

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:

19

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms

Donna

✓

NICKNAME

LAST

SUFFIX

Albus

OFFICE USE ONLY

Date Received

Abilene City Secretary

APR 26 2017

Filed for Record

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1226 Anson Ave. Abilene, TX 79601

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 660-8337

Date Hand-delivered or Date Postmarked

4-26-17

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Myrick

R

NICKNAME

LAST

SUFFIX

Gloyna

Receipt #

Amount \$

Date Processed

Date Imaged

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

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
03 / 28 / 2017

THROUGH

Month Day Year
04 / 26 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2017

ELECTION TYPE

Primary

Runoff

Other
Description

General

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

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), UNLESS ITEMIZED

\$ - 0 -

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

\$ 7275.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 8092.47

CONTRIBUTION
BALANCE

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

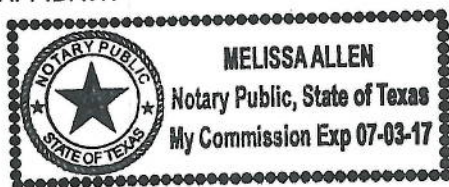
\$ 3490.52

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 V Albus

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donna V Albus, this the April day of 26, 20 17, to certify which, witness my hand and seal of office.

Melissa Allen

Signature of officer administering oath

Melissa Allen

Printed name of officer administering oath

AVP-EIP Manager

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>6775.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>500.00</i>
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>8092.47</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: 8
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky L. Rentz 6 Contributor address; City; State; Zip Code 18 Pinchurst Street Abilene, TX 79606	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President	9 Employer (See Instructions) Wyke Bulldogs Education Foundation	
Date 3/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Edwin Canyon Contributor address; City; State; Zip Code 102 Tiquewood Abilene, TX 79605	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Vice President	Employer (See Instructions) Dodge Jones Foundation	
Date 3/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary E. Kilgore Contributor address; City; State; Zip Code 3026 Shepherd Street Abilene, TX 79605	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired	Employer (See Instructions)	
Date 3/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Hulse Bowles Contributor address; City; State; Zip Code 4 Trafalgar Square Abilene, TX 79605	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administration	Employer (See Instructions) 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.		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Donna Abus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/17

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

Jim B. Snyder

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

1426 Elmwood Abilene, TX 79605

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

SNOCO LTD

Date

3/30/17

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

Terry Stubbs

Amount of contribution (\$)

\$ 100.00
(cash)

Contributor address; City; State; Zip Code

1533 Parramore Street Abilene, TX 79601

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Fabulous Finds Abilene

Date

3/30/17

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

Craig Haterius

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

P.O. Box 6029 Abilene, TX 79608

Principal occupation / Job title (See Instructions)

Provider Relations Consultant

Employer (See Instructions)

First Care

Date

3/30/17

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

Seaton Higginbotham

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

90 Arrow Point Abilene, TX 79601

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Arrow Ford

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
3/30/17	6 Contributor address; City; State; Zip Code 9 Winner Circle Abilene, TX 79601	\$ 75.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Physical therapist	Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/30/17	1200 Lytle Way Circle Abilene, TX 79602	\$ 100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Executive Director	Abilene Cultural Affairs Council	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
4/4/17	1817 Woodridge Abilene, TX 79605	\$ 500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
OWNER	About Face	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
4/13/17	2706 Charter House Dr Abilene, TX 79606	\$ 150.00
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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/17

5 Full name of contributor

David L. Boyll

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

3949 North 9th Abilene, TX 79603

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/13/17

Full name of contributor

Lora Lynn Christensen

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

Amount of contribution (\$)

\$ 5000

Contributor address;

City; State; Zip Code

2026 North 3rd Abilene, TX 79603

Principal occupation / Job title (See Instructions)

Piano player

Employer (See Instructions)

Self

Date

4/13/17

Full name of contributor

Dan B. Winters

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2142 South 10th Abilene, TX 79605

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/13/17

Full name of contributor

Harry Joseph Phans

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

734 Chestnut Apt 1 Abilene, TX 79602

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/17

5 Full name of contributor

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

Judith A. Godfrey

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

30 Glen Abbey Street Abilene, TX 79606

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/13/17

Full name of contributor

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

Jim Reid

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2171 Buffalo Gap Road Abilene, TX 79606

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/19/17

Full name of contributor

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

Sue S. Stubbeman

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

6530 Lincolnshire Way Abilene, TX 79606

Principal occupation / Job title (See Instructions)

retired / Director of The Stubbeman Family Foundation

Employer (See Instructions)

Date

4/19/17

Full name of contributor

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

Robert D. Hunter

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

1250 East North 10th Apt # 109 Abilene, TX 79601

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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#: _____)	7 Amount of contribution (\$)
4/16/17	Terri Smythe 6 Contributor address; City; State; Zip Code 140 West Castellano #237 El Paso, TX 79912 2473 Alameda Street Abilene, TX 79602	\$100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Project leader	Qualified Recycling	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
4/14/17	Benjamin Roberts Contributor address; City; State; Zip Code 465 Cockerell Abilene, TX 79601	\$25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Daycare worker	self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
4/5/17	Joy Ellinger Contributor address; City; State; Zip Code 8133 Dover's Lane Abilene, TX 79602	\$100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Sales rep	Johnson + Johnson	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
4/2/17	Wayne Ramsey Contributor address; City; State; Zip Code 21 Fairway Oaks Blvd Abilene, TX 79606	\$250.00
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.		6 of 8

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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 (\$)
3/2/2017	Donna Albus Campaign Kristina Jones 1135 Highland Ave Abilene, TX 79605	\$ 25.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
V.P.	Boys + Girls Club	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4/24/2017	Leigh S. Black 1465 Tanglewood Rd Abilene, TX 79605	\$ 50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
HR Director of Marketing	Hendrick Health System	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4/21/2017	Judith K. Phaneuf 2409 Christopher Dr Abilene, TX 79602	\$ 100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
consultant	Stronger Organizations, LLC	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4/20/2017	Nancy K. Ruzinsky 44 Lido Ct Abilene, TX 79606	\$ 100.00
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.		7 of 8

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Donna Albus Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/2017

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

Jody Depriest

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

125 Hodges Abilene, TX 79605

8 Principal occupation / Job title (See Instructions)

Dietitian

9 Employer (See Instructions)

Disability Resources Incorporated

Date

4/19/2017

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

TREPAC/Texas Association of Realtors

Amount of contribution (\$)

\$ 3000.00

Contributor address; City; State; Zip Code

1115 San Jacinto Ave Austin, TX 78701
P.O. Box 2246 Austin, TX 78768

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)

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.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 4	
2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500.00	
5 Date 4/24/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Riley	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description food/drinks for rally
7 Contributor address; City; State; Zip Code 113 Buckskin Rd Abilene, TX 79602		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Lytle Handy Cattle Co.	
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 | 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: 7		2 FILER NAME Donna Albus Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/17		5 Payee name Pink Goose Media			
6 Amount (\$) \$1082.50		7 Payee address; City; State; Zip Code 2602 Barrow Street Abilene, TX 79605			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Video For Commercial	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/3/2017		Payee name UNIQUE SIGNS			
Amount (\$) \$1299.10		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 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 political signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/6/2017		Payee name Sally's Printing & Mail Service			
Amount (\$) \$185.40		Payee address; City; State; Zip Code 1942 B Industrial Blvd Abilene, TX 79602			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 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 print campaign supporters on supplied cards	
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 Expense	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: 2 FILER NAME **Donna Albus Campaign** 3 Filer ID (Ethics Commission Filers)

4 Date **4/11/17** 5 Payee name **Unique Signs**

6 Amount (\$) **\$530.43** 7 Payee address; City; State; Zip Code **32 Buttercup Drive Abilene, TX 79606**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **Magnetic signs**

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

Date **4/13/17** Payee name **Pink Goose Media**

Amount (\$) **\$1082.50** Payee address; City; State; Zip Code **2602 Barrow Street Abilene, TX 79605**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **2nd shooting for commercial**

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

Date **4/19/2017** Payee name **Black Plumbing**

Amount (\$) **\$517.60** Payee address; City; State; Zip Code **4640 South Treadaway Blvd Abilene, TX 79602**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** 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

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 FILER NAME **Donna Albus Campaign** 3 Filer ID (Ethics Commission Filers)

4 Date **4/18/2017** 5 Payee name **Conley Printing**

6 Amount (\$) **\$ 1525.71** 7 Payee address; City; State; Zip Code **2401 Industrial Blvd Abilene, TX 79605**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense / Printing Expense** (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **mailers + postage**

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

Date **4/24/2017** Payee name **Frontier Texas**

Amount (\$) **\$ 300.00** Payee address; City; State; Zip Code **625 North 13th Abilene, TX 79601**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **renting of grounds for rally**

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

Date **4/24/2017** Payee name **Mike Schuler "Piano Man"**

Amount (\$) **\$ 300.00** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **event entertainment for rally**

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 FILER NAME DONNA ALBUS Campaign	3 Filer ID (Ethics Commission Filers)
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4 Date 4/3/2017	5 Payee name First Financial Bank
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6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/2017	Payee name First Financial Bank
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Amount (\$) \$2.00	Payee address; City; State; Zip Code 400 Pine Street Abilene, TX 79601
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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 Monthly maintenance fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/2017	Payee name United States Postal Service
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Amount (\$) \$98.00	Payee address; City; State; Zip Code 341 Pine Street Abilene, TX 79601
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense/ Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps for mailers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)
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4 Date 4/22/17	5 Payee name ADV Consulting
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6 Amount (\$) \$608.00	7 Payee address; City; State; Zip Code P.O. Box 5975 Abilene, TX 79608
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 print ads for Abilene Reporter News
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/2017	Payee name Le Print Express
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Amount (\$) \$42.22	Payee address; City; State; Zip Code 712 South Leggett Abilene, TX 79605
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense/ 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 printed full color note cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/9/2017	Payee name PayPal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 Donner Albus Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2017	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 4/5/2017	Payee name Pay Pal	
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 Office held
Date 4/1/2017 4/14/2017	Payee name Pay Pal	
Amount (\$) \$1.03	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

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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/Officer/holder/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 FILER NAME Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)
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4 Date 4/16/2017	5 Payee name
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6 Amount (\$) \$ 3.20	7 Payee address; City; State; Zip Code
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/2017	Payee name Sharon Riley
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Amount (\$) \$ 500	Payee address; City; State; Zip Code 113 Buckskin Road Abilene, TX 79602
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & Drink For Rally
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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