



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>AMY PATTILLO |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                     | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                     | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ <b>101.62</b>                              |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <b>716.92</b>                              |
| <b>OUTSTANDING LOAN TOTALS</b>      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Amy Pattillo, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, Pollingwood, TX, 78746, US  
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 16 day of JANUARY, 2024.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br><b>AMY PATTILLO</b>  |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                       |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 101.62                                     |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | 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.

|                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>AMY PATTILLO | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/05/2023 | <b>5</b> Payee name<br>JEFF TRAVILLION CAMPAIGN |
|-----------------------------|---|

|                                       |  |
|---------------------------------------|--|
| <b>6</b> Amount (\$)<br><b>101.76</b> | <b>7</b> Payee address; City; State; Zip Code<br>[REDACTED] Austin, TX 78768 |
|---------------------------------------|--|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ontributions/Donations made by Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br>CAMPAIGN DONATION      |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.  | Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> 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 |
|-------------|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description                                      |
|                               | Check if travel outside of Texas. Complete Schedule T.       | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <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 |
|-------------|--------------------------------------|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>C | Description                                      |
|                               | Check if travel outside of Texas. Complete Schedule T.            | 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 |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**