

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms FIRST: Donna MI: <input checked="" type="checkbox"/> NICKNAME: LAST: Albus SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> Ablene City Secretary JUL 13 2020 Filed for Record </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1226 ANSON AVE ABILENE, TX 79601		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 660-8337		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Myrick MI: <input checked="" type="checkbox"/> NICKNAME: LAST: Gloyna 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 PHONE NUMBER EXTENSION (325) 269-9300		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 THROUGH Month Day Year 4 / 1 / 2020 7 / 12 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020	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) Ablene City Council Place 3	13 OFFICE SOUGHT (if known) Ablene 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Texas Association of Realtors PAC

COMMITTEE ADDRESS

P O Box 2246

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3750.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

45.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

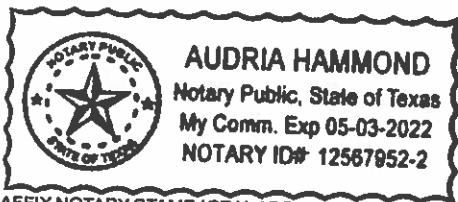
6374.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Donna Albus*, this the *13th* day of *July*, 20 *20*, to certify which, witness my hand and seal of office.

Audria Hammond
Signature of officer administering oath

AUDRIA HAMMOND
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	\$ <i>3150.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>45.00</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 4

2 FILER NAME
Donne Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/20

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

102 Tigewood Abilene TX 79605

\$ 300.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Joseph E. Canon law firm

Date

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

Amount of contribution (\$)

4/5/2020

Judy Boyle Miller
Contributor address; City; State; Zip Code

\$ 100.00

1301 South Leggett Abilene, TX 79605

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/28/2020

Carol Ann Haynes
Contributor address; City; State; Zip Code

\$ 100.00

1725 Elmwood Abilene TX 79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/29/20

Carol K Hall
Contributor address; City; State; Zip Code

\$ 150.00

740 Sayles 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.

1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 4

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/2020

5 Full name of contributor

Jo Ann Wilson

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City;

State;

Zip Code

5266 Wynetham Abilene TX 79606

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

3/27/2020

Full name of contributor

Russell C. Beard

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

Amount of contribution (\$)

\$ 1000.00

Contributor address;

City;

State;

Zip Code

1901 River Oaks Abilene TX 79605

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Beard Law Firm

Date

4/3/2020

Full name of contributor

Edward Jones Office

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

1413 Woodland Trl Abilene TX 79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2020

Full name of contributor

Pebbles Lee

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

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

873 Rivercrest Abilene TX 79605

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

AJSD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

R 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Donne Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/2020

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

Sam Bolin

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

774 EN 13th Abilene, TX 79601

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/27/20

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

Connie Meador

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

25 Cypress Point Abilene, TX 79606

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Meador Industries

Date

4/27/20

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

Kelly Cannon

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

2217 Shoreline Abilene TX 79602

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Carrier Mgt. System

Date

4/14/20

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

Texas Association of Realtors PAC

Amount of contribution (\$)

\$ 1500.00

Contributor address; City; State; Zip Code

P.O. Box 2246 Austin TX 78768

Principal occupation / Job title (See Instructions)

Political Action Committee

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:

4 of 4

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

4/29/20

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

Charles Black

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

1465 Tanglewood Abilene, TX 79605

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

5/3/20

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

Suzanne Starr

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

18 Kings Cross Abilene, TX 79602

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 1	2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/20 - 4/1/2020	5 Payee name First Financial Bank	
6 Amount (\$) \$ 5.00	7 Payee address; City; State; Zip Code 400 Pine Street Abilene TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Monthly posted midnight 3/31-4/1 Maintenance Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 6/26/2020	Payee name USPS - Main Office	
Amount (\$) \$ 40.00	Payee address; City; State; Zip Code 341 Pine Street Abilene TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Post Office Box	Description Renewal for 6 mos Post Office Box
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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