CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	iulde explains how to complete this form.		b
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS MR FIRST MY Sammy NICKNAME LAST	J. Farmer	OFFICE USE ONLY Date Received
4 CANDIDATE/		CITY: STATE; ZIP CODE	3102 9 T NNT
OFFICEHOLDER MAILING ADDRESS	5108 JAIRWay	Dr. I 16904	
Change of Address	San Physics /	7 7 7	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHOME NUMBER (325 374 1810	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS MAS FIRST M		Receipt # Amount \$
NAME	NICKNAME LAST	armer	Date Processed
	Morania EAGI	. GOITTA	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 5108 FAIRWAY 5AN ANGELO	DY. 76904	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 325) 212 3886	EXTENSION	
9 REPORT TYPE	January 15 30th day before a		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach G/OH - FR)
10 PERIOD COVERED	1 25/18	THROUGH 7	15/18
11 ELECTION	Month Day Year Primary 1	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT known Pot 2	Commission
	GO TO	PAGE 2	,

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

14	CANDIDATE NAME	ammy	9	, J	QVMEI	e	15 Filer II	D (Ethics Commission Filers)
16	NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report this information only if they receive notice of such expenditures.						
		COMMITTEE TYPE	YPE COMMITTEE NAME					
		GENERAL						
			COMMITTER	E ADDRESS	······································	····		
		SPECIFIC					741. VIII.	
	Additional Pages		COMMITTE	E CAMPAIGN	TREASURER NAME			
			COMMITTE	E CAMPAIGN	TREASURER ADDRESS			
17	CONTRIBUTION TOTALS				TIONS OF \$50 OR LE ANTEES OF LOANS),			\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				\$ 16000				
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 ITEMIZED		JRES OF \$100 OR LE	SS, UNLES	S	\$ 277.62			
		4 TOTAL DOLLTICAL EVENINITUDES				\$ 3199.05		
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 765.09						
	OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$			
18	AFFIDAVIT	Name of the second of the seco			***			
		KATHY PYBUR			true and correct and	d includes a		that the accompanying report is on required to be reported by me
		Notary Public STATE OF TEXA	ħ		under Title 15, Elect	tion Code.	<i>\</i>	
	Marie M	y Comm. Exp. 08-26-			Lan	~~~~~	tai	
					·	Signa	ture of Car	ndidate
	AFFIX NOTARY STA	MP/SEALABOVE		_	λ			
	Sworn to and subscribed before me, by the said Manny James, this the 16							
	day of, 20_/8, to certify which, witness my hand and seal of office.						eal of office.	
-	Kathy tyburn							
	Signature of officer ad	iministering ¢ath)	riinted nai	me of officer adminis	tering oath		Title of officer administering oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	Mr. Sammy a, Farmer 20. Filer ID (Ethics Coi	mmission Filers)
21,	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 160000
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 3/97.07	1831.979
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 SCHEDUL					
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:			
2 FILER NAME	Ammy Q. Farme	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Quit-of-state PA	C ND#	7 Amount of contribution (\$)		
2/28/18	Randy Bell City: State 1539 Butter Dr. San	e; Zip Code Langelo TX 76904	75000		
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Eull name of contributor	1	Amount of contribution (\$)		
3/1/2018	Contributor address City: State 502 So. Keenigheen San Angelo TX	e; Zip Code. n Suite 1 A	25000		
Principal occup	pation / Job title (See Instructions)	SELF	ions)		
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)		
3/5/18	Bothy EgglMeyer contributer address Dencho Ave 35 E Concho Ave San angelo 7x 76	20000			
	pation / Job title (See Instructions)	Employer (See Instruc	· ·		
Date	Full name of cophibutor out-of-state PA		Amount of contribution (\$)		
3/5/18	P.O. Box 3008	te; Zip Code	10000		
Λ	pation / Job title (See Instructions) LID CONSULTANT	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see ins				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. ER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) ALES Full name of contributor Date Amount of contribution (\$) Date Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# Contributor address; State; Zip Code City; 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

Event Expense
Fres
Food/Beverage Expense
Citt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME MY. SQYYYYYY Q. F	3 Filer ID (Ethics Commission Filers)			
4 Date 3-1-2018	5 Payee name Mc Laughlin ad	V.			
1982, 55	Payee address; Sty. State; Zip Code 115 South PARK St. SAN AMELO, TX 76	901			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
3-6-2018	Courtyand Mo	urio H			
Amount (\$) 936.88	Payee address; City; State; Zip Code 2572 South West Blv San Angelo 18 769	id,			
PURPOSE OF EXPENDITURE	EVENT EXPENSE + Food + Beverage	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/OF	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/OF	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED			