

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: 41
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms FIRST: DONNA LAST: Albus MI: <input checked="" type="checkbox"/> NICKNAME: _____ SUFFIX: _____	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; margin: 10px auto; width: fit-content;"> Abilene City Secretary APR - 5 2017 Filed for Record </div> Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1226 ANSON Ave. Abilene TX 79601		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (325) PHONE NUMBER: 660-8337 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Myrick LAST: GloyNA MI: R NICKNAME: _____ SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 36 Augusta Drive Abilene, TX 79606		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (325) PHONE NUMBER: 269-9300 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 21 / 2017 THROUGH 03 / 27 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Abilene City Council Place 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Donna Albus Campaign 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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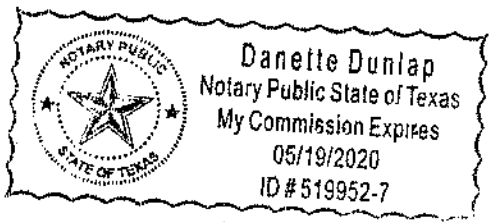
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,380.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,072.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4307.99
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.

Donna Albus
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donna Albus, this the 5 day of April, 2019, to certify which, witness my hand and seal of office.

Danette Dunlap Signature of officer administering oath
Danette Dunlap Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Donna Albus Campaign</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,270.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 110.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,089.57
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 182.44
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 1 of 30
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Hodel 6 Contributor address; City; State; Zip Code 810 Eastover Abilene TX 79601	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions) Self Employed
Date 1/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Lawrence Contributor address; City; State; Zip Code 24 Sugar Cove Weaverville, NC 28787	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Retired Principal		Employer (See Instructions)
Date 1/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Liles Contributor address; City; State; Zip Code 30 Mainfield Abilene, TX 79606	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Retired Insurance Agent		Employer (See Instructions)
Date 1/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Wilkinson Contributor address; City; State; Zip Code 709 Elmwood Dr Abilene, TX 79605	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) KTXS
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 of 30

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

2/3/17

5 Full name of contributor

Edward Patton

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

2126 Gathright Abilene, TX 79606

8 Principal occupation / Job title (See Instructions)

Retired President

9 Employer (See Instructions)

Ed Patton Oil Company

Date

2/4/17

Full name of contributor

Billie Procter Shaw

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

1760 River-Oaks Rd Abilene, TX 79605

Principal occupation / Job title (See Instructions)

Retired President of BT Solutions

Employer (See Instructions)

Date

2/4/17

Full name of contributor

Kay Spiva

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150.00

Contributor address;

City; State; Zip Code

2100 Hollis Dr. Abilene, TX 79605

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Stovall Realtors

Date

2/5/17

Full name of contributor

Carol Chappell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2000 Shoreline Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Pro-Star Energy / Director of Sales

Employer (See Instructions)

Pro-Star Energy Services

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 30
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Kay Berry 6 Contributor address; City; State; Zip Code 650 Matthew Cant Abilene TX 79602	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions) Senior VP Banker		9 Employer (See Instructions) First Financial Bank
Date 2/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Hukill Contributor address; City; State; Zip Code 1933 Highland Abilene, TX 79605	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paramount
Date 2/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey Penny Contributor address; City; State; Zip Code 1381 Amarillo Abilene, TX 79602	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Retired Director of Abilene Civic Center		Employer (See Instructions)
Date 2/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Ann Haynes Contributor address; City; State; Zip Code 1725 Elmwood Dr. Abilene, TX 79605	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Homemaker		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.		3

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 40 of 30
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janell Rieder	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 29 Lytle Place Abilene, TX 79602		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Casa Authentique
Date 2/8/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra A Dean	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4114 FM 89 Tuscola, TX 79562		
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) Global Samaritan Resources
Date 2/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patty Bowdoin	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 123 Lytle Place Abilene, TX 79602		
Principal occupation / Job title (See Instructions) Retired - Director for Abilene Community Theater		Employer (See Instructions)
Date 2/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie Rippey	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1825 Sylvan Drive Abilene, TX 79605		
Principal occupation / Job title (See Instructions) Retired		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.		4

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 30

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Melen Smyth

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

2433 North 3rd #130 Abilene, TX 79603

8 Principal occupation / Job title (See Instructions)

Retired Nurse

9 Employer (See Instructions)

Date

2/9/17

Full name of contributor out-of-state PAC (ID#: _____)

Johnnie Lou Avery

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

4305 Garden Grove Ln Abilene, TX 79606

Principal occupation / Job title (See Instructions)

Author / Owner - Avery Associates

Employer (See Instructions)

Avery Associates

Date

2/10/17

Full name of contributor out-of-state PAC (ID#: _____)

Susan Robinson

Amount of contribution (\$)

\$ 150.00

Contributor address; City; State; Zip Code

6109 Laurel Ct. Abilene, TX 79606

Principal occupation / Job title (See Instructions)

Retired - First Financial Banks

Employer (See Instructions)

Date

2/10/17

Full name of contributor out-of-state PAC (ID#: _____)

Mary Ann Whitten

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

7810 Saddle Creek Rd Abilene, TX 79607

Principal occupation / Job title (See Instructions)

owner Whitten Motel

Employer (See Instructions)

Whitten Motel

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

5

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 6 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Wertheim	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code	650 Cynthia Ct Abilene, TX 79602	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Professor	Abilene Christian University	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon G. McDonald	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code	11 Muirfield Street Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner	Wes Tex Holdings, LLC	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Misch	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code	22 Rue Maison Abilene, TX 79605	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Instructor	Mardin Simmons University	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwendal Berry	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code	5274 Peppermill Lane Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Retired		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		6

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celia G. Gesting	7 Amount of contribution (\$) \$ 25.00
2/14/17	6 Contributor address; City; State; Zip Code 3126 Constitution Ave Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Reator	Cooksey & Co Realtors	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecile Carson	Amount of contribution (\$) \$ 50.00
2/17/17	Contributor address; City; State; Zip Code 3001 Thunderbird Denton, TX 76207	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Rancher / Director of Keep America Beautiful	Keep America Beautiful	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George & Joanne Weik	Amount of contribution (\$) \$ 50.00
2/17	Contributor address; City; State; Zip Code 602 East Chappel Rd San Saba, TX 76877	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
City Manager	City of San Saba	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra A. Dean Myra A. Dean	Amount of contribution (\$) \$ 100.00
2/17	Contributor address; City; State; Zip Code 4114 FM 89 Tuscola, TX 79562	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Director of Development	Global Samaritan Resources	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		7

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tern L. Cardwell	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 106 Waterlilly Lake Jackson, TX 77566	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Executive Director	Keep Lake Jackson Beautiful	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Steve Hall	Amount of contribution (\$) \$ 500.00
2/24	Contributor address; City; State; Zip Code 402 Cypress Suite 101 Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner Jewelry store	Steve Hall Jewelers	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaye Spalding	Amount of contribution (\$) \$ 250.00
2/24	Contributor address; City; State; Zip Code 1850 Elmwood Dr Abilene, TX 79605	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Homemaker		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker Bridwell	Amount of contribution (\$) \$ 500.00
3/2	Contributor address; City; State; Zip Code 1425 Tanglewood Road Abilene, TX 79605	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Investor / Director	Concho	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		8

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 30
2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Senter 6 Contributor address; City; State; Zip Code 3401 Curry Lane Abilene, TX 79606	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions) Realtor/Broker		9 Employer (See Instructions) Senter Realtors
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Rice McClarty Contributor address; City; State; Zip Code 2610 South Treadaway Abilene, TX 79602	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Dougherty Contributor address; City; State; Zip Code 913 Willow Wren Abilene, TX 79602	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Paulsen Contributor address; City; State; Zip Code 417 Pebble Beach Abilene, TX 79606	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions) Sanitation/Agent		Employer (See Instructions) Porta Potty/CanDoo
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		9

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
3/1/17	Donna Albus Campaign Deborah F. Moore 690 Camri Lane Abilene, TX 79602	\$250
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Director/V.P.	Blue Cross and Blue Shield	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/28/17	Melody Hunt 1341 Sylvan Abilene, TX 79605	\$250
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner	Hunt Direct Marketing	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/28/17	William D. Senter 3401 Curry Lane Abilene, TX 79606	\$100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Retired Realtor		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/1/17	Callie Hampton 1410 River Oaks Abilene, TX 79605	\$100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
homemaker		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		10

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 30
2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelia Dankworth 6 Contributor address; City; State; Zip Code 3808 West Lake Rd Abilene, TX 79601	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Scrap Equipment Leasing
Date 2/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Barber Contributor address; City; State; Zip Code 1402 Woodland Trail Abilene, TX 79605	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda Calcote Contributor address; City; State; Zip Code 5282 Wyndham Ct Abilene, TX 79606	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dottie Korman Contributor address; City; State; Zip Code #7 Abilene Glen Abbey Abilene, TX 79606	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

11

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date 3/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes Law Firm 6 Contributor address; City; State; Zip Code 100 Chestnut St 103 Abilene, TX 79604	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions) Reyes Law Firm	
Date 2/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis W. Voit Contributor address; City; State; Zip Code 1358 Highlands Abilene, TX 79605	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	retired	
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Estes Contributor address; City; State; Zip Code 41 Rue Maison Abilene, TX 79605	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	Dentist self	
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles E. Erwin Contributor address; City; State; Zip Code 2410 Waterside Ct Abilene, TX 79606	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	Attorney / owner Centennial Title	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		12

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 30
2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie D. Blake 6 Contributor address; City; State; Zip Code 865 Sayles Abilene, TX 79605	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 3/2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol K. Hall Contributor address; City; State; Zip Code 740 Sayles Abilene, TX 79605	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions)
Date 3/2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Copeland Contributor address; City; State; Zip Code 1451 Tanglewood Abilene, TX 79605	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Shelton Foundation
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly B. Wright Contributor address; City; State; Zip Code 2134 River Oaks Cir Abilene, TX 79605	Amount of contribution (\$) \$ 15.00
Principal occupation / Job title (See Instructions) retired		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.		13

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14 of 30

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Virginia H. Boyd

6 Contributor address; City; State; Zip Code

8666 Sayles Abilene, TX 79605

7 Amount of contribution (\$)

\$ 25.00

8 Principal occupation / Job title (See Instructions)

Retired Doctor

9 Employer (See Instructions)

Date

3/1/17

Full name of contributor

out-of-state PAC (ID#: _____)

Larry Wolz

Contributor address; City; State; Zip Code

1758 Crooked Branch Cir, Abilene, TX 79602

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Doctor of Music + Literature

Employer (See Instructions)

Hardin Simmons

Date

2/28/17

Full name of contributor

out-of-state PAC (ID#: _____)

G. Lee Moore

Contributor address; City; State; Zip Code

P.O. Box 6444 Abilene, TX 79608

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

President / Director

Employer (See Instructions)

Moore Property Group
Lee Moore Company, LLC

Date

2/28/17

Full name of contributor

out-of-state PAC (ID#: _____)

Jack North

Contributor address; City; State; Zip Code

226 Orange Street Abilene, TX 79601

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

North's Funeral Home

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Donna Albus Campaign		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/2/17	Gay Beitscher	\$ 150.00
6 Contributor address; City; State; Zip Code		
41 Cypress Point Abilene, TX 79606		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/1/17	A. L. Rhodes	\$ 500.00
Contributor address; City; State; Zip Code		
5350 Nugent Road Abilene, TX 79601		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Attorney A. L. Dusty Rhodes & Associates		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	Kathryn Ann Keathley	\$ 25.00
Contributor address; City; State; Zip Code		
2134 Old Orchard Rd Abilene, TX 79605		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	William P. Wright, Jr.	\$ 25.00
Contributor address; City; State; Zip Code		
1415 Tanglewood Abilene, TX 79605		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner Wright Mineral Rights		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		15

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Donna Albus Campaign		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/2/17	Robert Laird	\$ 25.00
6 Contributor address; City; State; Zip Code		
4101 South 20th Abilene, TX 79605		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
CRNA	self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	William Randy Burchell	\$ 100.00
Contributor address; City; State; Zip Code		
83 Glen Abbey Street Abilene, TX 79606		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
CPA	Burchell, Denson, + Morrison	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
2/28/17	Cassie Hughes	\$ 100.00
Contributor address; City; State; Zip Code		
3309 South 20th Abilene, TX 79605		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Contractor	self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	Hesa Crosswhite	\$ 75.00
Contributor address; City; State; Zip Code		
2434 Spyglass Hill Ct Abilene, TX 79606		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
County treasurer	Taylor County	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		
16		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 17 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Donna Albus Campaign		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/2/17	Calvin W. Sanford 6 Contributor address; City; State; Zip Code 2110 Rim Rock Abilene, TX 79606	\$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	Rozlyn R. Love Contributor address; City; State; Zip Code 3258 Heritage Lane Abilene, TX 79606	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
office manager		Jerry Love CPA, LLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	Frederick Scott Dveser Contributor address; City; State; Zip Code 5 Glen Abbey Ct. Abilene, TX 79606	\$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
CEO		First Financial Bank
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	Lawrence E. Gill Contributor address; City; State; Zip Code 1204 Lytle Way Circle Abilene, TX 79602	\$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Grants Administrator Grants Administrator		Dodge Jones Foundation
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		17

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 30

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Ginny Breland

6 Contributor address; City; State; Zip Code

2401 Shoreline Abilene, TX 79602

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

co-owner

9 Employer (See Instructions)

Darrell Breland Motors

Date

3/3/17

Full name of contributor out-of-state PAC (ID#: _____)

Jerry Smith

Contributor address; City; State; Zip Code

13 Hoylake Abilene, TX 79606

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/2/17

Full name of contributor out-of-state PAC (ID#: _____)

Cheryl Moore

Contributor address; City; State; Zip Code

4005 US. Highway 281 N Stephenville, TX 76401

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

OWNER'S

Employer (See Instructions)

Stephenville Cattle Company

Date

3/5/17

Full name of contributor out-of-state PAC (ID#: _____)

Nancy E. Green

Contributor address; City; State; Zip Code

149 Ross street Albany, TX 76430

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

self

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

18

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah W. Shultz	7 Amount of contribution (\$) \$200.00
3/2/17	6 Contributor address; City; State; Zip Code 1289 Kingsbury Rd Abilene, TX 79602	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Director of Sales	Abilene Convention & Visitors Bureau	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Star Ferguson	Amount of contribution (\$) \$250.00
3/6/17	Contributor address; City; State; Zip Code 2533 Lincoln Dr Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Homemaker/Volunteer		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy C. Brock	Amount of contribution (\$) \$75.00
3/4/17	Contributor address; City; State; Zip Code 5262 Wyndham Ct Abilene, TX 79602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired/Volunteer		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert C. Weissinger	Amount of contribution (\$) \$75.00
3/3/17	Contributor address; City; State; Zip Code 1541 North 4th Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
OWNER	Vintage House Bed + Breakfast	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		19

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean M. Goodnight	7 Amount of contribution (\$) \$250.00
3/3/17	6 Contributor address; City; State; Zip Code 1427 Tanglewood Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
CASA advocate/volunteer		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Alexander	Amount of contribution (\$) \$150.00
3/16/17	Contributor address; City; State; Zip Code 29 Glen Abbey Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald L. Hart	Amount of contribution (\$) \$100.00
3/5/17	Contributor address; City; State; Zip Code 2049 Woodridge Abilene, TX 79605	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Smith	Amount of contribution (\$) \$100.00
3/4/17	Contributor address; City; State; Zip Code 197 East Beltway South Abilene, TX 79602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Admissions	McMurry University	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		20

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy R. Beckham	7 Amount of contribution (\$) \$200.00
3/16/17	6 Contributor address; City; State; Zip Code 1416 Woodland Trail Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
rancher	self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Parker	Amount of contribution (\$) \$200.00
3/3/17	Contributor address; City; State; Zip Code 642 Baca cita Farms Rd Abilene, TX 79602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner	Baca cita Farms	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Bolt	Amount of contribution (\$) \$100.00
3/16/17	Contributor address; City; State; Zip Code 2201 Gathright Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
CPA/partner	Condley and Company	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Titan Towers, LP	Amount of contribution (\$) \$500.00
3/1/17	Contributor address; City; State; Zip Code PO Box 6060 Abilene, TX 79608	
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.		21

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
DONNA ALBUS Campaign		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/16/17	Jeri Skaggs 6 Contributor address; City; State; Zip Code 142 East Beltway N Abilene, TX 79601	\$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
owner		Michael Joseph's Haircolor Spa
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/5/17	Will D. Minter, Jr Contributor address; City; State; Zip Code 1411 Tanglewood Abilene, TX 79605	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
retired professor		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/2/17	Susan Causey Contributor address; City; State; Zip Code PO Box 177 Saint Jo, TX 76265 LAZY E Rd 150	\$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
motivational speaker		self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/8/17	Brookhollow Animal Clinic Contributor address; City; State; Zip Code 2641 Post Oak Rd Abilene, TX 79605	\$100.00
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.		22

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickie Harvey Burdine	7 Amount of contribution (\$) \$100.00
3/10/17	6 Contributor address; City; State; Zip Code 1717 Woodridge Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
clothes seller	self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Grubbs	Amount of contribution (\$) \$300.00
3/18/17	Contributor address; City; State; Zip Code 1410 Kingwood ^{Circle} Abilene, TX 79602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
GM ABI/Advantage	ABI/Advantage Media	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra Dean	Amount of contribution (\$) \$25.00
3/4/17	Contributor address; City; State; Zip Code 4114 FM89 Tuscola, TX 79562	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Director of Development	Global Samaritan	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilma F Butman	Amount of contribution (\$) \$250.00
3/1/17	Contributor address; City; State; Zip Code 4106 Sage Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		23

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Payne	7 Amount of contribution (\$) \$ 100.00
2/21/17	6 Contributor address; City; State; Zip Code 2510 Sunnibrook Ct. Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
	retired	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nanci Liles	Amount of contribution (\$) \$ 250.00
2/21/17	Contributor address; City; State; Zip Code 30 Muirfield Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	Executive Director ACUB	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Reiff	Amount of contribution (\$) \$ 50.00
2/15/17	Contributor address; City; State; Zip Code 3486 Hwy 351 Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	retired	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AE Nelson Jr	Amount of contribution (\$) \$ 100.00
3/8/17	Contributor address; City; State; Zip Code 2550 Sunnibrook Ct Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	realtor/owner Nelson Farm and Ranch Properties	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		24

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
3/9/17	Donna Albus Campaign Rebecca T. Nail 941 Prado Verde Rd Abilene, TX 79602	\$ 200.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
rancher/owner	Nail Ranch	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/9/17	Joe P. Crawford 1910 Campbell Dr Abilene, TX 79602	\$ 100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
President	Abilene Aero	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/8/17	Bronco Properties PO Box 3453 Abilene, TX 79604	\$ 50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/9/17	Jane Varner Beard 1901 River Oaks Circle Abilene, TX 79605	\$ 500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Grants Administrator	Dian Graves Owen Foundation	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26 of 30
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda L. Chase 6 Contributor address; City; State; Zip Code 9724 Cove Rd Abilene, TX 79601	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions)
Date 3/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marian J. Reeder Contributor address; City; State; Zip Code 44 Rue Maison St Abilene, TX 79605	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly K. Vaughan Contributor address; City; State; Zip Code 2434 Regent Drive Abilene, TX 79605	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Chamberlain Contributor address; City; State; Zip Code P.O. Box 3453 Abilene, TX 79604	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Bronco Properties
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		26

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Reaugh	7 Amount of contribution (\$) \$ 100.00
3/1/17	6 Contributor address; City; State; Zip Code 10163 CR 507 Hawley, TX 79525	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon G. McDonald	Amount of contribution (\$) \$ 250.00
3/8/17	Contributor address; City; State; Zip Code #11 Muirfield St. Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner	Wes Tex Holdings, LLC	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliza M. Davis	Amount of contribution (\$) \$ 25.00
3/7/17	Contributor address; City; State; Zip Code 17 Cypress Point St. Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandy M. Ellis	Amount of contribution (\$) \$ 100.00
3/1/17	Contributor address; City; State; Zip Code 116 Riverside Park Abilene, TX 79605	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
President	Lajedaw Investments	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 30
2 FILER NAME	Donna Albus Campaign	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Dalzell	7 Amount of contribution (\$) \$100.00
3/17/17	6 Contributor address; City; State; Zip Code 618 Green Valley Drive Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
broker/owner	Dalzell Realtors	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Guita	Amount of contribution (\$) \$500.00
3/22/17	Contributor address; City; State; Zip Code 742 Rivercrest Drive Abilene, TX 79605	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
rancher	self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidley and Toogood, DDS	Amount of contribution (\$) \$100
3/15/17	Contributor address; City; State; Zip Code 4373 Treavor Drive Abilene, TX 79602	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
business		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Ann Wilson	Amount of contribution (\$) \$100.00
3/13/17	Contributor address; City; State; Zip Code 5266 Wyndham Cr Abilene, TX 79606	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
marketing/Dir. of Special Events	Disability Resources Incorporated	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		28

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29 of 30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Donna Albus Campaign		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/12/17	Louann Trull	\$50.00
6 Contributor address; City; State; Zip Code		
4910 James Court Abilene, TX 79606		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/15/17	Lynda Rae Sharp	\$100.00
Contributor address; City; State; Zip Code		
766 County Road 231 Tuscola, TX 79562		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
owner Wild Ones		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/11/17	Craig Mendenhall	\$100.00
Contributor address; City; State; Zip Code		
1882 Elmwood Drive Abilene, TX 79605		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Quality Manager Lauren Engineers & Constructors		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/15/17	Ellis V. Smith	\$100.00
Contributor address; City; State; Zip Code		
1217 Hollis Drive Abilene, TX 79605		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
retired		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		29
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:

30 of 30

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Sidney. Schuhmann Levesque

6 Contributor address; City; State; Zip Code

4417 Margaritas Way Abilene, TX 79606

7 Amount of contribution (\$)

\$ 20.00

8 Principal occupation / Job title (See Instructions)

Director of Marketing

9 Employer (See Instructions)

Abilene Cultural Affairs Council

Date

3/8/17

Full name of contributor out-of-state PAC (ID#: _____)

Pat Wehmeyer

Contributor address; City; State; Zip Code

2109 Shoreline Drive Abilene, TX 79602

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

office manager

Employer (See Instructions)

Dr Donald Wehmeyer, MD

Date

3/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Tom and Gaylon Neatherlin

Contributor address; City; State; Zip Code

60 Surrey Square Abilene, TX 79606

Amount of contribution (\$)

\$ 40.00

Principal occupation / Job title (See Instructions)

T-mgr First Financial G-retired

Employer (See Instructions)

Tom - First Financial Bank

Date

3/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Mishi Mathur

Contributor address; City; State; Zip Code

49 Glen Abbey Street Abilene, TX 79606

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Abilene Gastroenterology Clinic

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

30

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 110.00	
5 Date 2/8/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le Print Express	8 Amount of Contribution \$ 110.00	9 In-kind contribution description Window signs for campaign
7 Contributor address; City; State; Zip Code 712 South Leggett Abilene, TX 79605		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Print Shop		11 Employer (FOR NON-JUDICIAL) (See Instructions) Le Print Express	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> 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 | 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: **1 of 6** 2 FILER NAME: **Danna Albus Campaign** 3 Filer ID (Ethics Commission Filers)

4 Date: **1/31/17** 5 Payee name: **Unique Signs**

6 Amount (\$): **\$1336.38** 7 Payee address; City; State; Zip Code: **32 Buttercup Drive Abilene, TX 79606**

8 PURPOSE OF EXPENDITURE: **Advertising Expense**
 (a) 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
Card signs/stakes/Buttons

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **1/31/17** Payee name: **Sheen Woodard**

Amount (\$): **\$1276.84** Payee address; City; State; Zip Code: **2417 FM 1750 Abilene, TX 79602**

PURPOSE OF EXPENDITURE: **Advertising Expense**
 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
Reimbursement of down payment required by Unique Signs

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **2/8/17** Payee name: **First Financial Bank**

Amount (\$): **\$22.90** Payee address; City; State; Zip Code: **400 Pine Street Abilene, TX 79605**

PURPOSE OF EXPENDITURE: **Accounting/Banking**
 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
cost for checks

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 of 6		2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 2/27/17		5 Payee name Sally's Printing + Mail Service			
6 Amount (\$) \$596.00		7 Payee address; City; State; Zip Code 1942 B Industrial Blvd Abilene, TX 79602			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense / Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage cost for mailer		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought		Office held
Date 3/1/17		Payee name First Financial Bank			
Amount (\$) \$3.00		Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79605			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paper statement fee		
	Candidate / Officeholder name		Office sought		Office held
Date 3/2/17		Payee name Unique Signs			
Amount (\$) 1576.92		Payee address; City; State; Zip Code 32 Buttercup Drive Abilene, TX 79606			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense buttons, 4x4 signs, stakes INVOICE #2293		
	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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5		2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/17		5 Payee name Sally's Printing + Mail Service			
6 Amount (\$) \$1693.35		7 Payee address; City; State; Zip Code 1942 B Industrial Blvd Abilene, TX 79602			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/ Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense envelopes, stuff envelopes, letter push cards		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought		Office held
Date 3/8/17	Payee name Unique Signs				
Amount (\$) \$1249.10	Payee address; City; State; Zip Code 32 Buttercup Drive Abilene, TX 79606				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/ Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 24 - 4x4 signs		
	Candidate / Officeholder name		Office sought		Office held
Date 3/8/17	Payee name PayPal				
Amount (\$) \$9.00	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money taken by PayPal out of donation made		
	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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 5		2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 3/4/17		5 Payee name PayPal			
6 Amount (\$) \$1.03		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money taken by PayPal out of donation made		
	9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 3/1/17		Payee name PayPal			
Amount (\$) \$7.55		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money taken by PayPal out of donation made		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 2/21/17		Payee name PayPal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money taken by PayPal out of donation made		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Commitoo	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 5	2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2017	5 Payee name PayPal	
6 Amount (\$) \$ 7.55	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money taken by PayPal out of donation made
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/15/2017	Payee name PayPal	
Amount (\$) \$ 1.75	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money taken by PayPal out of donation made
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/27/2017	Payee name ADV Consulting	
Amount (\$) \$ 5995.00	Payee address; City; State; Zip Code P.O. BOX 5979 Abilene, TX 79608	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV advertisements KTAO, KTXS, KRBC, Cox Cable
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: <i>6 of 6</i>	2 FILER NAME <i>Danna Albus Campaign</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/17</i>	5 Payee name <i>Le Print</i>	
6 Amount (\$) <i>\$ 110.00</i>	7 Payee address; City; State; Zip Code <i>712 South Leggett Abilene, TX 79605</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Window signs for campaign</i>	
9 Complete <u>ONLY</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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2017	5 Payee name U.S. Post Office - Main office Abilene	
6 Amount (\$) 98.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 341 Pine Street Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description Stamps for mailers <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2/8/17	Payee name Le Print Express	
Amount (\$) 84.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 712 South Leggett Abilene, TX 79605	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description Cards/enclosures <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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