SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

3 COMMITTEE NAME Build Amarilio PAC 4 COMMITTEE ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE CITY SECRETARY'S December 4 Marriello PO Box 50356 Amarillo, TX 79159 4 COMMITTEE ADDRESS Amarillo, TX 79159 CITY SECRETARY'S Date Hum CITY OF AMARILLO Receipt # 5 CAMPAIGN THEASURER STREET ADDRESS MS / MRS / MR FIRST MI 10 Mrs. Laura MI 11 Mrs. Laura SUFFIX 6 CAMPAIGN THEASURER STREET ADDRESS STREET ADDRESS (NO PO BOX: LEASE), APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN THEASURER STREET ADDRESS (NO PO BOX: LEASE), APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN THEASURER STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN THEASURER STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN ADDRESS STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN ADDRESS STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN ADDRESS STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN ADDRESS STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN (806) 355-64133 STREET OR PO BOX: APT / SUITE #; CI	The SPAC Instruction	Guide explains how to complete this	form. 1 Filer ID	2 Total pages filed: 20
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 CITY SECRETARYS Dute HoreCITY OP AMARHLO Receipt # - Change of Address Amarillo, TX 79159 Technique of Address 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX 6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER STREET 7 CAMPAIGN TREASURER ADDRESS STREET OR PO BOX; PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo TX 79119 7 CAMPAIGN TREASURER PO Box 50356 Amarillo, TX 79159 STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159 7 CAMPAIGN TREASURER PHONE STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159 10 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXCENDED RUNGE 10 STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159 APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159 10 STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE (806) 355-6433 Excended \$500 Limit 10/00000 Jahy 15 Sthedre election Runof Excended \$500 Limit <td< td=""><td></td><td></td><td></td><td>Date Received La V La t V La t</td></td<>				Date Received La V La t V La t
TREASURER NAME Mrs. Laura NICKNAME LAST SUFFIX Street Street 6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); PREVADRESS (NO PO BOX PLEASE); Amarillo TX 79119 APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER MAILING ADDRESS STREET OR PO BOX; PO Box 50356 Amarillo, TX 79159 APT / SUITE #; CITY; STATE; ZIP CODE 9 REAGOR TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION EXTENSION (806) 355-6433 Exceeded \$500 Limit Dissolution (Attach PAC-DR) Idh day before election 9 REPORT TYPE January 15 30th day before election Runoff Exceeded \$500 Limit Idh day after campaign treasurer Idh day Vear 09/25/2020 10 PEROD Month Day Vear Year ID/24/2020 11 ELECTION DATE ELECTION TYPE Primary Other	ADDRESS	PO Box 50356	#; CITY; STATE; ZIP CODE	CITY SECRETARY'S Date Hand CITY OF AMARKLO Receipt # Amount Date Processed
TREASURER STREET ADDRESS 7800 New England Pkwy Amarillo TX 79119 (Residence or Business) Amarillo TX 79119 7 CAMPAIGN TREASURER MAILING ADDRESS STREET OR PO BOX; PO Box 50356 Amarillo, TX 79159	TREASURER	Mrs. Laura NICKNAME LAST		
TREASURER MAILING ADDRESS PO Box 50356 Amarillo, TX 79159 Change of Address 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 1 January 15 30th day before election Exceeded \$500 Limit 1 July 15 10 PERIOD COVERED 0 PECTION DATE 11 ELECTION DATE 11 ELECTION DATE 11 ELECTION DATE 11/03/2020 Primary	TREASURER STREET ADDRESS	7800 New England Pkwy	LEASE); APT / SUITE #; CITY	; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 9 REPORT TYPE January 15 30th day before election Exceeded \$500 Limit July 15 July 15 Nonth Dissolution (Attach PAC-DR) 10 PERIOD COVERED Month Day Year 09/25/2020 THROUGH 10/24/2020 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year 11/03/2020 Primary Runoff	TREASURER MAILING ADDRESS	PO Box 50356	APT / SUITE #; CITY	; STATE; ZIP CODE
Image: Strict of the section Image: Strict of the section Image: Dissolution (Attach PAC-DR) Image: Image: Strict of the section Image: Image: Strict of the section Image: Image: Image: Strict of the section 10 PERIOD COVERED Month Day Year 09/25/2020 THROUGH Month Day 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Image: Primary 11/03/2020 Primary Runoff Other	8 CAMPAIGN TREASURER		BER EXTENSION	
COVERED 09/25/2020 THROUGH 10/24/2020 11 ELECTION DATE ELECTION TYPE Month Day Year 11/03/2020 Primary Runoff Other			X 8th day before election	Dissolution (Attach PAC-DR) 10th day after campaign treasurer
Month Day Year Primary Runoff Other				
	11 ELECTION	Month Day Year	Primary Runoff	Other
GO TO PAGE 2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0d3681a8	Forms provided by To	vas Ethics Commission		Version V/1 1.0d2601-0

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC **COVER SHEET PG 2**

12 COMMITTEE NAME			13 Filer ID		
Build Amarillo PAC					
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (olficeholder)		
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ION DATE	
(Candidate or Measure)		PROP A	Month 11/03/2	Day 2020	Year
	X Measure				
(Officeholder)		DESCRIPTION: THE ISSUANCE OF \$275 BONDS FOR CONVENTION CENTER IMPROVEMENT OF A TAX SUFFICIE AND INTEREST ON THE BONDS	FACILITIES	EXPANSI	ON AND
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CON LOANS, OR GUARANTE	RIBUTIONS OF \$50 OR LESS (OTHER THAN ES OF LOANS), UNLESS ITEMIZED	I PLEDGES,	s	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
		5, LOANS, OR GUARANTEES OF LOANS)		\$	\$112,075.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPE	NDITURES OF \$100 OR LESS, UNLESS ITEN	AIZED	\$	\$0.00
	4. TOTAL POLITICAL E	PENDITURES		s	\$223,922.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$63,532.65
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMO DAY OF THE REPORTIN 	UNT OF ALL OUTSTANDING LOANS AS OF T G PERIOD	'HE LAST	s	\$0.00
AFFIX NOTARY S Sworn to and subscribed I of October	20_20, to certify which	I swear, or affirm, under penalty of perju arid correct and includes all information Title 15, Election Code. <u>Signature of Can</u> <u>AWA Street</u> , th , witness my hand and seal of office. <u>Janup Rennaper</u> ed name of officer administering oath	required to be	reported by er 26 Haru	me under
Forms provided by Texas Et	hics Commission	www.otbjec.ctolo.tv.uc			

Forms provided by Texas Ethics Commission

Version V1.1.0d3681a8

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

3 of 20

17 COMMIT	EE NAME	18 Filer ID	
	arillo PAC		
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 44,825.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$ 67,250.00
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 223,922.17
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

	The Instru	cti	on Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/20	
2	FILER NAME				2	Filer ID	
-	Build Amarill	o F	PAC		5		
4	Date	5	Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/28/2020		AMARILLO BUILDING LLC				\$2,500.00
		6	Contributor address; City; State; Zip Code				
			301 S POLK ST STE 320 LB 37				
			AMARILLO, TX 79101				
8	Principal occu	pat	ion / Job title (See Instructions) 9 En	nployer (See Instructions)		
	Date		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/28/2020		BARRICK, DUSTIN			Amount of Contribution (9)	\$500.00
	05/20/2020						\$300.00
			Contributor address; City; State; Zip Code 3401 SOUTH FILLMORE STREET				
			3401 SOUTH FILLMORE STREET				
			AMARILLO, TX 79110				
	Principal occu	pat		Inployer (See Instructions)		
	Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/29/2020		BENTLEY, BOB				\$1,000.00
			Contributor address; City; State; Zip Code				
			7403 PARK RIDGE DRIVE				
			AMARILLO, TX 79119				
	Principal occu	pat	ion / Job title (See Instructions) En	nployer (See Instructions)		
-	Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/29/2020		BROWN, LLOYD				\$500.00
		•••••	Contributor address; City; State; Zip Code				
			3203 BOWIE STREET				
			AMARILLO, TX 79109				
	Principal occu	pat	ion / Job title (See Instructions) Er	nployer (See Instructions)		
╞	Date		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/11/2020		BROWN, LORA				\$100.00
			Contributor address; City; State; Zip Code				
			3203 BOWIE STREET				
			SZUS BOWIE STREET				
			AMARILLO, TX 79109				
	Principal occu	pat	ion / Job title (See Instructions) Er	mployer (See Instructions	;)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/20	
2	FILER NAME			3	Filer ID	
	Build Amarill	o PAC		Ĭ		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/23/2020	BROWN, RICHARD				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		3004 SOUTH HAYDEN STREET				
		AMARILLO, TX 79109				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/30/2020	BROWN, RICHARD				\$1,000.00
		Contributor address; City; State; Zip Code				
		3004 SOUTH HAYDEN STREET				
		AMARILLO, TX 79109				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
-	Date	Full name of contributor out-of-state PAC (ID#:	<u>ا</u>)		Amount of Contribution (\$)	
	10/13/2020	BYNUM, GREGG R				\$1,000.00
		Contributor address; City; State; Zip Code				
		6203 HILLSIDE				
		AMARILLO, TX 79106				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	1	Amount of Contribution (\$)	
	09/30/2020	CARSON, CHRISTO				\$200.00
		Contributor address; City; State; Zip Code		1		
		2111 S HUGHES ST		ŀ		
		AMARILLO, TX 79109-2211				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2020	CARSON, LESLIE				\$200.00
		Contributor address; City; State; Zip Code		ł		
		2111 S HUGHES ST				
		AMARILLO, TX 79109				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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SCHEDULE A1

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/20	
2 FILER NAME			3 Filer ID	
Build Amarill	o PAC			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/25/2020	COX, ROGER			\$250.00
	6 Contributor address; City; State; Zip Code			
	7702 NEW ENGLAND PARKWAY			
	AMARILLO, TX 79119			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/29/2020	CRAIG, RICHARD			\$200.00
	Contributor address; City; State; Zip Code			+200.00
	2801 TECKLA BOULEVARD			
	AMARILLO, TX 79106			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor cut-of-state PAC (ID#		Amount of Contribution (\$)	
10/19/2020	DICKERSON, SCOTT			\$150.00
	Contributor address; City; State; Zip Code			
	2409 S. ONG			
	AMARILLO, TX 79109			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
·				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/19/2020	DOWDY, DANIEL A			\$200.00
	Contributor address; City; State; Zip Code			
	2501 S VAN BUREN ST			
	AMARILLO, TX 79109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2020	DOWDY, EDWARD			\$100.00
	Contributor address; City; State; Zip Code			
	2204 S. TRAVIS			
	AMARILLO, TX 79109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

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SCHEDULE A1

ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/20	
lo PAC			
5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	· · · · · · · · · · · · · · · · · · ·
EDGESOURCE LTD			\$5,000.00
6 Contributor address; City; State; Zip Code	•		
1800 S WASHINGTON STE 215			
AMARILLO, TX 79102			
pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
FRONTIER CAPITAL GROUP LTD			\$5,000.00
Contributor address; City; State; Zip Code			ļ
PO BOX 99			
DIMMITT, TX 79027			
pation / Job title (See Instructions)	Employer (See Instructions	;)	
	1 I		
Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
GAUT WHITTENBURG EMERSON			\$5,000.00
Contributor address; City; State; Zip Code			
600 S TYLER ST STE 101			
AMARILLO, TX 79101			
pation / Job title (See Instructions)	Employer (See Instructions	;)	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
GILLCO ENERGY LP			\$2,500.00
Contributor address; City; State; Zip Code			
500 S TAYLOR LB 249			
AMARILLO, TX 79101			
pation / Job title (See Instructions)	Employer (See Instructions	;)	
Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
GRAHAM, BEN			\$500.00
Contributor address; City; State; Zip Code			
4 SARAZEN PL			
AMARILLO, TX 79124-1747			
apation / Job title (See Instructions)	Employer (See Instructions	;)	
			····-
	Io PAC 5 Full name of contributor out-of-state PAC (ID#:_ EDGESOURCE LTD 6 Contributor address; City; State; Zip Code 1800 S WASHINGTON STE 215 AMARILLO, TX 79102 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ FRONTIER CAPITAL GROUP LTD Contributor address; City; State; Zip Code PO BOX 99 DIMMITT, TX 79027 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ GAUT WHITTENBURG EMERSON Contributor address; City; State; Zip Code 600 S TYLER ST STE 101 AMARILLO, TX 79101 out-of-state PAC (ID#:_ GILLCO ENERGY LP Contributor address; City; State; Zip Code 500 S TAYLOR LB 249 AMARILLO, TX 79101 out-of-state PAC (ID#:_ GRAHAM, BEN Contributor address; City; State; Zip Code 4 SARAZEN PL AMARILLO, TX 79124-1747 out-of-state PAC (ID#:_ GRAHAM, BEN	b PAC 5 Full name of contributor c Contributor address; City; State; Zip Code 1800 S WASHINGTON STE 215 AMARILLO, TX 79102 pation / Job title (See instructions) 9 Employer (See Instructions) 9 Full name of contributor out-of-state PAC (ID#	Clone Guide explains now to complete this form. Sch: 4/8 Rpt: 7/20 io PAC 3 is Filer ID 3 is Filer ID 7 is Contributor out-of-state PAC (Dor

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SCHEDULE A1

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	The Instru	ction Guide explains how to complete this f	orm	1	Total pages Schedule A1:	
					Sch: 5/8 Rpt: 8/20	
2	FILER NAME			3	Filer ID	
	Build Amarill					
4		5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	09/29/2020	HARPOLE, PAUL J				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		7703 PEBBLEBROOK DR				
Q	Dringinal occi	AMARILLO, TX 79119 upation / Job title (See Instructions)	a Employer (See Instructions			
•	Рппара оссо		9 Employer (See Instructions	5)		
	Date	Full name of contributorout-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/28/2020	HERRICK, JASON S				\$1,500.00
		Contributor address; City; State; Zip Code				
		7901 VALCOUR DR				
		AMARILLO, TX 79119-6268				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2020	HICKMAN, J PAT				\$2,500.00
		Contributor address; City; State; Zip Code				
		150 LAUREL LEAF LANE				
		CANYON, TX 79015				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	·			•		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/17/2020	HODGES, MARK				\$250.00
		Contributor address; City; State; Zip Code		1		
		P O BOX 51226				
_	<u> </u>	AMARILLO, TX 79159	· · · · · · · · · · · · · · · · · · ·	Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)		
╞	Date	Full name of contributorout-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/02/2020	HUDSON, DAVID T				\$300.00
		Contributor address; City; State; Zip Code		·		
		7807 TRIPP AVE				
		AMARILLO, TX 79121	; 			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

Forms provided by Texas Ethics Commission

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	The Instru	cti	on Guide explains how	v to complete this	form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/20	
2	FILER NAME					3	Filer ID	
	Build Amaril	lo F	PAC					
4	Date	5	Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2020		HUDSON, RONNIE					\$250.00
		6	Contributor address; City; S					
			7604 SOUTHWOOD DRI	VE				
			AMARILLO, TX 79119					
8	Principal occu	pat	ion / Job title (See Instructions	3)	9 Employer (See Instruction:	s)		
	Date		Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	09/30/2020		JENNINGS D.D.S, GARY					\$250.00
			Contributor address; City; S					
		1	4503 GREENWICH PL					
	Principal occu		AMARILLO, TX 79119 ion / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
				·,		-,		
	Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/28/2020	İ	KAMP HOTELS LLC					\$2,500.00
			Contributor address; City; S	tate; Zip Code				
			301 S POLK ST LB #37					
			AMARILLO, TX 79101					
	Principal occu	pat	ion / Job title (See Instructions	3)	Employer (See Instruction	s)		
_	Date	Γ	Full name of contributor	out-of-state PAC (ID#:])	Т	Amount of Contribution (\$)	
	10/15/2020		MIZE, JOHNNY					\$100.00
			Contributor address; City; S	tate; Zip Code		1		
			7720 STUYVESANT					
	Principal occu	ipat	AMARILLO, TX 79121 ion / Job title (See Instructions	3)	Employer (See Instruction	s)		
	Date	Γ	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/07/2020		MORRIS, KATHLEEN B					\$100.00
			Contributor address; City; S	tate; Zip Code				
			6308 CALUMET					
			AMARILLO, TX 79106					
	Principal occu	ipat	tion / Job title (See Instruction	5)	Employer (See Instruction	s)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
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2	FILER NAME			3	Filer ID	
	Build Amarill			L		
4		5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/06/2020	SHARP, STACY				\$500.00
		6 Contributor address; City; State; Zip Code				
		914 SOUTH TYLER STREET				
_	<u> </u>	AMARILLO, TX 79101	1	L		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
_				_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	*** *** ***
	09/30/2020	SIMS, JULIE				\$3,000.00
		Contributor address; City; State; Zip Code				
		4100 PARAMOUNT BLVD				
		AMARILLO, TX 79109				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Finicipai occo			ッ		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	09/28/2020	SIMS, MILES				\$25.00
		Contributor address; City; State; Zip Code				
		1612 S MILAM ST				
		AMARILLO, TX 79102				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
╞			<u> </u>	—	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢200.00
	09/29/2020	SWOPE, WENDI		Į		\$200.00
		Contributor address; City; State; Zip Code				
		2112 S TRAVIS STREET				
		AMARILLO, TX 79102				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2020	WARE, RICHARD				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		PO BOX 1				
		AMADULO TY 7010E				
┡	Principal occu	AMARILLO, TX 79105	Employer (See Instructions	Γ		
	Рппора осса			<i>יו</i>		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
					Sch: 8/8 Rpt: 11/20	
2	FILER NAME			3	Filer ID	
	Build Amarill	o PAC				
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7			Amount of Contribution (\$)		
	10/06/2020	WHITE, MARK D				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		3517 KENSINGTON PLACE				
		AMARILLO, TX 79121				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	09/29/2020	WILLIAMS-BOYCE AGENCY LLP				\$250.00
	00,20,2020					Ψ230.00
		Contributor address; City; State; Zip Code				
		PO BOX 1070				
		AMARILLO, TX 79105				
	Dringing occu	pation / Job title (See Instructions)	Employer (See Instruction	ľ	<u> </u>	
	Principal occu	pation / Job little (See Instructions)	Employer (See Instructions	5)		
_	······			-		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/18/2020	WOODBURN, DOUG				\$200.00
		Contributor address; City; State; Zip Code		1		
		2612 JUNIPER DRIVE				
		AMARILLO, TX 79109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	09/28/2020	WRIGHT, CHRIS				\$250.00
		Contributor address; City; State; Zip Code				
		7610 COUNTRYSIDE DRIVE				
				ł		
1		AMARILLO, TX 79119				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 12/20
FILER NAME Build Amaril		3 Filer ID
Date	 5 Corporation / Labor Organization name A.D.C. RX, INC. 6 Corporation / Labor Organization address; City; State; Zip Code PO BOX 10003 AMARILLO, TX 79116 	7 Amount of contribution (\$) \$250.00
Date 09/28/2020	Corporation / Labor Organization name AMARILLO CHAMBER OF COMMERCE Corporation / Labor Organization address; City; State; Zip Code PO BOX 9480 AMARILLO, TX 79105	Amount of contribution (\$) \$30,000.00
Date 10/19/2020	Corporation / Labor Organization name AMERICAN QUARTER HORSE ASSOCIATION Corporation / Labor Organization address; City; State; Zip Code PO BOX 200 AMARILLO, TX 79168	Amount of contribution (\$) \$2,000.00
Date 09/28/2020	Corporation / Labor Organization name FIRST BANK SOUTHWEST Corporation / Labor Organization address; City; State; Zip Code 600 S TYLER ST AMARILLO, TX 79101	Amount of contribution (\$) \$5,000.00
Date 10/05/2020	Corporation / Labor Organization name HAPPY STATE BANK Corporation / Labor Organization address; City; State; Zip Code 701 S TAYLOR LB 120 AMARILLO, TX 79101	Amount of contribution (\$) \$25,000.00
Date 10/06/2020	Corporation / Labor Organization name WORKING RANCH COWBOYS ASSOCIATION Corporation / Labor Organization address; City; State; Zip Code 408 SW 7TH AMARILLO, TX 79101	Amount of contribution (\$) \$5,000.00

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foc Committee Leg	ent Expense	Loan Repaym Office Overhe Polling Expen Printing Exper Salaries/Wage	ent/Reimbursement ad/Rental Expense se ise is/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category i	& Related Expense
1	Total pages Schedule F1: Sch: 1/8 Rpt: 13/20	2 FILER NAME Build Amarillo	PAC			3 Filer ID	
4	Date 09/30/2020	5 Payee name ANEDOT, INC					
6	Amount (\$) \$31.90		AS ST, STE 1770	e; Zip Code			
8	PURPOSE OF EXPENDITURE	NEW ORLEAN (a) Category (See C Accounting/Ba	ategories listed at the top of this so	thedule) (b	Check if Austin	outside of Texas. Complete Sche , TX, officeholder living expense RD MERCHANT FEES	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officer	nolder name	Office sought		Office held	
	Date 09/28/2020	Payee name ANEDOT, INC					
	Amount (\$) \$280.60	Payee address; 1340 POYDR/ NEW ORLEAN	AS ST, STE 1770	e; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category _{(See C} Accounting/Ba	ategories listed at the top of this so nking	:hedule) (b	Check if Austin	outside of Texas. Complete Sche , TX, officeholder living expense RD MERCHANT FEES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	nolder name	Office sought		Office held	
	Date 09/29/2020	Payee name ANEDOT, INC					
	Amount (\$) \$10.30	Payee address; 1340 POYDR/	City; State AS ST, STE 1770	e; Zip Code			
		NEW ORLEAN					
	PURPOSE OF EXPENDITURE	(a) Category _{(See C} Accounting/Ba	ategories listed at the top of this so Inking	_{chedule)} (b	Check if Austin	outside of Texas. Complete Schr h, TX, officeholder living expense RD MERCHANT FEES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	holder name	Office sough	1	Office held	

ES FROM POI			SCHEDULE F1	
EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
ent Expense es od/Beverage Expense U/Awards/Memonals Expense gal Services ne Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense SalariesWages/Contract Labor ns how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
		3	Filer ID	

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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense SalariesWages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
A Taslassa Oshadula Edu		ns how to complete this form.	
1 Total pages Schedule F1: Sch: 2/8 Rpt: 14/20	Build Amarillo PAC		3 Filer ID
4 Date	5 Payee name		
10/08/2020	ANEDOT, INC.		
6 Amount (\$) \$20.30	7 Payee address; City; Sta 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112	nte; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this : Accounting/Banking	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense RD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
10/07/2020	ANEDOT, INC.		
Amount (\$) \$20.30	1340 POYDRAS ST, STE 1770	ate; Zip Code	
	NEW ORLEANS, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Accounting/Banking	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense RD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
10/02/2020	ANEDOT, INC.		
Amount (\$) \$130.10	Payee address; City; Sta 1340 POYDRAS ST, STE 1770	ate; Zip Code	
	NEW ORLEANS, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Accounting/Banking	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense RD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	CONTRIBUTIO	NS SCHEDULE F1
		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel out of District
1	Total pages Schedule F1: Sch: 3/8 Rpt: 15/20	2 FILER NAME 3 Filer ID Build Amarillo PAC
4	Date 10/14/2020	5 Payee name ANEDOT, INC.
6	Amount (\$) \$100.30	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/14/2020	Payee name ANEDOT, INC.
	Amount (\$) \$4.30	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES

	NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sour	ght Office held
Date	Payee name	
10/22/2020	ANEDOT, INC.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$6.30	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH		ght Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		& Related Expense
1	Total pages Schedule F1: Sch: 4/8 Rpt: 16/20		
4	Date 10/21/2020	5 Payee name ANEDOT, INC.	
6	Amount (\$) \$37.20	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 Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH	
	Date 10/20/2020	Payee name ANEDOT, INC.	
	Amount (\$) \$4.30	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 Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	
	Date 10/06/2020	Payee name DOUBLE U MARKETING	
	Amount (\$) \$2,428.00	Payee address; City; State; Zip Code 1608 S. WASHINGTON	
		AMARILLO, TX 79102	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense AMARILLO GLOBE NEWS AD PL/	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE	F1
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 F1: Sch: 5/8 Rpt: 17/20	2 FILER NAME 3 Filer ID Build Amarillo PAC
4	Date 10/06/2020	5 Payee name DOUBLE U MARKETING
6	Amcunt (\$) \$8,852.00	7 Payee address; City; State; Zip Code 1608 S. WASHINGTON
		AMARILLO, TX 79102
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LOGO DESIGN, PRINTING PUSH CARDS/THANK YOU CARDS/BANNERS/YARD SIGNS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
	Date 10/06/2020	Payee name DOUBLE U MARKETING
	Amount (\$) \$12,742.00	Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102
	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 MEDIA BUY
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/06/2020	Payee name DOUBLE U MARKETING
	Amount (\$) \$33,680.50	Payee address; City; State; Zip Code 1608 S. WASHINGTON
		AMARILLO, TX 79102
	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 Inving expense SOCIAL MEDIA ADVERTISING
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1: Sch: 6/8 Rpt: 18/20	2 FILER NAME 3 Build Amarillo PAC	Filer ID		
4 Date 10/06/2020	5 Payee name DOUBLE U MARKETING			
6 Amount (\$) \$111,260.01	7 Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside	de of Texas. Complete Schedule T. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date 10/06/2020	Payee name DOUBLE U MARKETING			
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1608 S. WASHINGTON			
PURPOSE OF EXPENDITURE		de of Texas. Complete Schedule T. officeholder living expense RVICES		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date 09/30/2020	Payee name NORFLEET STRATEGIES LLC			
Amount (\$) \$17,792.06	Payee address; City; State; Zip Code 504 W. 12TH STREET			
DUDDOOF	AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		de of Texas. Complete Schedule T. officeholder living expense DESIGN, PRINT, POSTAGE,		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
┝	Total aggree Schodule E1:				
	Total pages Schedule F1: Sch: 7/8 Rpt: 19/20	2 FILER NAME 3 Filer ID Build Amarillo PAC			
4	Date 09/30/2020	5 Payee name NORFLEET STRATEGIES LLC			
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 504 W. 12TH STREET			
		AUSTIN, TX 78701			
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 VOTER FILE 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
-	Date				
	09/27/2020	Payee name NORFLEET STRATEGIES LLC			
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 504 W. 12TH STREET AUSTIN, TX 78701			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN SERVICES 			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
╞═	Data				
	Date 10/08/2020	Payee name NORFLEET STRATEGIES LLC			
	Amount (\$) \$17,792.06	Payee address; City; State; Zip Code 504 W. 12TH STREET			
		AUSTIN, TX 78701			
	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 DIRECT MAIL (DESIGN, PRINT, POSTAGE, HANDLING) 			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
Ļ				
1	Total pages Schedule F1: Sch: 8/8 Rpt: 20/20	2 FILER NAME 3 Filer ID Build Amarillo PAC 3 Filer ID		
4	Date 10/04/2020	5 Payee name RIGHTSIDE COMPLIANCE LLC		
Ļ				
6	Amount (\$) \$1,290.00	7 Payee address; City; State; Zip Code PO BOX 341027		
		AUSTIN, TX 78734		
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING 		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
	Date 10/14/2020	Payee name VOTERTROVE INC		
	Amount (\$) \$2,481.12	Payee address; City; State; Zip Code 900 CLOUD COVER LN LEANDER, TX 78641		
	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 VOTER CONTACT 		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H		
F	Date	Payee name		
	10/21/2020	VOTERTROVE INC		
	Amount (\$) \$1,958.52	Payee address; City; State; Zip Code 900 CLOUD COVER LN		
L		LEANDER, TX 78641		
	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 VOTER CONTACT 		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H		