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: 5					iled: 5	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Campbell	MI S.	OFFICE	USE ONLY	
NAME	NICKNAME	Brumley	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 500 South Fillmon		ety; state; zip code , Amarillo, TX 79101	10 JAN 2024 Pri	05:37	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE		79-2255	EXTENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr.	FIRST Christopher	MI L.	Receipt #	Amount \$	
NAME				Date Processed	Date Processed	
	NICKNAME	Jensen	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO B 701 South Taylor		orte#, city; marillo, TX 79101	STATE;	ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE		NE NUMBER 68-3335	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before e	Cresseded Medica	treasurer a	after campaign appointment ter Only) ort (Attach C/OH - FR)	
		337 427 251515 515	Reporting Limit			
10 PERIOD COVERED	Month Da	Year 23	THROUGH		ar .3	
11 ELECTION	ELECTION DATE		ELECTION 1	YPE		
		Primary General	Runoff Other Descripti	ion		
12 OFFICE	OFFICE HELD (if any) Potter County Att	torney	13 OFFICE SOUGHT (if I	known)		
14 NOTICE FROM POLITICAL	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.			OLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	NITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMM	MITTEE CAMPAIGN TR	EASURER ADDRESS	7		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Campbell S. Brumley		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 41.34
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	\$ 41.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 4924.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is uired to be reported by me under Title 15, Election Code.	s true and correct and includes all informatio
	Came &	DE THOUSE
	Signature o	of Candidate or Office colder
	Please complete either option be	elow:
Notary My Co	KIM MINER 7 ID #128467979 mmission Expires ember 13, 2026	10 JAN 2024 M05+37
A 1 /	before me by CAMPBELL SCOTT BRUMLEY this	the 10k day of lanuary.
20 24, to certify	which, witness my hand and seal of office.	_
MAND	Vim Miner	NOTAVU
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of bi	irth is
My address is	i i	
		(state) (zip code) (country)
Executed in	County, State of, on the day of	, 20
	(1	month) (year)
	Signature of C	Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	obell S. Brumley	20 Filer ID (Ethics Co	mmission F	ilers)
	IEDULE SUBTOTALS ME OF SCHEDULE			BTOTAL IOUNT
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 CONTRIBUTIONS			750.00
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			41.34

10 JAN 2024 Pr05:37

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category normaled above)
1 Total pages Schedule F1;	2 FILER NAME Campbell S. Brumley		3 Filer ID (Ethics Commission Filers)
4 Date	Payee name Potter County Republican Party		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
750.00	4217 S.W. 21st Ave., Amarillo, Texas	79106	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Filing Fee (Application for Place on Primary Ballot)	
	(c) 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		
			10 JAN 2024 PH05:37
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> 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 Aust	tin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The	1 Total pages Schedule K:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/1-12/31	Name of person from whom amount is received Happy State Bank Address of person from whom amount is received; City; State 1000 S. Buchanan, Amarillo, Texas 79101	8 Amount (\$) 41.34 tte; Zip Code
	7 Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Stat	10 JAN 2024 PM05138
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
		ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS NEEDED