# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gui	ide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	Z Total pages fled:
3 COMMITTEE NAME		011	OFFICE USE ONLY
Amarillo	Aren loung Roembli		PECEIVED
4 COMMITTEE ADDRESS	3420. S. Coulto St. Apt. 435 A	MWILLS TX 79109	OCT 31 2024
Change of Address			CITY SECRETARY'S CITY OF AMARILLO
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	Mr. FIRST	Å.	Receipt # Amount \$
	NICKNAME LAST	SUFFIX	Date Processed
	Nego		Date Imaged
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT		7409
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUIT		ZIP CODE 79109
8 CAMPAIGN TREASURER PHONE	(806) 231-628	EXTENSION	
9 REPORTTYPE	July 15	Oth day before election	Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	09/27/2024	THROUGH	W/26/2024
11 ELECTION	ELECTION DATE  Month Day Year Primary  M / OS / 2024 General		Description PNOSTUA
	GO TO P	AGE 2	

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME AMM'((u)	θγ2	in Yours per	Milane EAZ	13 Filer ID (Ethics Commission Filers)		
14 COMMITTEE PURPOSE CANDIDATE (Attach lists on plain paper to			CANDIDATE/OFFICEHOLDER NAME			
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office of the control of	ceholder)		
SUPPORT (Candidate or Measur	Ĭ		BALLOTIDENTIFICATION/#  POPOSO From A	ELECTION DATE onth Day Year		
(Candidate or Measure ASSIST (Officeholder)	re)	MEASURE	DESCRIPTION Sanctuary CH3 For the Unber	n Peterendum		
15 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 0.00		
	2.	TOTAL POLITICAL (OTHER THAN PLEDS	CONTRIBUTIONS SES, 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.	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of THE REPORTING PERIOD \$ 1,781.				
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN	MOUNT OF ALL OUTSTANDING LOANS AS OF	* O,OO		
ł		•	nalty of perjury, that the accompanying ired to be reported by me under Title 1  Signature of Campaig			
		Please o	complete either option below:			
(1) Affidavit  AFFIX NOTARY STAMP	SEALA	BOVE				
Sworn to and subscri	bed be	fore me, by the said _		, this the		
day of	, 20	, to certify wh	nich, witness my hand and seal of office	<b>.</b>		
Signature of officer adm	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  OR					
(2) Unsworn Declaration  My name is						
	Signature of Campaign Troubard (Costaranty					

## **SUBTOTALS-SPAC**

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME ANNO LO Area Long Remblican LAC  18 Filer ID (Ethics Con	nmission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7,875.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
7. SCHEDULE E: LOANS	\$	
8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,093.94	
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$		
10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
13. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

#### 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:
Amus No Aven Young Roewblicans CAL	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Tawb Meyer 9/27/24 6 Contributor address; City; State; Zip Code 34005, Couffer 4. A.	50.00
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  2 Left	ions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Jawb Meyer Contributor address; City; State; Zip Code 3420 S. Coulto St. Aph 435 Amuslly TD 79109	(00.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Granden Woolber  Contributor address; City; State; Zip Code  Su Brown In It. Amnillo TX 74104	Wd.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Independent Contractor Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/27/24 Contributor address; City; State; Zip Code 6803 Nancy Ellen St. Amin'lls TX 79/19	50,00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Self	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

#### SCHEDULE A1

The	Instruction Guide explains how	to complete this	; form.	1 Total pages Schedule A1:
AMA W	. Avea Yours leads	licens &	R	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC	) (ID#:)	7 Amount of contribution (\$)
Gi-AA .	Sante Sims 6 Contributor address;		***************************************	C 1 .0 3
11VII Y	6 Contributor address;	City;	State; Zip Code	50.00
	11 1. Gentslagt.	Amvillo	TX 79106	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Full name of contributor		METHEN	
Date	<u></u>	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
71	Jim Bapa			
1/27/24	Contributor address;	City;	State; Zip Code	100.00
(-11-1	Jim Bana Contributor address; 9711 N. Interlate 27	Lubboch	TX 79413	100.00
	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Physic.	il thereist		self	
Date	Full name of contributor	Out-of-state PAC	(ID#:)	Amount of contribution (\$)
1001	Lucas Block			,
12424	Contributor address;	City;	State; Zip Code	1000
<u>.</u>	223 AVET	Lubback	TX 79415	00.00
Principal occup	Next Lon Wanter		Employer (See Instruct	ions)
Date	Full name of contributor	Out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/0-1-10	Velllah Garza			_
1/24/24	Contributor address;	City;	State; Zip Code	50 00
	202 Ave. K	Levelland	Va 79336	70.00
Principal occup	ation / Job title (See Instructions)			ions) 4 1
very /V	langer		Employer (See Instruct	morets

#### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
The	Instruction Guide explains how to complete this	s form.	Total pages Schedule A1:	
2 FILER NAME	to Aren Yours Learblown	s RAC	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
9/2424	Tammy Poole 6 Contributor address; City; 2438 Indus Mil Plvd, #206 Abl lene	State; Zip Code	(00.00	
8 Principal occu	Jest Confractions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
(in)	Pavid fuld Contributor address; City;		1	
41424	Contributor address; City;	State; Zip Code	/00.00	
	20255. Loop 289 Lubboth	TX 79423		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Reid & Sum Con	-·	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
9/22/24	Berta Olhoù  Contributor address; City;			
1107119	Contributor address; City;	State; Zip Code	Z5.00	
	1567 Catalina Ave. La Verne	CA 91750		
Principal occup Hairstylis	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	: (ID#:,	Amount of contribution (\$)	
•	Benjamin Woolles			
9/27/24	Contributor address; City;	State; Zip Code	25.00	
	511 Browning St. Amaillo	TX 79104	<i>()</i> ,00	
	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
indecent	kn 7 Contractor	Self		
<u>.</u>				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDIU F AS NE	ERER	

### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Amadlo	Aren Young Deenblians PAL	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/24	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
	Jupation / Job title (See Instructions)  9 Employer (See Instructions)  Self	ctions)
, Date 9/28/74	Full name of contributor out-of-state PAC (ID#:)  Benjam'n Woolley  Contributor address; City; State; Zip Code	Amount of contribution (\$)
	511 Browning St. Amarillo TX 79104	
	Delian Job title (See Instructions)  Employer (See Instructions)  Self	ations)
9/28/24	223 Ave. T Lubbock TX 79415	Amount of contribution (\$)
	pation / Job title (See Instructions)  Employer (See Instructions)  Self	:tions)
Date 118/14	Full name of contributor out-of-state PAC (ID#:,  Terry Beckman  Contributor address; City; State; Zip Code  206 Brokwood PT. Elho NV 89801	Amount of contribution (\$)
Principal occupi	nation / Job title (See Instructions)  AND SAME SUPPLY SOF  Employer (See Instructions)  NNE (NNS)	
	,	

#### SCHEDULE A1

		<del></del>
	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	Area Young Republicans PAZ	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/24	5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occup Ha: 13tylis	g Employer (See Institute	ctions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
	Catherine Soholewicz  Contributor address; City: State; Zip Code  32 Union St. Hizabeth Dwn PA 17022	50.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	:tions)
Date 9/28/24	Full name of contributor   out-of-state PAC (ID#)  Jim Baya  Contributor address; City: State; Zip Code  5711 N. Fates Atc27 Lubbach TX 79403	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)  Self	:tions)
Date 9/28/24	Full name of contributor out-of-state PAC (ID#,  In's Logoz  Contributor address; City; State; Zip Code  6803 Namy What. Amalla TX 79119	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)  EMPLOYMENT  Self	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

#### SCHEDULE A1

Th	ne Instruction Guide explains ho	w to complete the	is form.	1 Total pages Schedule A1:
Amailo	Ara Yvurs Resubl	lians RA1		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  WWW BUSH  6 Contributor address;	out-of-state PA	PAC (ID#)	7 Amount of contribution (\$)
100101	223 Ave. T	lubboch	State: Zip Code The F4415	(00.00
8 Principal occi	cupation / Job title (See Instructions  MANUAL CONTINUES	i)	9 Employer (See Instru	ictions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
9/28/24	Tammy Fogic Contributor address;	City;	The Code	LAMAA
	2438 Industrial Blvd. #2	206 Abilene	State; Zip Code 2 TX 74605	100.00
	upation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 9 128124	Full name of contributor  Payman Brown  Contributor address:	out-of-state PAI		Amount of contribution (\$)
[[00]-	4567 Cutalina Ave	Lavene	State; Zip Code GA 91750	50.00
Principal occu	upation / Job title (See Instructions)  Werk		Employer (See Instruc	ctions)
Date	Full name of contributor	Out-of-state PAC	ıC (iD#:)	Amount of contribution (\$)
60/1124	Ents WEEZ  Contributor address:  6803 Nany Eller St.	city: Amus'llo	State; Zip Code  TX 79119	100.00
Principal occu	upation / Job title (See Instructions)  Admit (Infradre		Employer (See Instruc	ctions)
	WI WAY		<u> </u>	

#### SCHEDULE A1

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

The requested information is not applicable, bo NOT include this page in the report.				
The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1:	
2 FILER NAME AMM'llo	Area Young Ceenblorans L	AZ	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	
10/4/24	Jawb Meyer 6 Contributor address; City: 3420 S. Lou lfer St. Apt. 435 Amas W	State; Zip Code 5 TV 79109	1,500.00	
<i>~</i> /	pation / Job title (See Instructions) LENT COMPONER	9 Employer (See Instruction Self	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10/4/24	Contributor address; City; 223 Ave, T Webork	State: Zip Code	100.00	
	pation / Job title (See Instructions)	Employer (See Instructi	(200)	
	ndert-Contractor	Self See instructi	ons	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/5/24	Benjamin Woolley  Contributor address: City:  511 Browning St. Amaillo	State; Zip Code TX 79/04	100.00	
	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Independent	lent Contractor	self		
Date W/9/24	Full name of contributor out-of-state PAC  Pavid Deld  Contributor address; City:  2025 S. Loop 289 Lubbach	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Owner	•	Reid & Sons l	Construction	

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

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	No Aren Young Republicans RA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  250.00
B Principal occu	pation / Job title (See Instructions)  eNt Contract  Self	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	1 7 /
_ /	pation / Job title (See Instructions)  Let Continuous  Self	: Instructions)
Date	Contributor address; City; State; Zip Cod  Lucas Bloch  Contributor address; Lubboth TX 794	1 11)
Principal occup In Neglen	Alent Contractions)  Employer (See Self	Instructions)
	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  UOOOO
Find occup	ation / Job title (See Instructions)  Land Control Self  Self	Instructions)
	·	

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

#### 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 for	rm.	Total pages Schedule A1:
2 FILER NAME	le Area Young Republicans	PAZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	*)	7 Amount of contribution (\$)
10/12/24	Tamm Foll  6 Contributor address; City; S	State; Zip Code	600.00
29	2438 Industry of Blood#206 Abollese		00.00
	upation / Job title (See Instructions)  West Comments	Employer (See Instruct	ions)
Date	Full name of contributor	r:	Amount of contribution (\$)
114	Jante Hms		<i>(</i> , 0)
MIYZY	l	State; Zip Code	50.00
	91 N. Georsta A. Amanillo I	X 19106	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor		Amount of contribution (\$)
Worry	Contributor address; City: Si		0 ( 1)
	Contributor address; City: Si	state; Zip Code	25.00
Delevier	32 Union St. Elizabeth town ?		
De Hrev	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor  ut-of-state PAC (ID#:	:	Amount of contribution (\$)
10/10/01	Vellah Garza		
Mary	l	State; Zip Code	50.00
	202 Ave. K Levelland T	X 79336	
	wation / Job title (See Instructions)	Employer (See Instruction In) HA Sweet	mikets
	•		
	ATTACH ADDITIONAL CODIES OF THE		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
	trea Yours republians &	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor aut-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
10/12/24	6 Contributor address; City;					
1 106 1 - 1		State; Zip Code	50.00			
Consider of the	6803 Nanus Ellen St. Amaille					
I — I	dent Contractor	9 Employer (See Instruct	tions)			
,Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Jawb Meyer					
W12424	Contributor address; City;	State; Zip Code	25.00			
	5420 S. Loulter St. Apt. 435 Amaille					
	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
		<del></del>				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
10/13/24	Benjamin Woolley  Contributor address; City:	100.00				
10[17] F	1	State; Zip Code	100.00			
-	511 Bowning St. Amaille	(X 79104)				
_ 1	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
	Euli para of a satisfact	2014				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
14/11	Jawb Meyor		~ ( i) A			
10116/24	Contributor address; City:	25.00				
	34205, Conter St. Apt. 435 Amarill	GTX FILOG				
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)			
TIMMINI	peri wayyary of	<u> </u>				
	·					
	ATTACH ADDITIONAL CODIES OF					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	e Instruction Guide explains how to complete th	1 Total pages Schedule A1:				
2 FILER NAME	No Ara Yours Reall	3 Filer ID (Ethics Commission Filers)				
4 Date 20(16/24)	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)				
	2025 S. Loop 289 Lubboch	State; Zip Code 1 TX 79423	700000			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date	Full name of contributor	·C (ID#:)	Amount of contribution (\$)			
60(18/24	Tammy Foble Contributor address; City;	State; Zip Code	100.00			
	2438 Industrial Blvd. #206 Abilen	eTX 79605				
	pation / Job title (See Instructions) Index of Farty	Employer (See Instructi	ions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	In's Lovez					
W/19/24	Contributor address; City: 6803 Nany Ellen St. Amnille	State: Zip Code oTX 79119	50.00			
	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Indell	went Contractor	Self				
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)			
W20/24	Contributor address; City;	State; Zip Code	100.00			
,	223 Ave. T hubboch	TX 79415				
	Deation / Job title (See Instructions)  Hent Contractor	Employer (See Instruction Se / F	ons)			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			

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

SCHEDULE A1

ii trie reques	sted information is not applicable, DO NOT inclu	de this page in the repo	ort.					
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:						
2 FILER NAME	, Area Wurs Resublians	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor Out-of-state PAC	) (ID#:)	7 Amount of contribution (\$)					
W125/24	Tammy Foste 6 Contributor address; City;	100.00						
•	6 Contributor address; City; 2438 Industrial Blvd. #206 Abitere	State; Zip Code TX 79605	V S -					
	nation / Job title (See Instructions)  Ment Gntrants	9 Employer (See Instruct	ions)					
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)					
1 0/2 0	Contributor address; City;		100					
1125/24		State; Zip Code	W0.00					
	223 Ave. T Lubboch	W 79415						
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Setf							
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)					
<b>1</b> 1	Bensamin Woolles  Contributor address; City:  511 Bowning A. Ammillo							
W125/24	Contributor address; City;	100,00						
		1 79W4						
	endend (See Instructions)	Employer (See Instruction Self	ions)					
Date	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)					
10/0.	Jawb / leyer		1,200.00					
10/26/24	Contributor address; City;	1)20.00						
	21002 Confort. ATTIVES AMerillo	, W 79109						
	Nation / Job title (See Instructions)  Next Len traitor	Employer (See Instruction Self	ons)					

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment		I Services			es/Contract Labor	Other (enter a cate	nct gory not listed above)	
		e Instruction Guid	le explains	how to com	plete this form.			
1 Total pages Schedule F1	Ammill	o Area	Yours	Lord	Veas PAC	3 Filer ID (Ethi	cs Commission Filers)	
9128/2024	5 Payee name Bwhett	Outdow.	Advo	ASM	14			
6 Amount (\$)	7 Payee address	3;		<del></del>	City;	State:	Zip Code	
1,500.00	8.0. Bo	x 503	72		Amaillo	TA	79 159	
8	(a) Category (See	Categories listed at the	e top of this sch	chedule) (i	b) Description			
PURPOSE OF EXPENDITURE	Apro	Hilms			Billboa	rls		
<u> </u>	(c) Check	if travel outside of Texas.	Complete Sche	edule T.	Check if Austin	. TX. officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / (	Officeholder name	}		Office sought		Office held	
Date	Payee name							
10/4/2024	Burpet	f Outdo	or An	wet.	ians LP			
Amount (\$)	Payee address	•			City:	State:	Zip Code	
1,500.00	P.O. Bo	x 5037	2		Amillo	TO	79159	
	Category (See C	alegories listed at the t	op of this sche	edule)	Description			
PURPOSE OF EXPENDITURE	Advertising			Billboards				
	Check if travel outside of Texas. Complete Schedule T.			edule T.	Check if Austin. TX. officeholder living expense			
Complete ONLY if direct		fficeholder name			Office sought		Office held	
expenditure to benefit C/OH	İ				Ū		ooo nela	
Date	Payee name							
10/11/2024	Bwhet	Port doo	- An	dvert	Sing Li			
Amount (S)	Payee address:				City:	State;	Zip Code	
1,500.00	P.O. Box	6 5037	7		Amaillo	TX	79159	
-	Category (See Ca	ategories listed at the to	p of this sched	dule)	Description	· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF EXPENDITURE	Advert	tsty			Billboa	ds		
	Check if	ravel outside of Texas. C	omplete Schedi	dule T.	Check if Austin.	TX. officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	fficeholder name			Office sought		Office held	
	ATTACH	ADDITIONAL CO	OPIES OF	THIS SCH	EDULE AS NEED	ED		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	tical Committee	Legal Services		rpense /ages/Contract Labor	Travel Out Of Distric	ct jory not listed above)
Credit Caro Payment		The Instruction Guide ex			Curici (errier a caleg	ory not listed above)
1 Total pages Schedule F	1: 2 FILER N	ME Aver	Young	Ropublian PAL	3 Filer ID (Ethic	s Commission Filers)
4 Date 10/11/2024	5 Payee na	DK #5141	4	Variation		
6 Amount (\$)	7 Payee ad	dress:		City;	State;	Zip Code
22,50	242	3 Marshu Sha	PFwy	Lubbuch	TX	79415
8	(a) Categor	y (See Categories listed at the top o	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Towel	Outef Distr	icA	Gas		
<u> </u>	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin.	TX. officeholder living	. expense
9 Complete ONLY if direct expenditure to benefit C/C	Candida DH	ate / Officeholder name		Office sought		Office held
Date	Payee nai	ne			<del></del>	
10/12/2024	The B	is Texan St	eah Ran	d, 6 Brewe	יציי	
Amount (\$)	Payee add	dress:	<del></del>	City:	State:	Zip Code
207.89	7701	Intestate 40	$\mathcal{O}$	Amnilla	TD	79118
	Category	(See Categories listed at the top of t	this schedule)	Description	<del></del>	7 177.0
PURPOSE OF EXPENDITURE	Food/	Beverge		Dinner		
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candida H	te / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
10/12/2024	Waln	nw4 #570	12			
Amount (S)	Payee add	ress:		City:	State;	Zip Code
40.30	9809	University Ar	re	Lubboch	TX	79423
	Category (	See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	Tavel	Out of Distr	id	Gas		
	c	neck if travel outside of Texas. Complete	e Schedule T.	Check if Austin. To	X. officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
	ΔΤΤΛ	CH ADDITIONAL CORE				
		CH ADDITIONAL COPIE	:5 OF THIS SC	JHEDULE AS NEEDE	<b>ED</b>	

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

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) Area Yours Recublisms PAC City: State: Zip Code 33,25 8 (b) Description **PURPOSE** and Out of Paso **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Burkelf Outdoor Advertiges LP Zip Code 1,300.00 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete **ONLY** if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH