CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** MR. Don G NAME Date Received SUFFIX LAST NICKNAME Tipps ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE 4 CANDIDATE / CITY: **OFFICEHOLDER** 5611 Barrington Ct MAILING Amarillo, Texas 79119 **ADDRESS** City Secretary Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (806) 673-77770 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN **TREASURER** Douglas Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Albracht STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN TREASURER 8 Medical Dr Amarillo, Texas 79106 **ADDRESS** (Residence or Business) PHONE NUMBER CAMPAIGN AREA CODE EXTENSION TREASURER PHONE 242-6637 (806 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Month Day Year COVERED 12 31 24 16 24 THROUGH FLECTION TYPE 11 ELECTION ELECTION DATE Day Year Description General Special 6 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Amarillo City Council Place 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Don Tipps		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 10,456.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	equired to be reported by me under Title 15, Election Code.	
	\mathcal{U}_{α}	``
	Signature of Cano	didate or Officeholder
	Please complete either option below:	
		4
(1) Affidavit	CLAUDIA PEREZ Notary ID #131878690 My Commission Expires February 4, 2027	
NOTARY STAMP/SE	AL	, -
Sworn to and subscribe	d before me by Dun Tipps this the	14 day of January.
20 <u><)</u> , to certif	y which, witness my hand and seal of office.	
Menulie Pos	7 V V V V V V V V V V V V V V V V V V V	Amurghrative-lechnician
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	tion	
	, and my date of birth is _	
My address is		
	, ,	ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME JOPS	20 Filer ID (Ethics Commission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 CO.	NTRIBUTIONS \$
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 FUR	NDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$