FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084954 3 COMMITTEE NAME **OFFICE USE ONLY** Save Amarillo PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3401 SW 6th Ave. Date Hand-delivered or Date Postmarked Change of Address Amarillo, TX 79106 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Noah C NAME NICKNAME LAST **SUFFIX** Dawson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1133 Sugarloaf Drive STREET **ADDRESS** (Residence or Business) Amarillo, TX 79110 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1133 Sugarloaf Drive MAILING **ADDRESS** Amarillo, TX 79110 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 626-3037 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Save Amarillo PAC			00084954	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Thomas Warren III Potter Cou	nty Tax Asses	ssor-Collector
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	296.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			299.10
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Noah	C Dawson	
		Signature of Car	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPOSE		ADDENDUM
		Page 3 of 7
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Save Amarillo PAC		00084954
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name of applicable, classify)		y Commissioner P 1
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)	A. Supported and and	
	B. Opposed	
3. Officeholde Assisted		
(Identify by name o applicable, classify	r, if by party.)	

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

		4 of 7			
17 COMMITTEE NAME Save Amarillo PAC 18 Filer ID (Ethics Commission Filers) 00084954					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS				
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAE ORGANIZATION	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORT LABOR ORGANIZATION	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	\$				
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	\$				
9. X SCHEDULE E: LOANS	\$ 0.00				
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	\$ 296.63				
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00				
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	\$ 0.00				
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00			
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	FIONS	\$			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	\$				
		-			

PLE	DGED CONTRIBU	TIONS			SCHEDULE B		
The Instruction Guide explains how to complete this form.					1 Total pages Schedule B: Sch: 1/1 Rpt: 5/7		
2 FILER N	AME				(Ethics Commission Filers)		
Save Amarillo PAC			00084954				
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES			\$	0.00		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#) 8 Amount of pledge (\$)	9 In-kind description (If applicable)		
	7 Pledgor Address;	City; State; Zip Code			 - 		
10 Principal	occupation / Job title (See Instri	uctions)	11 Employer (See In		<u> </u>		

	LOANS						SCH	IEDULE E	
	The Instruction Guide explains how to complete this form			ges Schedule E 1 Rpt: 6/7	<u>:</u>				
2	FILER NAME Save Amarillo Pa	AC			3	Filer ID 000849	(Ethics Comn	nission Filers)	_
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.0	<u> </u>
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amoi	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra		_
							11 Maturity Da	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)				
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	into political ad (See Instru		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	uaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See In	structions)				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 7/7	Save Amarillo PAC 00084954				
4 Date	5 Payee name				
01/02/2024	Amarillo National Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$8.00	550 Tascosa Rd.				
Expenditure from corporate funds	Amarillo, TX 79124				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Banking fee				
	Danking lee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
5.					
Date	Payee name				
01/08/2024	Squarespace				
Amount (\$)	Payee address; City; State; Zip Code				
\$20.00	225 Varick Street, 12th Floor				
- Funanditura from					
Expenditure from corporate funds	New York, NY 10014				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Advertising Expense				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Domain name				
2 1 2 2 1 1 2 1					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
01/22/2024	Squarespace				
Amount (\$)	Payee address; City; State; Zip Code				
\$268.63	225 Varick Street, 12th Floor				
Expenditure from corporate funds	New York, NY 10014				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Advertising Expense				
LAI LINDITURE	Check if Austin, TX, officeholder living expense				
	Website				
Operation Children	On didn't 10 ff a balden name				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
,					