

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Dr.	Charles	E	Date Received	RECEIVED APR 23 2021 <i>JK</i> CITY SECRETARY'S CITY OF AMARILLO
NICKNAME	LAST	SUFFIX	Receipt #	Amount \$	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE;	ZIP CODE
<input type="checkbox"/> Change of Address	PO Box 50847	Amarillo, TX	79159	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
	(806)	680-3101		Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	Dr.	Kirk	A		
	NICKNAME	LAST	SUFFIX		
		Coury			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #,	CITY,	STATE; ZIP CODE
	1707 Clubview			Amarillo, TX	79124
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(806)	376-1206			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	04	01	2021		04 / 23 / 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	05	01	2021	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Amarillo City Council Place 3		Amarillo City Council Place 3		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input checked="" type="checkbox"/> GENERAL	Amarillo Matters PAC			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			
		PO Box 2532 Amarillo, TX 79105			
	COMMITTEE CAMPAIGN TREASURER NAME				
	Andrew Hall				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	PO Box 1532 Amarillo, TX 79105				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

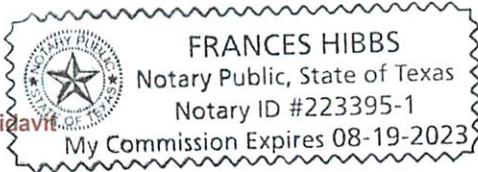
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Charles E Sauer		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,103.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,521.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

18 SIGNATURE 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.

Charles E Sauer
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Charles Sauer this the 23 day of April, 2021, to certify which, witness my hand and seal of office.

Frances Hibbs Frances Hibbs City Secretary
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 Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Charles E Sauer		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,550.00
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 E: LOANS		\$ 5,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 31,103.26
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Charles E Sauer		3 Filer ID (Ethics Commission Filers)
4 Date 4-5-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk & Madeline Coury 6 Contributor address; City; State; Zip Code 1707 Clubview Amarillo TX 79124	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Endodontist		9 Employer (See Instructions) self
Date 4-5-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Sprouse Carson Contributor address; City; State; Zip Code 2111 S. Hughes St Amarillo, TX 79109	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) roofer		Employer (See Instructions) self
Date 4-5-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Cox Contributor address; City; State; Zip Code 7702 New England Pkwy Amarillo, TX 79119	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 4-5-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis Britt Contributor address; City; State; Zip Code 6426 Euston Dr Amarillo, TX 79109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Charles E Sauer		3 Filer ID (Ethics Commission Filers)
4 Date 4-8-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Bivens <hr/> 6 Contributor address; City; State; Zip Code PO Box 708 Amarillo,, TX 79105	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) self
Date 4-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe & Brenda Augustine <hr/> Contributor address; City; State; Zip Code 7407 Countryside Dr Amarillo, TX 79119	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Coldwell Banker
Date 4-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karr Hardee Dentistry <hr/> Contributor address; City; State; Zip Code 3501 Soncy Ste, 123 Amarillo, TX 79119	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Dentists		Employer (See Instructions) self
Date 4-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent Hill <hr/> Contributor address; City; State; Zip Code 1511 Crockett Amarillo, TX 79102	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Amarillo Area Foundation
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Charles E Sauer		3 Filer ID (Ethics Commission Filers)
4 Date 4-10-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob & Cheryl Bentley <hr/> 6 Contributor address; City; State; Zip Code 7403 Park Ridge Dr Amarillo, TX 79119	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Upshaw Insurance
Date 4-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy & Lisa Darnell <hr/> Contributor address; City; State; Zip Code 13600 FM 2186 marillo, TX 79119	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Farming		Employer (See Instructions) self
Date 4-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob & Laurie Pinkston <hr/> Contributor address; City; State; Zip Code 17 Willow Bridge Amarillo, TX 79106	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) radiologist		Employer (See Instructions) self
Date 4-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oth Miller <hr/> Contributor address; City; State; Zip Code 6712 Sandie Dr Amarillo, TX 79109	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner Caldwell III	7 Amount of contribution (\$)
4-11-21	6 Contributor address; City; State; Zip Code 7708 Bent Tree Amarillo, TX 79121	250.00
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions) retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Gilliland	Amount of contribution (\$)
4-12-21	Contributor address; City; State; Zip Code 500 S. Taylor , LB 249 Amarillo, TX 79101	500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl & Dallas Paetzold	Amount of contribution (\$)
4-12-21	Contributor address; City; State; Zip Code 22 Helium Rd Amarillo, TX 79124	500.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon Swift	Amount of contribution (\$)
4-12-21	Contributor address; City; State; Zip Code 2401 W. 26th Amarillo, TX 79109	25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Dowdy	7 Amount of contribution (\$)
4-12-21	6 Contributor address; City; State; Zip Code 2501 S. Van Buren St Amarillo, TX 79109	100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard & Susan Bechtol	Amount of contribution (\$)
4-14-21	Contributor address; City; State; Zip Code 7305 Deann Circle Amarillo, TX 79121	500.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy & Debbie Jeffers	Amount of contribution (\$)
4-14-21	Contributor address; City; State; Zip Code 6214 McCoy Amarillo, TX 79109	250.00
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) Coldwell
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl C. Smith	Amount of contribution (\$)
4-14-21	Contributor address; City; State; Zip Code 320 S. Polk, #300 Amarillo, TX 79101	200.00
Principal occupation / Job title (See Instructions) physican		Employer (See Instructions) retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy & Mary Strickland	7 Amount of contribution (\$)
4-14-21	6 Contributor address; City; State; Zip Code 3 Carter Lane Canyon, TX 79015	500.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Hernandez	Amount of contribution (\$)
4-14-21	Contributor address; City; State; Zip Code 1711 S. Polk St Amarillo TX 79102	100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley Schaeffer	Amount of contribution (\$)
4-15-21	Contributor address; City; State; Zip Code 8417 English Bay Amarillo TX 79119	1,000.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) retiredq1w as2
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Lary	Amount of contribution (\$)
4-16-21	Contributor address; City; State; Zip Code 6 Stoneridge Dr Amarillo, TX 79124	50.00
Principal occupation / Job title (See Instructions) surgeon		Employer (See Instructions) retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Atkins	7 Amount of contribution (\$)
4-18-21	6 Contributor address; City; State; Zip Code 5204 Spartanburg Dr. Amarillo, Tx 79119	250.00
8 Principal occupation / Job title (See Instructions) Oral Surgeon		9 Employer (See Instructions) self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathaniel Avirett	Amount of contribution (\$)
4-18-21	Contributor address; City; State; Zip Code PO Box 8110 Amarillo TX 79114	750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard & Lisa Batson	Amount of contribution (\$)
4-20-21	Contributor address; City; State; Zip Code 9110 Lundy Lane Amaillo, TX 79119	250.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) First Baptist Church
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Charles E Sauer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/2/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) C Edward Sauer	9 Loan Amount (\$) 5000.00
6 Is lender a financial Institution? Y N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 1601 S. Milam St. Amarillo, TX 79102	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Dentist		13 Employer (See Instructions) Shemen Dental Group
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 Charles E Sauer	3 Filer ID (Ethics Commission Filers) 3
4 Date 4/2/2021	5 Payee name Norfleet Strategies	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Consultant	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Charles E Sauer	Office sought Office held Amarillo City Council Place 3
Date 4/1/2021	Payee name Welcome Pardner!	
Amount (\$) 200.00	Payee address; City; State; Zip Code Amarillo, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Charles E Sauer	Office sought Office held Amarillo City Council Place 3
Date 4-11-21	Payee name FlexPoint Media	
Amount (\$) 8,000.00	Payee address; City; State; Zip Code PO Box 1051 New Albany OH 43054	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description radio advertisement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 (Ethics Commission Filers)
4 Date 4-12-21	5 Payee name Norfleet Strategies	
6 Amount (\$) 4,916.93	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	(b) Description advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-16-21	Payee name Norfleet Strategies	
Amount (\$) 4916.93	Payee address; City; State; Zip Code 504 W. 12th Street Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-16-21	Payee name Nobox Creative	
Amount (\$) 11,000.00	Payee address; City; State; Zip Code 1001 SE 3rd Ave. Amarillo TX 79102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media Buys and Consulting	Description Social Media Buys and Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 (Ethics Commission Filers)
4 Date 4/23/2021	5 Payee name PayPal	
6 Amount (\$) 69.40	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bank Charges	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED