

**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: 20	
3 COMMITTEE NAME Build Amarillo PAC			OFFICE USE ONLY RECEIVED Date Received: OCT 26 2020 CITY SECRETARY'S CITY OF AMARILLO Date Handled on Date Forwarded Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 50356 Amarillo, TX 79159			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Laura	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 type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input checked="" 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 MONTH MONTH Day Year 09/25/2020 THROUGH 10/24/2020			
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	

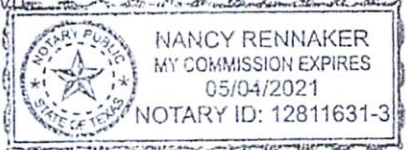
GO TO PAGE 2

**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)		\$ 112,075.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 223,922.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 63,532.65
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 26 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 20

17 COMMITTEE NAME Build Amarillo PAC		18 Filer ID
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 44,825.00
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	\$ 67,250.00
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	\$ 223,922.17
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: 1/8 Rpt: 4/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMARILLO BUILDING LLC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 301 S POLK ST STE 320 LB 37 AMARILLO, TX 79101		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRICK, DUSTIN	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3401 SOUTH FILLMORE STREET AMARILLO, TX 79110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENTLEY, BOB	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 7403 PARK RIDGE DRIVE AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, LLOYD	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3203 BOWIE STREET AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, LORA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3203 BOWIE 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: 2/8 Rpt: 5/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 10/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, RICHARD	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 3004 SOUTH HAYDEN STREET AMARILLO, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, RICHARD	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3004 SOUTH HAYDEN STREET AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYNUM, GREGG R	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 6203 HILLSIDE AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARSON, CHRISTO	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2111 S HUGHES ST AMARILLO, TX 79109-2211		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARSON, LESLIE	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2111 S HUGHES ST 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: 3/8 Rpt: 6/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, ROGER	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 7702 NEW ENGLAND PARKWAY AMARILLO, TX 79119		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG, RICHARD	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2801 TECKLA BOULEVARD AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DICKERSON, SCOTT	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2409 S. ONG AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOWDY, DANIEL A	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2501 S VAN BUREN ST AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOWDY, EDWARD	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2204 S. TRAVIS 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: 4/8 Rpt: 7/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGESOURCE LTD <hr/> 6 Contributor address; City; State; Zip Code 1800 S WASHINGTON STE 215 AMARILLO, TX 79102	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRONTIER CAPITAL GROUP LTD <hr/> Contributor address; City; State; Zip Code PO BOX 99 DIMMITT, TX 79027	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAUT WHITTENBURG EMERSON <hr/> Contributor address; City; State; Zip Code 600 S TYLER ST STE 101 AMARILLO, TX 79101	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILLCO ENERGY LP <hr/> Contributor address; City; State; Zip Code 500 S TAYLOR LB 249 AMARILLO, TX 79101	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, BEN <hr/> Contributor address; City; State; Zip Code 4 SARAZEN PL AMARILLO, TX 79124-1747	Amount of Contribution (\$) \$500.00
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: 5/8 Rpt: 8/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 09/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARPOLE, PAUL J <hr/> 6 Contributor address; City; State; Zip Code 7703 PEBBLEBROOK DR AMARILLO, TX 79119	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRICK, JASON S <hr/> Contributor address; City; State; Zip Code 7901 VALCOUR DR AMARILLO, TX 79119-6268	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HICKMAN, J PAT <hr/> Contributor address; City; State; Zip Code 150 LAUREL LEAF LANE CANYON, TX 79015	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HODGES, MARK <hr/> Contributor address; City; State; Zip Code P O BOX 51226 AMARILLO, TX 79159	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, DAVID T <hr/> Contributor address; City; State; Zip Code 7807 TRIPP AVE AMARILLO, TX 79121	Amount of Contribution (\$) \$300.00
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: 6/8 Rpt: 9/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 10/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, RONNIE <hr/> 6 Contributor address; City; State; Zip Code 7604 SOUTHWOOD DRIVE AMARILLO, TX 79119	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNINGS D.D.S, GARY S <hr/> Contributor address; City; State; Zip Code 4503 GREENWICH PL AMARILLO, TX 79119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAMP HOTELS LLC <hr/> Contributor address; City; State; Zip Code 301 S POLK ST LB #37 AMARILLO, TX 79101	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIZE, JOHNNY <hr/> Contributor address; City; State; Zip Code 7720 STUYVESANT AMARILLO, TX 79121	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, KATHLEEN B <hr/> Contributor address; City; State; Zip Code 6308 CALUMET AMARILLO, TX 79106	Amount of Contribution (\$) \$100.00
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: 7/8 Rpt: 10/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARP, STACY <hr/> 6 Contributor address; City; State; Zip Code 914 SOUTH TYLER STREET AMARILLO, TX 79101	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, JULIE <hr/> Contributor address; City; State; Zip Code 4100 PARAMOUNT BLVD AMARILLO, TX 79109	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, MILES <hr/> Contributor address; City; State; Zip Code 1612 S MILAM ST AMARILLO, TX 79102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWOPE, WENDI <hr/> Contributor address; City; State; Zip Code 2112 S TRAVIS STREET AMARILLO, TX 79102	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARE, RICHARD <hr/> Contributor address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79105	Amount of Contribution (\$) \$5,000.00
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: 8/8 Rpt: 11/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, MARK D	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3517 KENSINGTON PLACE AMARILLO, TX 79121		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS-BOYCE AGENCY LLP	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code PO BOX 1070 AMARILLO, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODBURN, DOUG	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2612 JUNIPER DRIVE AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, CHRIS	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 7610 COUNTRYSIDE DRIVE AMARILLO, TX 79119		
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: 12/20
2 FILER NAME Build Amarillo PAC		3 Filer ID
4 Date 10/13/2020	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

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: 1/8 Rpt: 13/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
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4 Date 09/30/2020	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$31.90	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/28/2020	Payee name ANEDOT, INC.
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Amount (\$) \$280.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/29/2020	Payee name ANEDOT, INC.
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Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 | Printing Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 14/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
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4 Date 10/08/2020	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$20.30	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
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2020	Payee name ANEDOT, INC.
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Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2020	Payee name ANEDOT, INC.
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Amount (\$) \$130.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 3/8 Rpt: 15/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
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4 Date 10/14/2020	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$100.30	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/14/2020	Payee name ANEDOT, INC.
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/22/2020	Payee name ANEDOT, INC.
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Amount (\$) \$6.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112
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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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 4/8 Rpt: 16/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
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 <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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 <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AMARILLO GLOBE NEWS AD PLACEMENT
Complete <u>ONLY</u> 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
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: 5/8 Rpt: 17/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
4 Date 10/06/2020	5 Payee name DOUBLE U MARKETING	
6 Amount (\$) \$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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA BUY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA ADVERTISING
Complete <u>ONLY</u> 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
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: 6/8 Rpt: 18/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
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4 Date 10/06/2020	5 Payee name DOUBLE U MARKETING
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6 Amount (\$) \$111,260.01	7 Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA BUY
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/06/2020	Payee name DOUBLE U MARKETING
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Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2020	Payee name NORFLEET STRATEGIES LLC
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Amount (\$) \$17,792.06	Payee address; City; State; Zip Code 504 W. 12TH STREET AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIRECT MAIL (DESIGN, PRINT, POSTAGE, HANDLING)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 19/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER FILE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIRECT MAIL (DESIGN, PRINT, POSTAGE, HANDLING)
Complete <u>ONLY</u> 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
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: 8/8 Rpt: 20/20	2 FILER NAME Build Amarillo PAC	3 Filer ID
4 Date 10/04/2020	5 Payee name RIGHTSIDE COMPLIANCE LLC	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2020	Candidate/Officeholder name VOTERTROVE INC	
Amount (\$) \$2,481.12	Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER CONTACT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2020	Candidate/Officeholder name VOTERTROVE INC	
Amount (\$) \$1,958.52	Office sought Office held	
Date 10/21/2020	Payee name VOTERTROVE INC	
Amount (\$) \$1,958.52	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER CONTACT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		