

# 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: 5 ✓
3 COMMITTEE NAME Potter Randall county Medical Society Board		<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0; color: red; font-weight: bold;">OFFICE USE ONLY</p> <p style="margin: 5px 0; color: red;">RECEIVED</p> <p style="margin: 5px 0; color: red;">OCT 24 2024</p> <p style="margin: 5px 0; color: red;">City Secretary</p> <p style="margin: 5px 0; color: blue; font-size: 1.5em;">RC</p> </div>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1721 Hagy Blvd, Amarillo, TX 79100		
5 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Dr. Raphael J. NICKNAME LAST SUFFIX Mattamal	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  6406 Parkwood Place, Amarillo TX 79119		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  6406 Parkwood Place, Amarillo TX 79119		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (806) 355-6854		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" 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 09 / 26 / 2024      THROUGH      10 / 28 / 2024		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11 / 05 / 2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special      Description _____		

GO TO PAGE 2

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

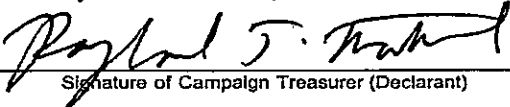
**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** Potter Randall County Medical Society Board **13 Filer ID (Ethics Commission Filers)**

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or <u>Measure</u> )  <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 / # <u>Proposition A</u>  ELECTION DATE Month Day Year <u>11 05 / 2024</u>  DESCRIPTION <u>'Sanctuary city for the unborn ordinance'</u>

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2300</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4300</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**16 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.

  
 Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

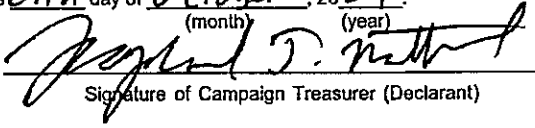
OR

**(2) Unsworn Declaration**

My name is Raphael J. Mattana, and my date of birth is December 18, 1985.

My address is: 6406 Parkwood Place, Amarillo, TX, 79119, USA  
(street) (city) (state) (zip code) (country)

Executed in Randall County, State of Texas, on the 24th day of October, 2024.  
(month) (year)

  
 Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <i>Potter Randall County Medical Society Board</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2300</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2108.74</i>
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	\$

**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: <b>1</b>
2 FILER NAME <b>Raphael J. Mattamal</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert S. Urban / Elizabeth Joan Urban</b>	7 Amount of contribution (\$) <b>\$ 1000</b>
6 Contributor address; City; State; Zip Code <b>6307 Calumet Road, Amarillo TX 79106</b>		
8 Principal occupation / Job title (See Instructions) <b>Doctor</b>		9 Employer (See Instructions)
Date <b>10/3/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard McKay</b>	Amount of contribution (\$) <b>\$ 1100</b>
Contributor address; City; State; Zip Code <b>6307 Calumet Road, Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions) <b>Doctor</b>		Employer (See Instructions)
Date <b>10/3/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Biggs / Estelle Archer</b>	Amount of contribution (\$) <b>\$ 200</b>
Contributor address; City; State; Zip Code <b>1900 South Cowler Drive Suite B, Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions) <b>Doctor</b>		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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Raphael J. Mattamal</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2108.74</u>	
5 Date <u>10/11/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tiffany Martin</u>	8 Amount of Contribution \$ <u>\$2094.43</u>	9 In-kind contribution description <u>Advertising Expense</u>
7 Contributor address; City; State; Zip Code <u>1021 SW 33rd Ave Amarillo, TX 79109</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Office Admin</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>10/31/2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tiffany Martin</u>	Amount of Contribution \$ <u>\$74.31</u>	In-kind contribution description <u>Advertising Expense</u>
Contributor address; City; State; Zip Code <u>1021 SW 33rd Ave. Amarillo, TX 79109</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Office Admin</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			


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

## Coggins, Stephanie

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**From:** prcms3@suddenlinkmail.com  
**Sent:** Thursday, October 24, 2024 2:51 PM  
**To:** Coggins, Stephanie  
**Cc:** raphael.mattamal@ttuhsc.edu; Raphael J. Mattamal  
**Subject:** PRCMS Campaign Finance Report and Appointment of Treasurer  
**Attachments:** PRCMS\_Appointment of A Campaign Treasurer\_.pdf; 9.26.2024\_10.28.2028\_PRCMS\_Prop A\_Finance Report.pdf; 8.1.2024-9.26.2024\_ PRCMS\_Prop A\_Finance Report.pdf

**Attention:** This email was sent from someone outside of City of Amarillo. Always use caution when opening attachments or clicking links from unknown senders or when receiving unexpected emails.

Good afternoon, Stephanie,

Please find two campaign finance reports and an appointment of campaign treasurer for the PRCMS Board for the campaign against Prop A.

Thank you,  
PRCMS Board

PRCMS  
1721 Hagy Blvd.  
Amarillo, TX 79106  
Ofc: (806) 355-6854  
Fax: (806) 355-8852  
[www.prcms.com](http://www.prcms.com)



# UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

### OFFICE USE ONLY

Date Received

Method of Delivery

Date Processed

1 FILER ID:  
(Ethics Commission filers)

2 NAME OF FILER  
(PLEASE TYPE OR PRINT)

Raphael J. Mattamal

3 TYPE OF FILER

- |   |   |
|---|---|
| <input type="checkbox"/> CANDIDATE/ OFFICEHOLDER          | <input checked="" type="checkbox"/> POLITICAL COMMITTEE |
| <input type="checkbox"/> JUDICIAL CANDIDATE/ OFFICEHOLDER | <input type="checkbox"/> POLITICAL PARTY                |
| <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT     | <input type="checkbox"/> STATE/COUNTY CHAIR             |
| <input type="checkbox"/> DIRECT CAMPAIGN EXPENDITURE      |   |

4 TYPE OF REPORT

Specific purpose committee campaign  
finance report

5 DUE DATE

October 28, 2024

6 UNSWORN DECLARATION:

My name is Raphael J. Mattamal, and my date of birth is December 18, 1985.

My Address is 6406 Parkwood Place, Amarillo, TX, 79119, USA.  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Randall County, State of Texas, on the 24th day of October, 2024.

\_\_\_\_\_  
Signature of Filer/ Committee Representative  
(Declarant)