FORM SPAC SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 15 3 COMMITTEE NAME Build Amarillo PAC JAN 08 2021 ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4 COMMITTEE STATE; CITY SECRETARY'S **ADDRESS** PO Box 50356 Date Hand deliver of ANA PHIKEO Change of Address Amarillo, TX 79159 Receipt # Amount Date Processed Date Imaged 5 CAMPAIGN MS / MRS / MR FIRST MI TREASURER NAME **NICKNAME** LAST SUFFIX 6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; **TREASURER** STREET **ADDRESS** (Residence or Business) CAMPAIGN STREET OR PO BOX; APT / SUITE #; ZIP CODE CITY; STATE; **TREASURER** MAILING **ADDRESS** Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 9 REPORT January 15 30th day before election Exceeded modified reporting limit TYPE X Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Day Year Month Day Year COVERED **THROUGH** 10/25/2020 12/31/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 X General 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		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
X SUPPORT	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ION DATE	
		PROP A	Month	Day	Year
OPPOSE (Candidate or Measure)	- Name of the state of the stat		11/03/2	2020	
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		SEE MEMO (PAGE 15)			
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED				\$0.00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS			
		S, LOANS, OR GUARANTEES OF LOANS)		s	\$52,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	LITICAL EXPENDITURES		s	\$0.00
	4. TOTAL POLITICAL EX	KPENDITURES		s	\$114,674.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	s	\$0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU DAY OF THE REPORTING	OUNT OF ALL OUTSTANDING LOANS AS OF T NG PERIOD	THE LAST	s	\$0.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perj and correct and includes all information Title 15, Election Code.	ury, that the accommend to be r	ompanying reported by	j report is true y me under
			rect		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	mpaign Treasure	şr	
Sworp to and subscribed I	1	n, witness my hand and seal of office.	his theO	8	day
Signature of officer adm	Print	any Pennales and	Not Tille of office	administr	ering oath
				-	

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

	3 of 15
17 COMMITTEE NAME Build Amarillo PAC	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 17,000.00
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. SCHEDULE E: LOANS	\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 114,674.13
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	s
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONET	ΓΑ	RY POLITICAL CONTRIBUT	ONS		SCHEDUI	_E A1
The Instru	ıcti	on Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/15	
FILER NAME				3	Filer ID	
Build Amaril				L		
Date 10/30/2020	1	Full name of contributor out-of-state PAC (ID 2121, LP		7	Amount of Contribution (\$)	\$1,250.00
	6	Contributor address; City; State; Zip Code PO BOX 51149				
		AMARILLO, TX 79159				
Principal occu	upat	ion / Job title (See Instructions)	9 Employer (See Instructions	;)		
Date 10/28/2020	<u></u>	Full name of contributor out-of-state PAC (ID BRADLEY, EDWARD W. Contributor address; City; State; Zip Code 3002 S. LIPSCOMB	#:)		Amount of Contribution (\$)	\$5,000.00
		AMARILLO, TX 79109				
Principal occu	upa	ion / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
				_		
Date 11/03/2020	-	Full name of contributor out-of-state PAC (ID DISON Contributor address; City; State; Zip Code 4811 CAPE COLONY DR	#)		Amount of Contribution (\$)	\$100.00
		AMARILLO, TX 79119			······································	
Principal occu	upa	ion / Job title (See Instructions)	Employer (See Instructions	5)		
Date 11/10/2020		Full name of contributor out-of-state PAC (IDDOHERTY			Amount of Contribution (\$)	\$5,000.00
		Contributor address; City; State; Zip Code 3203 S ONG				
		AMARILLO, TX 79109				
Principal occu	upa	ion / Job title (See Instructions)	Employer (See Instructions	5)	· · · · · · · · · · · · · · · · · · ·	
Date	Τ	Full name of contributor ut-of-state PAC (ID	#:)	Ī	Amount of Contribution (\$)	
10/30/2020	 	EDGEMARK, LTD				\$1,250.0
		Contributor address; City; State; Zip Code PO BOX 50925				
		AMARILLO, TX 79159				
Principal occu	upa	ion / Job title (See Instructions)	Employer (See Instructions	s)		
orms provided	bν	Texas Ethics Commission www.eth	ics.state.tx.us		Version V1	.1.4952f68

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/15	
2	FILER NAME Build Amarill	o PAC	3	Filer ID	
4	Date 10/30/2020	5 Full name of contributor	7	Amount of Contribution (\$)	\$2,500.00
В	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ns)		
	Date 10/28/2020	Full name of contributor out-of-state PAC (ID#:) GILLILAND, BILL Contributor address; City; State; Zip Code 500 S. TAYLOR, LB 249 AMARILLO, TX 79101		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ons)	, , , , , , , , , , , , , , , , , , , ,	
	Date 10/28/2020	Full name of contributor out-of-state PAC (ID#:) GSM LAND HOLDING LTD. Contributor address; City; State; Zip Code 101 SE 11TH AVE STE 100		Amount of Contribution (\$)	\$5,000.00
_	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ons)		
_	Date 10/28/2020	Full name of contributor		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ons)		
-	Date 11/12/2020	Full name of contributor out-of-state PAC (ID#:) ROBERTS TRUCK CENTER, LTD. Contributor address; City; State; Zip Code 2818 LIPSCOMB		Amount of Contribution (\$)	\$5,000.00
	Principal occu	AMARILLO, TX 79109 pation / Job title (See Instructions) Employer (See Instructions)	ons)		
	rms provided	by Texas Ethics Commission www.ethics.state.tx.us		Varsion V	1.1.4952f68

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 6/15		
2	FILER NAME Build Amarill	o PAC	3 Filer ID		
4	Date 10/28/2020	 5 Corporation / Labor Organization name CAVINESS BEEF PACKERS 6 Corporation / Labor Organization address; City; State; Zip Code POB XO 31117 AMARILLO, TX 79120 	7 Amount of contribution (\$) \$10,000.00		
	Date 10/28/2020	Corporation / Labor Organization name HERITAGE RISK MANAGEMENT Corporation / Labor Organization address; City; State; Zip Code PO BOX 506 AMARILLO, TX 79105-0506	Amount of contribution (\$) \$2,000.00		
	Date 10/28/2020	Corporation / Labor Organization name TOOT 'N TOTUM Corporation / Labor Organization address; City; State; Zip Code 1201 S TAYLOR AMARILLO, TX 79101	Amount of contribution (\$) \$5,000.00		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/7 Rpt: 7/15	2 FILER NAME Build Amarillo PAC
4 Date 11/02/2020	5 Payee name AMARILLO NATIONAL BANK
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79101
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 BANK SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 12/01/2020	Payee name AMARILLO NATIONAL BANK
Amount (\$) \$8.00	Payee address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79101
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 BANK SERVICE FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 10/27/2020	Payee name ANEDOT, INC.
Amount (\$) \$40.30	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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

abor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/7 Rpt: 8/15 **Build Amarillo PAC** 4 Date Payee name 10/29/2020 **DOUBLE U MARKETING** 6 Amount (\$) Payee address; State; Zip Code City: \$7,000.00 1608 S. WASHINGTON AMARILLO, TX 79102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense SOCIAL MEDIA ADVERTISING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 11/04/2020 **DOUBLE U MARKETING** Amount (\$) Payee address; State; Zip Code City; 1608 S. WASHINGTON \$322.37 AMARILLO, TX 79102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T-POSTS FOR BANNERS, PRINTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/09/2020 HOWARD SCKOLNIK, CPA Amount (\$) Payee address; City; State; Zip Code \$1,250.00 8203 E SIERRA PINTA DRIVE

EXPENDITURE CATEGORIES FOR BOX 8(a)

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

SCOTTSDALE, AZ 85255

Consulting Expense

Candidate/Officeholder name

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

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense ACCOUNTING SERVICES

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	: xpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ymen rhead ense pense ages/	VReimbursement /Rental Expense c Contract Labor		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:	2	FII FR NAME	=					2	Filer ID
	Sch: 3/7 Rpt: 9/15	l	Build Amari							The is
4	Date 10/29/2020		Payee name KAMR-TV							
6	Amount (\$) \$13,950.00		Payee addre 1015 S FILI AMARILLO	LMORE	State	; Zip Coo	de			
8	PURPOSE OF EXPENDITURE		Category _{(S} Advertising	ee Categories listed at the Expense	e top of this sch	nedule)		<u>—</u>	, TX,	de of Texas. Complete Schedule T. officeholder living expense ALS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	iceholder name	(Office sou	ght			Office held
	Date		Payee name							
l	10/29/2020		KFDA							
	Amount (\$) \$25,000.00		Payee addre 7900 BROA	·	State;	; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	AMARILLO Category (s Advertising	ee Categories listed at the	e top of this sch	nedule)	(b)	-	, TX,	ide of Texas. Complete Schedule T. officeholder living expense ALS
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Office sou	ght			Office held
T	Date		Payee name							
	10/29/2020		KVII							
	Amount (\$) \$16,864.25		Payee addre	ess; City; ADCAST CENTER		; Zip Co	de			
		┡), TX 79101						
:	PURPOSE OF EXPENDITURE		Category (s Advertising	iee Categories listed at the Expense	e top of this sch	hedule)	(b)	—	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Office sou	ght			Office held
	, <u>, , , , , , , , , , , , , , , , , , </u>									

Г	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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Sommittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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)						
┢	Total pages Schedule F1:		Filer ID						
ĺ	Sch: 4/7 Rpt: 10/15	Build Amarillo PAC							
4	Date	Payee name							
	10/29/2020	LAMAR OUTDOOR							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,295.00	411 N MIRROR ST							
		AMARILLO, TX 79107							
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
1	EXPENDITURE	Advertising Expense	tside of Texas. Complete Schedule T.						
		BILLBOARD A	X, officeholder living expense						
		BIELBOARD	5 7 21 (11 311 40						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
F	Date	Payee name							
l	10/25/2020	NORFLEET STRATEGIES LLC							
⊢									
l	Amount (\$)	Payee address; City; State; Zip Code							
	\$13,846.63	504 W. 12TH STREET							
		AUSTIN, TX 78701							
l	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Advertising Expense	tside of Texas. Complete Schedule T. 'X, officeholder living expense						
		-	(DESIGN, PRINT, POSTAGE,						
		HANDLING)	(DESIGN, FRANCE,						
-	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held						
F	Date	Payee name							
	10/27/2020	NORFLEET STRATEGIES LLC							
┝	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,500.00	504 W. 12TH STREET							
l	\$3,300.00	304 W. 121H STREET							
		AUSTIN, TX 78701							
H	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF		itside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, T	"X, officeholder living expense						
		CAMPAIGN SI	ERVICES						
L			- · · · · · · · · · · · · · · · · · · ·						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
L	expenditure to benefit C/OI								
									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	<u>-</u>	Office Overse Polling E als Expense Printing E	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
┰	Total pages Schedule F1:	EII ER NAME	· · · · · · · · · · · · · · · · · · ·		3 Filer ID			
	Sch: 5/7 Rpt: 11/15	Build Amarillo PAC			5 THE 15			
4	Date 10/27/2020	Payee name NORFLEET STRATEGIE	SLIC					
Ļ		Pavee address: City:	State: 7in C	ndo.				
ľ	Amount (\$)	Payee address;	State; Zip C	Jue				
	\$17,792.06	504 W. 121H SIREET						
		AUSTIN, TX 78701						
Ļ	212222			las				
8	PURPOSE OF	Category (See Categories listed a	t the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.			
1	EXPENDITURE	Advertising Expense		I <u>L.</u>	TX, officeholder living expense			
İ					L (DESIGN, PRINT, POSTAGE,			
				HANDLING)	•			
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office so	ught	Office held			
L								
	Date	Payee name						
	10/28/2020	NORFLEET STRATEGIE	SLLC					
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$750.00	504 W. 12TH STREET						
l								
		AUSTIN, TX 78701						
	PURPOSE	Category (See Categories listed a	it the top of this schedule)	(b) Description				
	OF EXPENDITURE	Advertising Expense			outside of Texas. Complete Schedule T.			
				VOTER FILE	TX, officeholder living expense			
				VOTERFILE	AFFEIND			
⊢	Complete ONLY if direct	andidate/Officeholder name	Office so	l	Office held			
	expenditure to benefit C/O	andidate/Onicendide/ name	Office So	agnt	Office field			
⊨								
	Date	Payee name						
	11/02/2020	RIGHTSIDE COMPLIANO	CE LLC					
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$810.00	PO BOX 341027						
		AUSTIN, TX 78734						
	PURPOSE	Category (See Categories listed a	t the top of this schedule)	(b) Description				
	OF EXPENDITURE	Consulting Expense		_ _	outside of Texas. Complete Schedule T.			
l					, TX, officeholder living expense			
				COWIFLIANC	E SERVICES			
\vdash	Complete ONLY if direct	andidate/Officeholder name	Office so	uaht	Office held			
1	expenditure to benefit C/O		233 00	- u -				
\vdash								

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┡	Total pages Schedule F1:	
	Sch: 6/7 Rpt: 12/15	2 FILER NAME Build Amarillo PAC
4	Date 12/06/2020	5 Payee name RIGHTSIDE COMPLIANCE LLC
6	Amount (\$) \$315.00	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 SERVICES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/08/2020	Payee name RIGHTSIDE COMPLIANCE LLC
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO BOX 341027 AUSTIN, TX 78734
	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 SERVICES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/10/2020	Payee name SKP CREATIVE
	Amount (\$) \$3,160.40	Payee address; City; State; Zip Code 301 S POLK, STE 505, LB 35
L		AMARILLO, TX 79101
	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

1	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		tee Legal Service	e Expense emorials Expense	Office Overling Experienting Expension Salaries/Water	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
┰	Total pages Schedule F1:	2 EII	ED NAME				3	Filer ID		
	Sch: 7/7 Rpt: 13/15		uild Amarillo PAC					File ID		
4	Date 10/28/2020		yee name OTERTROVE INC							
6	Amount (\$) \$1,847.52	90	yee address; City 10 CLOUD COVER EANDER, TX 78641	LN	; Zip Cod	е				
8	PURPOSE OF EXPENDITURE		itegory (See Categories I dvertising Expense	isted at the top of this sch	edule) (<u>—</u>	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense CT		
9	Complete ONLY if direct expenditure to benefit C/O		didate/Officeholder na	ame C	Office soug	ht		Office held		
F	Date	Pa	yee name							
	11/02/2020		OTERTROVE INC							
⊢	Amount (\$)	Da	yee address; City	r State:	Zip Cod	Δ		·		
	\$1,725.00	l	0 CLOUD COVER		, 2ip Coo	C				
		LE	ANDER, TX 78641							
	PURPOSE OF EXPENDITURE		ategory (See Categories l dvertising Expense	isted at the top of this sch	edule)		ı, TX.	de of Texas. Complete Schedule T. officeholder living expense CT		
	Complete ONLY if direct expenditure to benefit C/O		didate/Officeholder na	ame C	Office soug	ht		Office held		
F	Date	Pa	iyee name	-						
	11/03/2020	I	OTERTROVE INC							
	Amount (\$) \$1,689.60	1	yee address; Cin		; Zip Cod	e				
L		L.E	EANDER, TX 78641	-						
	PURPOSE OF EXPENDITURE		ategory (See Categories dvertising Expense	isled at the top of this sch	nedule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense CT		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder n	ame (Office soug	ht		Office held		

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

	AFFIDAVIT OF DISSOLUTION	14 of	15
	The Instruction Guide explains how to complete this form. **Complete only if "Report Type" on page 1 is marked "Dissolution" **		
1	COMMITTEE NAME	2 Filer ID	
	Build Amarillo PAC		
3	Affidavit of Dissolution		
	I, the undersigned campaign treasurer, do not expect the occurrence of any furth committee for this or any other campaign or election for which reporting under the declare that all of the information required to be reported by me has been reported report as a dissolution report terminates the appointment of campaign treasurer. committee may not make or authorize political expenditures or accept political coappointment of campaign treasurer on file.	te Election Code is required. I ed. I understand that designating I further understand that a political	a
		Campaign Treasurer CAL COMMITTEE IS TO BE DISSOLVED	
	NANCY RENNAKER MY COMMISSION EXPIRES 05/04/2021 NOTARY ID: 12811631-3		
	AFFIX NOTARY STAMP / SEAL ABOVE		
	Sworn to and subscribed before me, by the said	s the Van. day of $b8$	
	Manuflancker Nanu Pennaper Signature of officer administering bath Printed name of officer administering oath	Title of officer administering oath	_

TEXT ANNOTATION		
		Sch: 1/1 Rpt: 15/15
FILER NAME	Filer ID	
Build Amarillo PAC		
Schedule Cover Sheet		
Information entered by filer as a memo:		
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		
		<u> </u>