 52231 St Rt 248 Long Bottom, OH 45743
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: ELAINE HAYS; Office sought: Amarillo City Council; Office held: PLACE 1

Date 2/22	Payee name Et cetera
Amount ($) 140.73	Payee address; City; State; Zip Code 2479 I-40 W Ama, TX 79109
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Exp 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/OH	Candidate / Officeholder name: ELAINE HAYS; Office sought: Amarillo City Council; Office held: PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 Date 2/8/19	6 Payee name ZIP PRINT
7 Amount ($) 490.10	8 Payee address; City; State; Zip Code 501 S. Jackson Ama TX 79101
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing (b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: ELAINE HAYS; Office sought: Amarillo City Council; Office held: PLACE 1

Date 2/8	Payee name USPS Postal
Amount ($) 165.00	Payee address; City; State; Zip Code 505 E. 9th Ama TX 79105
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Stamps 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/OH	Candidate / Officeholder name: ELAINE HAYS; Office sought: Amarillo City Council; Office held: PLACE 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 Date 1/25/19	5 Payee name HugeDomains.com
6 Amount ($) 500.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2635 Walnut St Denver Co 80205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CC/Advertising (b) Description ☐ 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/OH	Candidate / Officeholder name Elaine Hays; Office sought Amarillo City Council, Place One; Office held

Date 1/25/19	Payee name GoDaddy.com
Amount ($) 54.22 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N. Hayden Rd, Suite 219 Scottsdale AZ 85260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CC/Advertising (b) 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/OH	Candidate / Officeholder name ELAINE HAYS; Office sought Amarillo City Council Place 1; Office held

Date	Payee name
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) 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/OH	Candidate / Officeholder name; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED