

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									
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Campbell</div> <div>MI S.</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Brumley</div> <div>SUFFIX</div> </div>	<div style="background-color: #f0f0f0; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; height: 100px;"> <div style="font-size: small;">Date Received</div> <div style="font-size: x-small; color: gray; position: absolute; bottom: 10px; right: 10px;">10 JAN 2024 PM 05:37</div> </div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-size: large;">500 South Fillmore, Room 301, Amarillo, TX 79101</div>											
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-size: large;">(806) 379-2255</div>											
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Christopher</div> <div>MI L.</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Jensen</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="font-size: x-small;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="font-size: x-small; margin-top: 10px;">Date Processed</div> <div style="font-size: x-small; margin-top: 10px;">Date Imaged</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-size: large;">701 South Taylor, Suite 500, Amarillo, TX 79101</div>											
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-size: large;">(806) 468-3335</div>											
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap; font-size: x-small;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>											
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="font-size: large;">7 / 1 / 23 12 / 31 / 23</div>											
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="font-size: x-small;">ELECTION DATE</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Month Day Year</div> </div> <div style="font-size: large;">3 / 5 / 24</div> </div> <div style="width: 60%;"> <div style="font-size: x-small;">ELECTION TYPE</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div><input checked="" type="checkbox"/> Primary</div> <div>Runoff</div> <div>Other Description</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>General</div> <div>Special</div> <div></div> </div> </div> </div>											
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <div style="font-size: x-small;">OFFICE HELD (if any)</div> <div style="font-size: large;">Potter County Attorney</div> </div> <div style="width: 50%;"> <div style="font-size: x-small;">13 OFFICE SOUGHT (if known)</div> </div> </div>											
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: x-small;">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.</div> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:20%;"></td> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Additional Pages</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	Additional Pages	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS
	COMMITTEE TYPE	COMMITTEE NAME										
Additional Pages	GENERAL	COMMITTEE ADDRESS										
		COMMITTEE CAMPAIGN TREASURER NAME										
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 41.34
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 4924.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

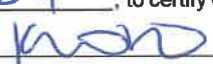

Signature of Candidate or Officeholder

Please complete either option below:



10 JAN 2024 PM 05:37

Sworn to and subscribed before me by CAMPBELL SCOTT BRUMLEY this the 10th day of January, 2024, to certify which, witness my hand and seal of office.

 Kim Miner Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**
Campbell S. Brumley**20 Filer ID (Ethics Commission Filers)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		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 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

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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
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 Campbell S. Brumley	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Potter County Republican Party	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 4217 S.W. 21st Ave., Amarillo, Texas 79106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description 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 PM 05:37	
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
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

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 Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/1-12/31	5 Name of person from whom amount is received Happy State Bank 6 Address of person from whom amount is received; City; State; Zip Code 1000 S. Buchanan, Amarillo, Texas 79101 7 Purpose for which amount is received Check if political contribution returned to filer	8 Amount (\$) 41.34
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED