CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	OFFICE USE ONLY 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS. FIRST: ELAINE MI: Taylor NICKNAME: LAST: Hays SUFFIX:	Date Received: RECEIVED JUL 23 2019 CITY SECRETARY'S CITY OF AMARILLO
4 ORIGINAL REPORT TYPE	☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded $500 limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report ☐ Other (specify) _____	Date Hand-delivered or Date Postmarked Receipt # / Amount $
5 ORIGINAL PERIOD COVERED	Month Day Year: 4/27/19 THROUGH Month Day Year: 6/30/19	Date Processed Date Imaged

6 EXPLANATION OF CORRECTION

Math ERROR ON Remaining Contributions

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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

AFFIX NOTARY STAMP / SEAL ABOVE

Elaine Hays
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elaine Hays, this the 23 day of July, 2019, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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	$ —
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 150

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 3689.54

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1070.20 ← Correction

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

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 Hays, this the 23 day of Jan, 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

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: 53

OFFICE USE ONLY

Date Received

RECEIVED
JUL 15 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: Taylor SUFFIX: Hays
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: P.O. Box 9071 APT / SUITE #: CITY: STATE: ZIP CODE: 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: Houlette SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 701 S. Taylor, LB 120 APT / SUITE #: CITY: STATE: ZIP CODE: 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: 4 / 27 / 19 THROUGH Month / Day / Year: 06 / 30 / 19

11 ELECTION

ELECTION DATE: Month / Day / Year: 05 / 04 / 19

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

12 OFFICE

OFFICE HELD (if any): Amarillo City Council, PLACE 1

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 ELAINE HAYS	**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	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 150 —
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3689.54
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1326.32
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

18 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.

Elaine Hays

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elaine Hays, this the 15 day of July, 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	$ 150
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ —
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4. ☐ SCHEDULE E: LOANS	$ —
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3689.54
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ —
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	$ —
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

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#:_____)	7 Amount of contribution ($)
5/7	~~Mike~~ P. David Nancy Walker 6 Contributor address; City; State; Zip Code ~~P.O. Box~~ 1515 S. Lamar 78102	50 —

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
5/15	~~Steve~~ Sally & Gary Jennings Contributor address; City; State; Zip Code 4503 Greenwich PLACE 78119	100 —

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
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	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
5/4	Bagwell Strategies

6 Amount ($)	7 Payee address; City; State; Zip Code
2824.12	~~2824~~ 100 Banks Drive Amarillo, TX 79124

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting	☐ 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

Date	Payee name
5/4	Tyler's Bar B Q

Amount ($)	Payee address; City; State; Zip Code
205.13	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	☐ 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

Date	Payee name
5/5	Voter Trove

Amount ($)	Payee address; City; State; Zip Code
337.06	900 Cloud Cover Lane Leander, TX 78641

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Voter Rolls	☐ 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

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	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
5/20	Bagwell Strategies
6 Amount ($)	**7 Payee address; City; State; Zip Code**
6709	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	☐ 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

Date	Payee name
5/6	Mary Bagwell
Amount ($)	**Payee address; City; State; Zip Code**
256.14	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense Reimbursement	☐ 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

Date	Payee name
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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 17

OFFICE USE ONLY

Date Received

RECEIVED
APR 26 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: TAYLOR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: P.O. Box 9071 APT / SUITE #: CITY: Amarillo STATE: TX ZIP CODE: 79105
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (806) PHONE NUMBER: 676-6772 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Coreg MI: Wayne NICKNAME: LAST: Houlette SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 701 S. Taylor, LB 120 APT / SUITE #: CITY: Amarillo STATE: TX ZIP CODE: ~~79109~~ 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 3 Day 31 Year 19 THROUGH Month 4 Day 26 Year 19
11 ELECTION	ELECTION DATE: Month 05 Day 4 Year 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: ELAINE HAYS

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: [X] GENERAL [ ] SPECIFIC

COMMITTEE NAME: Texas Realtors PAC

COMMITTEE ADDRESS: P.O. Box 295305 Kerrville TX 78029

COMMITTEE CAMPAIGN TREASURER NAME: Lance Lacy

COMMITTEE CAMPAIGN TREASURER ADDRESS: P.O. Box 2246 Austin TX 78768-2246

[ ] Additional Pages

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 21,336.72
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,870.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,609.74
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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 Hays, this the 2 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	$ 7175.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 14,161.72
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4.	☐ SCHEDULE E: LOANS	$ —
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 9,860.28
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ —
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ —
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 9.72
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ —
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

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 ($)
4/4/19	BRAD + KRISTIE TOOLEY 1 Watercove Ct. Canyon TX 79015	100 —

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4/19	Michael + Mary Coyne 3807 Doris Dr. Amarillo 79109	50 —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pres.	MCMC, LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4/19	GREG BURGESS P.O. Box 7612 Amarillo, TX 79114	250 —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Officer	First Capital Bank

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4/19	Gene and Vickie Fowler 2706 Salem Dr. Amarillo TX 79110	50 —

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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/8/19	Dean MORRISON 2609 S. Hughes Amarillo TX 79106	500.—

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/9/19	Mitch and Tamara Carthel 2123 S. Harrison Amarillo 79109	250.—

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/11/19	Orth Miller 6712 Sandie St Amarillo TX 79109-5047	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 ($)
4/13/19	Greg & JULIE Mitchell 3005 S. Ong St. Amarillo TX 79109-3541	250.—

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

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 ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/13/19	MILES FORRESTER 2212 S. Ong St Amarillo TX 79109	125 —

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 ($)
4/13/19	Sandra Watts 5 Willow Bridge Dr. Amarillo TX 79106	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 ($)
4/16/19	Richard Ware P.O. Box 1 Amarillo, TX 79105	1,000. —

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/16/19	Victor Reed 10 Country Club Dr. Amarillo, TX 79124	200 —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chairman	Reed Beverage

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 ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/16/19	George Raskind 2205 S. Georgia Amarillo TX 79109	250 —

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 ($)
4/16/19	Jerry Hodge 320 S. Polk Amarillo TX 79101	1,000. —

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 ($)
4/16/19	Tom and Julie Bivins P.O. Box 708 Amarillo TX 79105	1,000 —

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 ($)
4/16/19	John and Donna Ward 16 Cypress Point Amarillo TX 79124	250 —

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

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 ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/16/19	Bill Gilliland 500 S. Taylor LB 249 Amarillo TX 79101	300 —

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 ($)
4/19/19	Eddie Scott 6003 Tuscany Village Amarillo TX 79119	250 —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	The Greenways

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/23/19	Ron and Cheri Boyd 1014 Van Buren Amarillo TX 79101	100 —

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Ron Boyd

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/24/19	Mr. + Mrs. Eddie Bradley 3002 S. Lipscomb Amarillo, TX 79109	250 —

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

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 ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
4/23/19	Ernie J. Reba Russell 6 Contributor address; City; State; Zip Code 1226 S. Crockett Amarillo, TX 79102	100 —

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/8/19	Dr. Steve and Jane Austin Contributor address; City; State; Zip Code 2815 S. Georgia Amarillo tx 79109	150 —

Principal occupation / Job title (See Instructions): Dentist

Employer (See Instructions): Steven J. Austin DDS

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME ELAINE HAYS

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $14,161.72

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
4/2	AMARILLO MATTERS P.O Box 1532 Amarillo, TX 79105	3,360	Consulting ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
4/15	Amarillo Matters P.O Box 1532 Amarillo TX 79105	1,390	Digital Ads ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
4/12	Amarillo Matters 7 Contributor address; City; State; Zip Code P.O Box 1532 Amarillo TX 79105	1431.61	Mail-Piece ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
4/12	Amarillo Matters Contributor address; City; State; Zip Code P.O. Box 1532 Amarillo TX 79105	2182.50	Mail-Piece ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
4/19	Amarillo Matters P.O. Box 1532 Amarillo TX 79105	2,400	GOTV
		☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
4/23	Amarillo Matters 79105 P.O. Box 1532 Amarillo TX	1215.11	Mail Piece
		☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
4/23	Amarillo Matters 79105 7 Contributor address; City; State; Zip Code P.O. Box 1532 Amarillo TX	2182.50	Mail-Piece ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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
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
4/18/19	AMARILLO REPUBLICAN WOMEN

6 Amount ($)	7 Payee address; City; State; Zip Code
25.00	P.O. BOX 3007 Amarillo TX 79116

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food Meeting (Lunch)	☐ 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
4/23/19	ZIP PRINT

Amount ($)	Payee address; City; State; Zip Code
4712.20	501 S. JACKSON / AMARILLO, TX / 79101

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	☐ 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
4-2019	ANEDOT

Amount ($)	Payee address; City; State; Zip Code
10.35	1920 McKinney Ave, 7th FLOOR DALLAS, TX 75201

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ONLINE PAYMENT FEES	☐ 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
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 4/15/19	5 Payee name VOTER TROVE	
6 Amount ($) 540.16	7 Payee address; City; State; Zip Code 900 Cloud Cover Lane Leander TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Participation Records	(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	Payee name ZIP PRINT	
Amount ($) 185.11	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 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 4/17/19	Payee name BAGWELL STRATEGIES	
Amount ($) 2177.99	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

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
3/14/19	POSTMASTER

6 Amount ($)	7 Payee address; City; State; Zip Code
110.00	505 E. 9th AVE. / AMARILLO, TX / 79105

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	STAMPS	☐ 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
4/1/19	WELCOME PARTNER

Amount ($)	Payee address; City; State; Zip Code
500.00	P.O. BOX 30926 / AMARILLO, TX / 79120

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	☐ 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
4/3/19	KGNC AM

Amount ($)	Payee address; City; State; Zip Code
1600.00	3505 Olsen Blvd, Suite 117 Amarillo, TX 79109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	☐ 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

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 3/14/19	6 Payee name HOME DEPOT	
7 Amount ($) 9.72	8 Payee address; City; State; Zip Code 2410 S. GEORGIA ST. / AMARILLO, TX / 79109	
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	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS. FIRST: ELAINE MI: NICKNAME: LAST: Taylor SUFFIX: Hays
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: P.O. Box 9071 APT / SUITE #: CITY: Amarillo STATE: TX ZIP CODE: 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: Houkette SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 701 S. Taylor, LB 120 APT / SUITE #: CITY: Amarillo STATE: TX ZIP CODE: 79101
8 CAMPAIGN TREASURER PHONE	AREA CODE: (806) PHONE NUMBER: 676-5673 EXTENSION:

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:

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	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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 03-19-2019

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

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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 ($)
2/14/19	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

☐ out-of-state PAC (ID#: _____)

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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 7032 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	Cryagenic R&D

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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	100.0 —

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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#:) Dee Miller 5315 Berget Dr. Ama TX ~~79119~~ 79106	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	☐ out-of-state PAC (ID#:) 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	☐ out-of-state PAC (ID#:) J. Pat / Nancy Hickman 150 Laurel Leaf Lane TX ~~Ama~~ Canyon	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	☐ out-of-state PAC (ID#:) 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

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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	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 ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	Leon / Sue Church 6903 Cayman Ct. Ama TX 79124	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	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 ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/22/19	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 Cains borough Ama TX 79106	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: 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	Mike / Liz Hughes P.O. Box 51149 Ama TX 79159	2500.—

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Pres.	FMC Services, LLC

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

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	John Walker 2804 S. Bonham Ama TX 79109	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	Garth / Susie Merrick 101 S.E. 11th Ave, St. 100 Ama TX 79101	1,000.—

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#:)	7 Amount of contribution ($)
2/22/19	Mr/Mrs. Eddie Bradley 6 Contributor address; City; State; Zip Code 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#:)	Amount of contribution ($)
2/22/19	Patsy Walker Contributor address; City; State; Zip Code 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#:)	Amount of contribution ($)
2/22/19	William/Bev Harris Contributor address; City; State; Zip Code 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#:)	Amount of contribution ($)
2/25/19	William/Cynthia Hawkins Contributor address; City; State; Zip Code 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 / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/26/19	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 / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/19	James/Pamela Beckham 1507 S. Lamar Ama TX 79102	200.—

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 ($)
2/26/19	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 / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/28/19	Stanley Schaeffer 8717 English Bay Pkwy Ama TX 79119	300.—

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 ($)
2/28/19	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 / 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 / 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 / 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)

☐ out-of-state PAC (ID#: _____)

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

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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

Principal occupation / Job title (See Instructions): Owner

Employer (See Instructions): Pat Davis Properties

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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	Jimmy / Stephanie Rifenberg 127 Dewey Ama TX 79124	100. —

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Pres.	Certified Collectors, Inc.

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

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

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner	Street Auto

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

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)	9 Employer (See Instructions)
Pres.	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)	Employer (See Instructions)
Physicians	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)	Employer (See Instructions)
Carpenter	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 Ama TX 7909 Continental Pkwy 79119	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 / 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 / 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 / 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 / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/26/19	David Hudson 7807 Trip Ave. Ama TX 79121	100.—

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 ($)
3/11/19	Stan/Kathy Morris 6308 Calumet Rd. Ama TX 79106	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 ($)
3/26/19	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 / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/30/19	Richard Brown 3004 S. Hayden Ama TX 79109	250.—

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

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/28/19	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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
1/30/19	Amarillo Association of Realtors PAC	2000.
	6 Contributor address; City; State; Zip Code: 5601 Enterprise Circle Ama TX 79106	

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
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
3/26	BAGWELL STRATEGIES
6 Amount ($)	**7 Payee address; City; State; Zip Code**
3574.77	100 BIRKS DRIVE / AMARILLO, TX / 79124

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting	☐ 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
1/23	First Bank Southwest
Amount ($)	**Payee address; City; State; Zip Code**
10.97	P.O. BOX 32552 / AMARILLO, TX / 79120

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
1/1/19 – 3/30/19	Anedot
Amount ($)	**Payee address; City; State; Zip Code**
68.68	1920 McKinney Ave, 7th FLOOR DALLAS, TX 75201

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Online Payment 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

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 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, PLACE 1 / Office held

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
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
3/4	Postmaster

6 Amount ($)	7 Payee address; City; State; Zip Code
110 —	505 E. 9th AVE / AMARILLO, TX / 79105

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Stamps	☐ 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
3/20	ZIP PRINT

Amount ($)	Payee address; City; State; Zip Code
154.26	501 S. JACKSON / AMARILLO, TX / 79101

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

Date	Payee name
3/28	Lamar Advertising

Amount ($)	Payee address; City; State; Zip Code
1950.—	P.O. Box 32123 / AMARILLO, TX / 79120

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	☐ 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
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 ELANE HAYS	3 Filer ID (Ethics Commission Filers)
4 Date 3/28	5 Payee name United Supermarkets	
6 Amount ($) 29.55	7 Payee address; City; State; Zip Code 2530 S. GEORGIA / AMARILLO, TX / 79102	
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 1/18	Payee name POST MASTER	
Amount ($) 60.00	Payee address; City; State; Zip Code 505 E. 9th AVE / AMARILLO, TX / 79105	
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 2/21	Payee name UNITED SUPERMARKETS	
Amount ($) 454.13	Payee address; City; State; Zip Code 2530 S. GEORGIA / AMARILLO, TX / 79102	
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	5 Payee name
2/22	PLATINUM PARTIES & EVENTS

6 Amount ($)	7 Payee address; City; State; Zip Code
67.55	708 S. TAYLOR / AMARILLO, TX / 79101

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
2/22	SHELLY MCGEE

Amount ($)	Payee address; City; State; Zip Code
480.00	5306 BRINKMAN / AMARILLO, TX 79106

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

Date	Payee name
2/22	LYN ANDERSON

Amount ($)	Payee address; City; State; Zip Code
204.00	505 RAMADA TRAIL / AMARILLO, TX 79108

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
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
2/22	LAURA STREET

6 Amount ($)	7 Payee address; City; State; Zip Code
91.40	7800 NEW ENGLAND PKY / AMARILLO, TX / 79119

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Exp	☐ 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
3/1	BAGWELL STRATEGIES

Amount ($)	Payee address; City; State; Zip Code
5078.74	100 BANKS DRIVE / AMARILLO, TX 79124

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting	☐ 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
3-5	SIR SPEEDY

Amount ($)	Payee address; City; State; Zip Code
358.31	416 S.W. 8th / AMARILLO, TX 79101

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	☐ 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

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, PLACE 1; Office held:

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, PLACE 1; Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME ELAINE HAYS	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
1/25/19	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	Payee name
1/25/19	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