

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
FORM COR-C/OH
2022 JAN 19 AM 9:31

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS AMYE THOMPSON HOLLINS			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
5 ORIGINAL PERIOD COVERED		7 / 28 / 2021 THROUGH 12 / 31 / 2021		Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
 Detail of expenditures was incomplete. The correct schedules have been attached and associated cover sheet edits have been made.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Amye Hollins
 Signature of Candidate/Officeholder



Please complete either option below:
 Sworn to and subscribed before me by Amye Thompson Hollins is the 19 day of January, 2022, to certify which, witness my hand and seal of office.
Deatrice E. Kirk DEATRICE E. KIRK Administrative Mgr.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR
 (2) Unsworn Declaration
 My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers) **2022 JAN 19 AM 9:31** Total Pages Filed: **1**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST AMYE	MI MI	OFFICE USE ONLY	
	NICKNAME	LAST THOMPSON HOLLINS	SUFFIX		
Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ✓ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 763864 DALLAS, TEXAS 75376-3864				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 973-0173	EXTENSION		
Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST LALONNI	MI MI	Receipt # Amount \$	
	NICKNAME	LAST DUBOSE HAGERMAN	SUFFIX	Date Processed	
Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 763864 DALLAS, TEXAS 75376-3864				
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 342-4476	EXTENSION		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 28 / 21 12 / 31 / 21				
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 22		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) DALLAS COUNTY DISTRICT CLERK		
14 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
AMYE THOMPSON HOLLINS

16 Filer ID (Ethics Commission Filers)

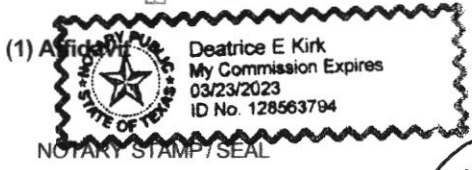
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,024.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,736.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,127.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Amye Thompson Hollins
Signature of Candidate or Officeholder

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
2022 JAN 19 AM 9:31

Please complete either option below:



Sworn to and subscribed before me by Amye Thompson Hollins this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

Deatrice E Kirk DEATRICE E. KIRK Administration Mgr.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME AMYE THOMPSON HOLLINS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,024.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,736.11
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 500.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 8,750.48
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT

2022 JAN 19 AM 9:31

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE F1

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

2022 JAN 19 AM 9:31

EXPENDITURE CATEGORIES FOR BOX 6(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		2 FILER NAME AMYE THOMPSON HOLLINS		3 Filer ID (Ethics Commission Filers)	
4 Date 09/09/2021		5 Payee name DOUBLETREE - HILTON			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 3300 WEST MOCKINGBIRD LANE DALLAS, TEXAS 75235			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DEPOSIT EVENT EXPENSE		(b) Description KICK OFF		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 09/22/2021		Payee name DOUBLETREE - HILTON			
Amount (\$) 394.82		Payee address; City; State; Zip Code 3300 WEST MOCKINGBIRD LANE DALLAS, TEXAS 75235			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BALANCE EVENT EXPENSE		Description KICK OFF		
	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 09/29/2021		Payee name ELITE NEWS			
Amount (\$) 325.00		Payee address; City; State; Zip Code 3906 S LANCASTER RD DALLAS, TEXAS 75216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
SCHEDULE F1
 DALLAS COUNTY
 ELECTIONS DEPARTMENT

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

2022 JAN 19 AM 9:32

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	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 10/18/2021	5 Payee name LAKE HIGHLANDS WHITE ROCK DEMOCRATS
-----------------------------	--

6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code P O BOX 180598 DALLAS, TEXAS 75218-0598
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SPONSORSHIP & MEMBERSHIP	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 10/18/2021	Payee name DALLAS PHOTO LAB
---------------------------	---------------------------------------

Amount (\$) 1,500.00	Payee address; City; State; Zip Code 684 Lake Carolyn PKWY #133E Irving, TX 75039
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MARKETING	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 09/29/2021	Payee name ELITE NEWS
---------------------------	---------------------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 3906 S LANCASTER RD DALLAS, TEXAS 75216
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS SCHEDULE F1
ELECTIONS DEPARTMENT

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

2022 JAN 19 AM 9:32

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	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2021	5 Payee name DALLAS COUNTY DEMOCRATIC PARTY	
6 Amount (\$) 1,265.00	7 Payee address; City; State; Zip Code 1414 N. WASHINGTON AVE DALLAS, TEXAS 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEE	(b) Description CASHIERS CHECK FOR FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/29/2021	Payee name ALPHA MERIT GROUP	
Amount (\$) 150.00	Payee address; City; State; Zip Code P O BOX 150303 DALLAS, TEXAS 75315	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING SPONSORSHIP	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/02/2021	Payee name BANK OF AMERICA	
Amount (\$) 34.29	Payee address; City; State; Zip Code 100 N TRYON STREET CHARLOTTE, NC 28255	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CHECKS	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

EXPENDITURES MADE BY CREDIT CARD

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT **SCHEDULE F4**

If the requested information is not applicable, **DO NOT** include this page in the report. 2022 JAN 19 AM 9:32

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 500.00
5 Date 11/29/2021	6 Payee name LEAGUE OF WOMEN VOTERS SUSAN B ANTHONY	
7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code 6060 N CENTRAL EXPWY #500 DALLAS, TX 75206	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/01/2021	Payee name ANNIES LIST	
Amount (\$) 250.00	Payee address; City; State; Zip Code P O BOX 303277 AUSTIN, TX 78703	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report. **2022 JAN 19 AM 9:32**

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 G: **7** **2** FILER NAME
AMYE THOMPSON HOLLINS **3** Filer ID (Ethics Commission Filers)

4 Date
07/28/2021 **5** Payee name
UNITED STATE POSTAL SERVICE

6 Amount (\$) **102.00** **7** Payee address; City; State; Zip Code
5521 S HAMPTON ROAD DALLAS, TEXAS 75232
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE
PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	(b) Description PO BOX RENTAL
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Date **07/28/2021** Payee name **WIX**

Amount (\$) **339.01** Payee address; City; State; Zip Code
500 TERRY A FRANCOIS BLVD. SAN FRANCISCO, CA 94158
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE
PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) ADVERTISING	Description WEB PLATFORM
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Date **08/19/2021** Payee name **DALLAS COUNTY DEMOCRATIC PARTY**

Amount (\$) **200.00** Payee address; City; State; Zip Code
1414 N WASHINGTON DALLAS, TEXAS 75204
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE
PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) SPONSORSHIP	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 PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY ELECTIONS DEPARTMENT
SCHEDULE G

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

2022 JAN 19 AM 9:32

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 G: 7	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2021	5 Payee name JULIET BRAVO	
6 Amount (\$) 2,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4941 Locklear Way Marietta, GA 30066	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 09/25/2021	Payee name RATED HBCU	
Amount (\$) 400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code RATEDHBCU.COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MARKETING	Description COMMEMORATIVE SHIRTS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 11/03/2021	Payee name DALLAS COUNTY DEMOCRATIC PARTY	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1414 N WASHINGTON DALLAS, TEXAS 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SPONSORSHIP	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE G
ELECTIONS DEPARTMENT

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

2022 JAN 19 AM 9:32

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 G: 7	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2021	5 Payee name STONEWALL DALLAS DEMOCRATS	
6 Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P O BOX 192305 DALLAS, TEXAS 75219-2305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING SPONSORSHIP	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/13/2021	Payee name YOUNG LATINO DEMOCRATS	
Amount (\$) 125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2727 LYNDON B JOHNSON FWY #304 DALLAS TEXAS	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SPONSORSHIPS	Description TABLE SPONSORSHIP 10152021 & 12132021
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/24/2021	Payee name DALLAS COUNTY DEMOCRATIC PARTY	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1414 N WASHINGTON DALLAS, TEXAS 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) VBM SPONSORSHIP	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE G

2022 JAN 19 AM 9:32

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	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 G: 7	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--	--

4 Date 12/28/2021	5 Payee name JULIET BRAVO
-----------------------------	-------------------------------------

6 Amount (\$) 3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4941 Locklear Way Marietta, GA 30066
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTANT	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 11/29/2021	Payee name CHRISTIANS IN PUBLIC SERVICE
--------------------	--

Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1910 PACIFIC AVE. #14050 DALLAS, TEXAS 75201
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SPONSORSHIP	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 11/29/2021	Payee name ANNIES LIST
--------------------	---------------------------

Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P O BOX 303277 DALLAS, TEXAS 78703
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT **SCHEDULE G**

If the requested information is not applicable, **DO NOT** include this page in the report. 2022 JAN 19 AM 9:32

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 G: 7	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2021	5 Payee name PRESTON HOLLOW DEMS	
6 Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P O BOX 670631 DALLAS, TEXAS 75367	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/19/2021	Payee name LEAGUE OF WOMEN VOTERS	
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6060 N CENTRAL EXPWY #500 DALLAS, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP	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 10/21/2021	Payee name EAST DALLAS COUNTY DEMS	
Amount (\$) 26.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code MESQUITE TEXAS	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT **SCHEDULE G**

2022 JAN 19 AM 9:32

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	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 G: 7	2 FILER NAME AMYE THOMPSON HOLLINS	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/2021	5 Payee name GARLAND AREA DEMOCRATS	
6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code GARLAND, TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/12/2021	Payee name 23RD SENATORIAL DISTRICT TEJANO DEMS	
Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P O BOX 226534 DALLAS, TEXAS 75222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP	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 12/04/2021	Payee name NORTH TEXAS ASIAN DEMOCRATS	
Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PRESIDENT@NORTHTEXASASIANDEMOCRATS.ORG	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED FOR FILING
DALLAS COUNTY SCHEDULE G
ELECTIONS DEPARTMENT

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

2022-11-19 AM 9:32

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 G: **7** 2 FILER NAME: **AMYE THOMPSON HOLLINS** 3 Filer ID (Ethics Commission Filers)

4 Date: **12/05/2021** 5 Payee name: **MUSLIM DEMOCRATIC CAUCUS OF TEXAS**

6 Amount (\$): **20.00** 7 Payee address; City; State; Zip Code

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: **MEMBERSHIP**

(a) Category (See Categories listed at the top of this schedule) (b) Description

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date: **12/16/2021** Payee name: **RICHARDSON AREA DEMOCRATS**

Amount (\$): **25.00** Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: **MEMBERSHIP**

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

Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date: **12/16/2021** Payee name: **PLANO AREA DEMOCRATS**

Amount (\$): **25.00** Payee address; City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: **MEMBERSHIP**

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

Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED