

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 13
3 COMMITTEE NAME Build Amarillo PAC		OFFICE USE ONLY Date Received: RECEIVED OCT 05 2020	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159		
	Date Hand-delivered: _____ Date Pos-mailed: _____		
	Receipt #		Amount
	Date Processed		
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Laura	MI MI
	NICKNAME	LAST Street	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7800 New England Pkwy Amarillo TX 79119		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806)	355-6433	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 Limit
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 09/14/2020	THROUGH	Month Day Year 09/24/2020
11 ELECTION	ELECTION DATE Month Day Year 11/03/2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

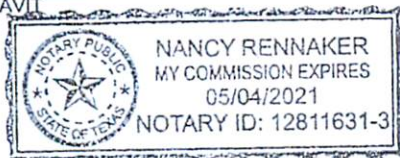
GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Build Amarillo PAC		13 Filer ID	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # Prop A	ELECTION DATE Month Day Year 11/03/2020
DESCRIPTION: THE ISSUANCE OF \$275,000,000 GENERAL OBLIGATION BONDS FOR CONVENTION CENTER FACILITIES EXPANSION AND IMPROVEMENT OF A TAX SUFFICIENT TO PAY THE PRINCIPAL OF AND INTEREST ON THE BONDS			
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 178,225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,803.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 170,921.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

16 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.

Laura Street

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Laura Street, this the 05 day of October, 2020, to certify which, witness my hand and seal of office.

Nancy Rennaker
Signature of officer administering oath

Nancy Rennaker
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3
3 of 13

17 COMMITTEE NAME Build Amarillo PAC	18 Filer ID
19 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 129,725.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 48,500.00
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,803.70
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <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: Sch: 1/7 Rpt: 4/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMARILLO ASSOCIATION OF REALTORS PAC	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 5601 ENTERPRISE CIRCLE AMARILLO, TX 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN, ROBERT	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3716 LANGTRY DR AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENTLEY, SCOTT	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 8007 PATRIOT DRIVE AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIVINS, MARK	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code PO BOX 708 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIVINS, TOM	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code PO BOX 708 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, EDWARD W <hr/> 6 Contributor address; City; State; Zip Code 3002 S LIPSCOMB AMARILLO, TX 79109	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANYON HEADLIGHT, LLC <hr/> Contributor address; City; State; Zip Code 600 S TYLER STE 101 AMARILLO, TX 79101	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLOUNCH, DENNIS <hr/> Contributor address; City; State; Zip Code 7706 PEBBLEBROOKE AMARILLO, TX 79119	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIDSON, CHAN <hr/> Contributor address; City; State; Zip Code P.O. BOX 30308 AMARILLO, TX 79120	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIS, RALPH D <hr/> Contributor address; City; State; Zip Code 113 SW 8TH ST AMARILLO, TX 79101	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILLILAND, ROBIN	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2607 WOLFLIN AVE 146 AMARILLO, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GSM LAND HOLDINT LTD	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 101 SW 11TH, STE 100 AMARILLO, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, MIKE	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 2806 PARKER ST AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN, CLEMENS	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code PO BOX 9657 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLEY, TAYLOR	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3200 SOUTH TRAVIS STREET AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRITSTER, JOHN	7 Amount of Contribution (\$) \$10,000.00
6 Contributor address; City; State; Zip Code PO BOX 31388 AMARILLO, TX 79120		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAIR, STEVE	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7811 LEGACY PKWY AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEPPER, JOHN	Amount of Contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code 7304 KODIAK AVENUE AMARILLO, TX 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSONS, TOLK	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code TRADITION PARKWAY AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWELL, DONALD E	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 468 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PURSER, WES	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 4202 PALACIO DR. AMARILLO, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, STEVE	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5304 TAWNEY AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAEFFER, STANLEY	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 8417 ENGLISH BAY PARKWAY AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHARBAUER, CHRIS	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 3410 AIRWAY BLVD AMARILLO, TX 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STREET, LAURA	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 7800 NEW ENGLAND PKWY AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAFTON, STEVE	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 4211 W INTERSTATE 40, ST 202 AMARILLO, TX 79106-6000		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TWENTY-TWO TEN, LTD.	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 901 S. MADISON AMARILLO, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARE, RICHARD	Amount of Contribution (\$) \$11,000.00
Contributor address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARE, WILLIAM J	Amount of Contribution (\$) \$7,000.00
Contributor address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARE III, BENJAMIN T	Amount of Contribution (\$) \$7,000.00
Contributor address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, MIKEL 6 Contributor address; City; State; Zip Code 3300 GOLDEN CHESTNUT LN AMARILLO, TX 79124	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT LAW TX PLLC Contributor address; City; State; Zip Code 620 S TAYLOR ST STE 302 AMARILLO, TX 79101	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 11/13
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/22/2020	5 Corporation / Labor Organization name BUDWEISER DISTRIBUTING COMPANY	7 Amount of contribution (\$) \$10,000.00
	6 Corporation / Labor Organization address; City; State; Zip Code 100 S PHILADELPHIA AMARILLO, TX 79105	
Date 09/18/2020	Corporation / Labor Organization name CAVINNESS BEEF PACKERS	Amount of contribution (\$) \$15,000.00
	Corporation / Labor Organization address; City; State; Zip Code PO BOX 31117 AMARILLO, TX 79120	
Date 09/17/2020	Corporation / Labor Organization name JRBASKETT, INC.	Amount of contribution (\$) \$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code 3312 DANVERS DR, STE A AMARILLO, TX 79106	
Date 09/18/2020	Corporation / Labor Organization name KT BLACK SERVICES	Amount of contribution (\$) \$1,500.00
	Corporation / Labor Organization address; City; State; Zip Code 910 SW 7TH AVE AMARILLO, TX 79101	
Date 09/17/2020	Corporation / Labor Organization name PUBLIC STEEL, INC.	Amount of contribution (\$) \$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code PO BOX 2444 AMARILLO, TX 79105	
Date 09/21/2020	Corporation / Labor Organization name ROBERTS TRUCK CENTER	Amount of contribution (\$) \$10,000.00
	Corporation / Labor Organization address; City; State; Zip Code 2818 LIPSCOMB AMARILLO, TX 79109	
Date 09/22/2020	Corporation / Labor Organization name TOOT 'N TOTUM	Amount of contribution (\$) \$10,000.00
	Corporation / Labor Organization address; City; State; Zip Code 1201 S TAYLOR AMARILLO, TX 79101	

POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 12/13	2 FILER NAME Build Amarillo PAC	3 Filer ID
4 Date 09/16/2020	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112	
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 CREDIT CARD MERCHANT FEES
9 Complete <i>ONLY</i> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 09/18/2020	Payee name ANEDOT, INC.	
Amount (\$) \$70.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112	
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 CREDIT CARD MERCHANT FEES
Complete <i>ONLY</i> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 09/22/2020	Payee name ANEDOT, INC.	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112	
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 CREDIT CARD MERCHANT FEES
Complete <i>ONLY</i> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 13/13	2 FILER NAME Build Amarillo PAC	3 Filer ID
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4 Date 09/24/2020	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$211.50	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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 CREDIT CARD MERCHANT FEES
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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 09/20/2020	Payee name NORFLEET STRATEGIES LLC
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Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 504 W 12TH ST AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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