

# 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:

18

3 COMMITTEE NAME

Amarillo Area Young Republicans PAC

OFFICE USE ONLY

Date Received

RECEIVED

OCT 31 2024

CITY SECRETARY'S  
CITY OF AMARILLO

ABS  
11/29

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

3420 S. Coulter St. Apt. 435 Amarillo TX 79109

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Jacob

A.

NICKNAME

LAST

SUFFIX

Meyer

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3420 S. Coulter St. Apt. 435 Amarillo TX 79109

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

3420 S. Coulter St. Apt. 435 Amarillo TX 79109

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(806) 231-6928

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

09 / 27 / 2024

THROUGH

Month Day Year

10 / 26 / 2024

11 ELECTION

ELECTION DATE

Month Day Year

11 / 05 / 2024

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description

Proposition A

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Amunillo Area Young Republicans PAC 13 Filer ID (Ethics Commission Filers)

|   |   |   |  |
|---|---|---|--|
| <b>14 COMMITTEE PURPOSE</b><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input type="checkbox"/> SUPPORT (Candidate or Measure)<br><input type="checkbox"/> OPPOSE (Candidate or Measure)<br><input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> CANDIDATE          | CANDIDATE / OFFICEHOLDER NAME                                 |  |
|   | <input type="checkbox"/> OFFICEHOLDER       | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)        |  |
|   | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / #<br><u>Proposition A</u>             | ELECTION DATE<br>Month Day Year<br><u>11 / 05 / 2024</u> |
|   |   | DESCRIPTION<br><u>Sanctuary City for the Urban Referendum</u> |  |

|                         |   |             |
|-------------------------|---|-------------|
| 15 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 7,875.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 6,093.94 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 1,781.06 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00     |

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 Sarah A. Meyer, and my date of birth is December 30<sup>th</sup>, 1998.  
 My address is 3420 S. Louisa St. Apt. 435, Amunillo, TX, 79109, U.S.A.  
(street) (city) (state) (zip code)(country)  
 Executed in Potter County, State of Texas, on the 31<sup>st</sup> day of October, 2024.  
(month) (year)

Sarah A. Meyer  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

# FORM SPAC COVER SHEET PG 3

|  |  |  |
|--|--|--|
| 17 COMMITTEE NAME<br><i>Amnillo Area Young Republicans PAC</i> |  | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                      |  | SUBTOTAL<br>AMOUNT                     |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  | \$ <i>7,875.00</i>                     |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS          | \$ <i>6,093.94</i>                     |
| 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:<br><b>12</b>       |
| 2 FILER NAME<br><b>Amesillo Area Young Republicans PAC</b>   |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>9/27/24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jacob Meyer</b>    | 7 Amount of contribution (\$)<br><b>50.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>3420 S. Coulter St. Apt 435 Amesillo TX 79109</b>   |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | 9 Employer (See Instructions)<br><b>Self</b>  |
| Date<br><b>9/27/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jacob Meyer</b>      | Amount of contribution (\$)<br><b>100.00</b>  |
| Contributor address; City; State; Zip Code<br><b>3420 S. Coulter St. Apt 435 Amesillo TX 79109</b>   |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | Employer (See Instructions)<br><b>Self</b>    |
| Date<br><b>9/27/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Benjamin Woolbes</b> | Amount of contribution (\$)<br><b>100.00</b>  |
| Contributor address; City; State; Zip Code<br><b>511 Brown Inn St. Amesillo TX 79104</b>   |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | Employer (See Instructions)<br><b>Self</b>    |
| Date<br><b>9/27/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tris Lopez</b>       | Amount of contribution (\$)<br><b>50.00</b>   |
| Contributor address; City; State; Zip Code<br><b>6803 Nancy Ellen St. Amesillo TX 79119</b>  |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | Employer (See Instructions)<br><b>Self</b>    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form.                                   |   | 1 Total pages Schedule A1:<br><b>12</b>                   |
| 2 FILER NAME<br><b>Amarillo Area Young Republicans PAC</b>                                  |   | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><b>9/27/24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jane Sims</b>   | 7 Amount of contribution (\$)<br><b>50.00</b>             |
| 6 Contributor address; City; State; Zip Code<br><b>91 N. Georgia St. Amarillo TX 79106</b>  |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                     |   | 9 Employer (See Instructions)<br><b>Retired</b>           |
| Date<br><b>9/27/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jim Bana</b>      | Amount of contribution (\$)<br><b>100.00</b>              |
| Contributor address; City; State; Zip Code<br><b>5711 N. Interstate 27 Lubbock TX 79403</b> |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Physical Therapist</b>            |   | Employer (See Instructions)<br><b>Self</b>                |
| Date<br><b>9/27/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lucas Bloch</b>   | Amount of contribution (\$)<br><b>100.00</b>              |
| Contributor address; City; State; Zip Code<br><b>223 Ave. T Lubbock TX 79415</b>            |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>        |   | Employer (See Instructions)<br><b>Self</b>                |
| Date<br><b>9/27/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Delilah Garza</b> | Amount of contribution (\$)<br><b>50.00</b>               |
| Contributor address; City; State; Zip Code<br><b>202 Ave. K Levelland TX 79336</b>          |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Delis Manager</b>                 |   | Employer (See Instructions)<br><b>United Supermarkets</b> |

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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:<br><b>12</b>                            |
| 2 FILER NAME<br><b>Amarillo Area Young Republicans PAC</b>  |  | 3 Filer ID (Ethics Commission Filers)                              |
| 4 Date<br><b>9/27/24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tommy Foyle</b>    | 7 Amount of contribution (\$)<br><b>100.00</b>                     |
| 6 Contributor address; City; State; Zip Code<br><b>2438 Industrial Blvd #206 Abilene TX 79605</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>            |  | 9 Employer (See Instructions)<br><b>Self</b>                       |
| Date<br><b>9/27/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David Reid</b>       | Amount of contribution (\$)<br><b>100.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>2055. Loop 289 Lubbock TX 79423</b>              |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Owner</b>                               |  | Employer (See Instructions)<br><b>Reid &amp; Sons Construction</b> |
| Date<br><b>9/27/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Berta Ochoa</b>      | Amount of contribution (\$)<br><b>25.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>4567 Catalina Ave. La Verne CA 91750</b>         |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Hairstylist</b>                         |  | Employer (See Instructions)<br><b>Self</b>                         |
| Date<br><b>9/27/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Benjamin Woolles</b> | Amount of contribution (\$)<br><b>25.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>511 Brownings St. Amarillo TX 79104</b>          |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>              |  | Employer (See Instructions)<br><b>Self</b>                         |

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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:  
12

2 FILER NAME *Amarillo Area Young Republicans PAC* 3 Filer ID (Ethics Commission Filers)

|   |  |  |
|---|--|--|
| 4 Date<br><i>9/28/24</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jaob Meyer</i> | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>3420 S. Gault St. Apt. 435 Amarillo TX 79109</i> |  |  |

8 Principal occupation / Job title (See Instructions) *Independent Contractor* 9 Employer (See Instructions)  
*SELF*

|   |  |  |
|---|--|--|
| Date<br><i>9/28/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Benjamin Woolley</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>511 Browning St. Amarillo TX 79104</i> |  |  |

Principal occupation / Job title (See Instructions) *Independent Contractor* Employer (See Instructions)  
*SELF*

|  |   |  |
|--|---|--|
| Date<br><i>9/28/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Lucas Bloch</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>223 Ave. T Lubbock TX 79415</i> |   |  |

Principal occupation / Job title (See Instructions) *Independent Contractor* Employer (See Instructions)  
*SELF*

|  |   |  |
|--|---|--|
| Date<br><i>9/28/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Terry Beckman</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>206 Brookwood Dr. Elko NV 89801</i> |   |  |

Principal occupation / Job title (See Instructions) *Property Management Supervisor* Employer (See Instructions)  
*NNE Construction*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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*12*

2 FILER NAME  
*Amarillo Area Young Republicans PAC* 3 Filer ID (Ethics Commission Filers)

|  |   |   |
|--|---|---|
| 4 Date<br><i>9/28/24</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Berta Ochoa</i> | 7 Amount of contribution (\$)<br><i>50.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>4567 Catalina Ave. LaVerne CA 91750</i> |   |   |

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  
*Hairstylist* *Self*

|  |  |   |
|--|--|---|
| Date<br><i>9/28/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Catherine Sokolewicz</i> | Amount of contribution (\$)<br><i>50.00</i> |
| Contributor address; City; State; Zip Code<br><i>32 Union St. Elizabethtown PA 17022</i> |  |   |

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*Retired* *Retired*

|   |  |  |
|---|--|--|
| Date<br><i>9/28/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jim Baya</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>5711 N. Interstate 27 Lubbock TX 79403</i> |  |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*Physical Therapist* *Self*

|   |  |   |
|---|--|---|
| Date<br><i>9/28/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Iris Lopez</i> | Amount of contribution (\$)<br><i>50.00</i> |
| Contributor address; City; State; Zip Code<br><i>6803 Nancy Ellen St. Amarillo TX 79119</i> |  |   |

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*Independent Contractor* *Self*

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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12

2 FILER NAME *Amarillo Area Young Republicans PAC* 3 Filer ID (Ethics Commission Filers)

|  |   |  |
|--|---|--|
| 4 Date<br><i>9/28/24</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Lucas Bloch</i> | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>223 Ave. T Lubbock TX 79415</i> |   |  |

8 Principal occupation / Job title (See Instructions) *Independent Contractor* 9 Employer (See Instructions)  
*SELF*

|  |  |  |
|--|--|--|
| Date<br><i>9/28/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tammy Fook</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>2438 Industrial Blvd. #206 Abilene TX 79605</i> |  |  |

Principal occupation / Job title (See Instructions) *Independent Contractor* Employer (See Instructions)  
*SELF*

|   |   |   |
|---|---|---|
| Date<br><i>9/28/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Raymond Brown</i> | Amount of contribution (\$)<br><i>50.00</i> |
| Contributor address; City; State; Zip Code<br><i>4567 Catalina Ave LaVerne CA 91750</i> |   |   |

Principal occupation / Job title (See Instructions) *Produce Clerk* Employer (See Instructions)  
*Sprouts*

|   |  |  |
|---|--|--|
| Date<br><i>10/21/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Fris Lopez</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>6803 Nancy Ellen St. Amarillo TX 79119</i> |  |  |

Principal occupation / Job title (See Instructions) *Independent Contractor* Employer (See Instructions)  
*SELF*

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form. 2 Total pages Schedule A1:

2 FILER NAME *Amarillo Area Young Republicans PAC* 3 Filer ID (Ethics Commission Filers)

|  |   |  |
|--|---|--|
| 4 Date<br><i>10/4/24</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jacob Meyer</i> | 7 Amount of contribution (\$)<br><i>1,500.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>3420 S. Loop W St. Apt. 435 Amarillo TX 79109</i> |   |  |

8 Principal occupation / Job title (See Instructions) *Independent Contractor* 9 Employer (See Instructions) *Self*

|  |   |  |
|--|---|--|
| Date<br><i>10/4/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Lucas Bloch</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>223 Ave. T Lubbock TX 79415</i> |   |  |

Principal occupation / Job title (See Instructions) *Independent Contractor* Employer (See Instructions) *Self*

|   |  |  |
|---|--|--|
| Date<br><i>10/5/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Benjamin Woolley</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>511 Browns St. Amarillo TX 79104</i> |  |  |

Principal occupation / Job title (See Instructions) *Independent Contractor* Employer (See Instructions) *Self*

|  |  |  |
|--|--|--|
| Date<br><i>10/9/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>David Reid</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>2025 S. Loop 289 Lubbock TX 79423</i> |  |  |

Principal occupation / Job title (See Instructions) *Owner* Employer (See Instructions) *Reid & Sons Construction*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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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:<br><i>12</i> |
|---|---|

|  |                                       |
|--|---------------------------------------|
| 2 FILER NAME<br><i>Amarillo Area Young Republicans PAC</i> | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|

|   |   |  |
|---|---|--|
| 4 Date<br><i>10/11/24</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jacob Meyer</i> | 7 Amount of contribution (\$)<br><i>250.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>3420 S. Coulter St. Apt. 435 Amarillo TX 79109</i> |   |  |

|  |  |
|--|--|
| 8 Principal occupation / Job title (See Instructions)<br><i>Independent Contractor</i> | 9 Employer (See Instructions)<br><i>Self</i> |
|--|--|

|   |   |  |
|---|---|--|
| Date<br><i>10/11/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jacob Meyer</i> | Amount of contribution (\$)<br><i>1,500.00</i> |
| Contributor address; City; State; Zip Code<br><i>3420 S. Coulter St. Apt. 435 Amarillo TX 79109</i> |   |  |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><i>Independent Contractor</i> | Employer (See Instructions)<br><i>Self</i> |
|--|--|

|  |   |  |
|--|---|--|
| Date<br><i>10/11/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Lucas Block</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>223 Ave. T Lubbock TX 79415</i> |   |  |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><i>Independent Contractor</i> | Employer (See Instructions)<br><i>Self</i> |
|--|--|

|  |  |  |
|--|--|--|
| Date<br><i>10/11/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Benjamin Woolley</i> | Amount of contribution (\$)<br><i>100.00</i> |
| Contributor address; City; State; Zip Code<br><i>511 Brownings St. Amarillo TX 79104</i> |  |  |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><i>Independent Contractor</i> | Employer (See Instructions)<br><i>Self</i> |
|--|--|

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|  |
|--|

**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:  
12

2 FILER NAME *Amesville Area Young Republicans PAC* 3 Filer ID (Ethics Commission Filers)

|  |  |  |
|--|--|--|
| 4 Date<br><i>10/12/24</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tammie Foote</i> | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>2438 Industrial Blvd #206 Alliance TN 37605</i> |  |  |

8 Principal occupation / Job title (See Instructions) *Independent Contractor* 9 Employer (See Instructions)  
*Self*

|   |   |   |
|---|---|---|
| Date<br><i>10/12/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tamara Sims</i> | Amount of contribution (\$)<br><i>50.00</i> |
| Contributor address; City; State; Zip Code<br><i>91 N. Georgia St, Amesville TN 37006</i> |   |   |

Principal occupation / Job title (See Instructions) *Retired* Employer (See Instructions)  
*Retired*

|  |  |   |
|--|--|---|
| Date<br><i>10/12/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Catherine Sokolowicz</i> | Amount of contribution (\$)<br><i>25.00</i> |
| Contributor address; City; State; Zip Code<br><i>32 Union St, Elizabethtown PA 17022</i> |  |   |

Principal occupation / Job title (See Instructions) *Retired* Employer (See Instructions)  
*Retired*

|  |   |   |
|--|---|---|
| Date<br><i>10/12/24</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Deborah Garza</i> | Amount of contribution (\$)<br><i>50.00</i> |
| Contributor address; City; State; Zip Code<br><i>202 Ave. K Levelland TX 79336</i> |   |   |

Principal occupation / Job title (See Instructions) *Pol. Manager* Employer (See Instructions)  
*United Supermarkets*

*(Empty section for additional contributions)*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1:<br><b>12</b> |
|---|---|

|  |                                       |
|--|---------------------------------------|
| 2 FILER NAME<br><b>Amarillo Area Young Republicans PAC</b> | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|

|   |  |   |
|---|--|---|
| 4 Date<br><b>10/12/24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Eris Lopez</b> | 7 Amount of contribution (\$)<br><b>50.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>6803 Nancy Ellen St. Amarillo TX 79109</b> |  |   |

|  |                               |
|--|-------------------------------|
| 8 Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b> | 9 Employer (See Instructions) |
|--|-------------------------------|

|   |   |   |
|---|---|---|
| Date<br><b>10/12/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jacob Meyer</b> | Amount of contribution (\$)<br><b>25.00</b> |
| Contributor address; City; State; Zip Code<br><b>3420 S. Loulter St. Apt. 435 Amarillo TX 79109</b> |   |   |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b> | Employer (See Instructions)<br><b>Self</b> |
|--|--|

|   |  |  |
|---|--|--|
| Date<br><b>10/13/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Benjamin Woolley</b> | Amount of contribution (\$)<br><b>100.00</b> |
| Contributor address; City; State; Zip Code<br><b>511 Browns St. Amarillo TX 79104</b> |  |  |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b> | Employer (See Instructions)<br><b>Self</b> |
|--|--|

|   |   |   |
|---|---|---|
| Date<br><b>10/16/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jacob Meyer</b> | Amount of contribution (\$)<br><b>25.00</b> |
| Contributor address; City; State; Zip Code<br><b>3420 S. Loulter St. Apt. 435 Amarillo TX 79109</b> |   |   |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b> | Employer (See Instructions)<br><b>Self</b> |
|--|--|

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><b>12</b>                              |
| 2 FILER NAME<br><b>Amarillo Area Young Republicans PAC</b>   |  | 3 Filer ID (Ethics Commission Filers)                                |
| 4 Date<br><b>10/16/24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David Reil</b> | 7 Amount of contribution (\$)<br><b>100.00</b>                       |
| 6 Contributor address; City; State; Zip Code<br><b>2025 S. Loop 289 Lubbock TX 79423</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Owner</b>  |  | 9 Employer (See Instructions)<br><b>Reil &amp; Sons Construction</b> |
| Date<br><b>10/18/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tammy Foote</b>  | Amount of contribution (\$)<br><b>100.00</b>                         |
| Contributor address; City; State; Zip Code<br><b>2438 Industrial Blvd. #206 Abilene TX 79605</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | Employer (See Instructions)<br><b>SELF</b>                           |
| Date<br><b>10/19/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Iris Lopez</b>   | Amount of contribution (\$)<br><b>50.00</b>                          |
| Contributor address; City; State; Zip Code<br><b>6803 Nancy Ellen St. Amarillo TX 79119</b>  |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | Employer (See Instructions)<br><b>SELF</b>                           |
| Date<br><b>10/20/24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lucas Bloch</b>  | Amount of contribution (\$)<br><b>100.00</b>                         |
| Contributor address; City; State; Zip Code<br><b>223 Ave. T Lubbock TX 79415</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>   |  | Employer (See Instructions)<br><b>SELF</b>                           |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# 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:<br><b>12</b>        |
| 2 FILER NAME<br><b>Amarillo Area Young Republicans PAC</b>  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>10/25/24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tammy Foale</b>    | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>2438 Industrial Blvd. #206 Abilene TX 79605</b>  |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>  |  | 9 Employer (See Instructions)<br><b>Self</b>   |
| Date<br><b>10/25/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lucas Bloch</b>      | Amount of contribution (\$)<br><b>100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>223 Ave. T Lubbock TX 79425</b>  |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>  |  | Employer (See Instructions)<br><b>Self</b>     |
| Date<br><b>10/25/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Benjamin Woolley</b> | Amount of contribution (\$)<br><b>100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>511 Browning St. Amarillo TX 79104</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>  |  | Employer (See Instructions)<br><b>Self</b>     |
| Date<br><b>10/26/24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jacob Meyer</b>      | Amount of contribution (\$)<br><b>1,200.00</b> |
| Contributor address; City; State; Zip Code<br><b>34205 Louisa St. Apt 435 Amarillo TX 79109</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Independent Contractor</b>  |  | Employer (See Instructions)<br><b>Self</b>     |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor 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 *Amarillo Area Young Republicans PAC* 3 Filer ID (Ethics Commission Filers)

4 Date *9/28/2024* 5 Payee name *Burgett Outdoor Advertising LP*

6 Amount (\$) *1,500.00* 7 Payee address: City: State: Zip Code  
*P.O. Box 50372 Amarillo TX 79159*

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
*Advertising Billboards*  
 (c)  Check if travel outside of Texas. Complete Schedule T.  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 *10/14/2024* Payee name *Burgett Outdoor Advertising LP*

Amount (\$) *1,500.00* Payee address: City: State: Zip Code  
*P.O. Box 50372 Amarillo TX 79159*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
*Advertising Billboards*  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *10/11/2024* Payee name *Burgett Outdoor Advertising LP*

Amount (\$) *1,500.00* Payee address: City: State: Zip Code  
*P.O. Box 50372 Amarillo TX 79159*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
*Advertising Billboards*  
 Check if travel outside of Texas. Complete Schedule T.  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**



# 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<br><i>Amarillo Area Young Republicans PA</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                             |                                       |
|-----------------------------|---------------------------------------|
| 4 Date<br><i>10/11/2024</i> | 5 Payee name<br><i>Alan DK #51414</i> |
|-----------------------------|---------------------------------------|

|                               |   |                         |                     |                          |
|-------------------------------|---|-------------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><i>22.50</i> | 7 Payee address:<br><i>2423 Marsh Sharp Fwy</i> | City:<br><i>Lubbock</i> | State:<br><i>TX</i> | Zip Code<br><i>79415</i> |
|-------------------------------|---|-------------------------|---------------------|--------------------------|

|                                    |   |                               |
|------------------------------------|---|-------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Travel Out of District</i>   | (b) Description<br><i>Gas</i> |
|                                    | (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<br><i>10/12/2024</i> | Payee name<br><i>The Big Texan Steak Ranch &amp; Brewery</i> |
|---------------------------|--|

|                              |   |                          |                     |                          |
|------------------------------|---|--------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>207.89</i> | Payee address:<br><i>7701 Interstate 40</i> | City:<br><i>Amarillo</i> | State:<br><i>TX</i> | Zip Code<br><i>79118</i> |
|------------------------------|---|--------------------------|---------------------|--------------------------|

|                               |   |                              |
|-------------------------------|---|------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Food/Beverage</i>  | Description<br><i>Dinner</i> |
|                               | <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<br><i>10/12/2024</i> | Payee name<br><i>Walmart #5702</i> |
|---------------------------|------------------------------------|

|                             |  |                         |                     |                          |
|-----------------------------|--|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>30.30</i> | Payee address:<br><i>9809 University Ave</i> | City:<br><i>Lubbock</i> | State:<br><i>TX</i> | Zip Code<br><i>79423</i> |
|-----------------------------|--|-------------------------|---------------------|--------------------------|

|                               |   |                           |
|-------------------------------|---|---------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Travel Out of District</i>   | Description<br><i>Gas</i> |
|                               | <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 |
|--|-------------------------------|---------------|-------------|

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# 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<br><i>Amarillo Area Young Republicans PAC</i>  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>10/31/2024</i>   | 5 Payee name<br><i>Puka - Sak W</i>   |   |
| 6 Amount (\$)<br><i>33.25</i> | 7 Payee address:<br><i>4200 Sonus Rd.</i>   | City: <i>Amarillo TX</i> Zip Code: <i>79124</i> |
| 8 PURPOSE OF EXPENDITURE      | (a) Category (See Categories listed at the top of this schedule)<br><i>Travel Out of District</i>   | (b) Description<br><i>Gas</i>                   |
|                               | (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<br><i>10/18/2024</i>      | Payee name<br><i>Burkett Outdoor Advertisers LP</i>   |                                  |   |
| Amount (\$)<br><i>1,300.00</i> | Payee address:<br><i>P.O. Box 50372</i>   | City: <i>Amarillo TX</i>         | State: <i>TX</i> Zip Code: <i>79159</i> |
| PURPOSE OF EXPENDITURE         | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | Description<br><i>Billboards</i> |   |
|                                | <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                   | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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