

**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 (Ethics Commission Filers)	2 Total pages filed: <b>3</b>
3 COMMITTEE NAME <b>Keep Amarillo United</b>		<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>JAN 15 2021</b> <b>CITY SECRETARY'S CITY OF AMARILLO</b> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>7413 Park Ridge Dr Amarillo, TX 79119</b>		
5 CAMPAIGN TREASURER NAME	MS, MRS, MR      FIRST      MI      SUFFIX <b>David      T</b> NICKNAME      LAST <b>Hudson</b>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>Same</b>		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>Same</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(806) 679-2582</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>7 / 1 / 2020      THROUGH      12 / 31 / 2020</b>		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <b>5 / 14 / 2011</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special      Description: _____		

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

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME Keep Amarillo United 13 Filer ID (Ethics Commission Filing)

14 COMMITTEE PURPOSE  
Attach to this plain paper to complete this report if necessary:

CANDIDATE  
 OFFER HOLDER

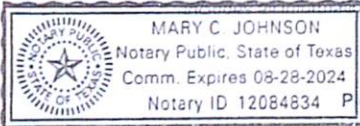
SUPPORT Candidate or Measure  
 OPPOSE Candidate or Measure  
 ASSIST Officeholder

MEASURE

CANDIDATE / OFFICEHOLDER NAME  
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  
BALLOT IDENTIFICATION # Prop 3 ELECTION DATE 5 14 2011  
ELECTION DATE (Month Day Year)  
DESCRIPTION Charter Amendment - Single Member Districts

15 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	-
	<input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold			
EXPENDITURE TOTALS	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	-
	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	-
CONTRIBUTION BALANCE	4	TOTAL POLITICAL EXPENDITURES	\$	-
	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>2,156.18</u>
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	-

16 SIGNATURE I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and required to be reported by me under Title 15, Election Code



David T. Hudson  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIDAVIT NOTARY STAMP - SEAL ABOVE

Sworn to and subscribed before me, by the said David T Hudson this the 14 day of January 2021 to certify which, witness my hand and seal of office.

Mary C Johnson Mary C Johnson Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code/country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

# FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME *Keep Amarillo United* 18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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 CORPORATON OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

*No activity to report during this period.*