

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00080937 | <b>2</b> Total pages filed:<br>13 |
| <b>3</b> COMMITTEE NAME<br>Amarillo Matters   |   | <b>OFFICE USE ONLY</b>                                      |                                   |
|   |   | Date Received<br>ELECTRONICALLY FILED<br>01/07/2025         |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 1532<br><br>Amarillo, TX 79105   |   |                                   |
|   |   | Date Hand-delivered or Date Postmarked                      |                                   |
|   |   | Receipt #   | Amount                            |
|   |   | Date Processed  |                                   |
|   |   | Date Imaged   |                                   |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. Andrew<br><br>NICKNAME LAST SUFFIX<br>Hall  |   |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><small>(Residence or Business)</small>          | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>500 S. Taylor St.<br>Suite 101<br>Amarillo, TX 79101   |   |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 1532<br><br>Amarillo, TX 79105   |   |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(806) 374-8288 x103   |   |                                   |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |   |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      Month Day Year<br>07/01/2024      THROUGH      12/31/2024   |   |                                   |
| <b>11</b> ELECTION  | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special   |   |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Amarillo Matters | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00080937 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |    |          |
|-------------------------------|---|----|----------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00     |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 0.00     |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ | 0.00     |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ | 7,960.59 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 0.00     |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 0.00     |

**16 AFFIDAVIT**

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.

Mr. Andrew Hall  
\_\_\_\_\_  
Signature of Campaign Treasurer

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

# SUBTOTALS - GPAC

|  |   |   |
|--|---|---|
| <b>17 COMMITTEE NAME</b><br>Amarillo Matters |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00080937 |
| <b>19 SCHEDULE SUBTOTALS</b>                 |   | <b>SUBTOTAL AMOUNT</b>                                    |
|  | NAME OF SCHEDULE  |   |
| 1.   | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$  |
| 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 C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 7,960.59   |
| 11.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/9 Rpt: 4/13 | <b>2</b> FILER NAME<br>Amarillo Matters | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>10/04/2024 | <b>5</b> Payee name<br>Amarillo Matters, Inc. |
|-----------------------------|---|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$2,500.00 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 1532<br><br>Amarillo, TX 79105 |
|------------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>12/26/2024 | Payee name<br>Amarillo Matters, Inc. |
|--------------------|--------------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,762.59 | Payee address; City; State; Zip Code<br>PO Box 1532<br><br>Amarillo, TX 79105 |
|---------------------------|---|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>07/31/2024 | Payee name<br>Amarillo National Bank |
|--------------------|--------------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$9.46 | Payee address; City; State; Zip Code<br>P.O. Box 1<br><br>Amarillo, TX 79105 |
|-----------------------|--|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/9 Rpt: 5/13 | <b>2</b> FILER NAME<br>Amarillo Matters | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>08/30/2024 | <b>5</b> Payee name<br>Amarillo National Bank |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$9.78<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 1<br><br>Amarillo, TX 79105 |
|---|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>09/30/2024 | Payee name<br>Amarillo National Bank |
|--------------------|--------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$9.91<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 1<br><br>Amarillo, TX 79105 |
|--|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>10/31/2024 | Payee name<br>Amarillo National Bank |
|--------------------|--------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$9.94<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 1<br><br>Amarillo, TX 79105 |
|--|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/9 Rpt: 6/13 | <b>2</b> FILER NAME<br>Amarillo Matters | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/29/2024 | <b>5</b> Payee name<br>Amarillo National Bank |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$9.97<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 1<br><br>Amarillo, TX 79105 |
|---|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>12/03/2024 | Payee name<br>Cogency Global, Inc. |
|--------------------|------------------------------------|

|   |   |
|---|---|
| Amount (\$)<br>\$139.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 3168<br><br>Hicksville, NY 11802 |
|---|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registered Agent Fee |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>07/10/2024 | Payee name<br>Intuit, Inc. |
|--------------------|----------------------------|

|   |   |
|---|---|
| Amount (\$)<br>\$63.96<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2800 E. Commerce Center Place<br><br>Tucson, AZ 85706 |
|---|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Subscription |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/9 Rpt: 7/13  | <b>2</b> FILER NAME<br>Amarillo Matters   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937  |
| <b>4</b> Date<br>08/01/2024  | <b>5</b> Payee name<br>Intuit, Inc.   |   |
| <b>6</b> Amount (\$)<br>\$69.29<br><br><input type="checkbox"/> Expenditure from corporate funds   | <b>7</b> Payee address; City; State; Zip Code<br>2800 E. Commerce Center Place<br><br>Tucson, AZ 85706    |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Subscription |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/11/2024   | Payee name<br>Intuit, Inc.  |   |
| Amount (\$)<br>\$69.29<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2800 E. Commerce Center Place<br><br>Tucson, AZ 85706             |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Subscription |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/11/2024   | Payee name<br>Intuit, Inc.  |   |
| Amount (\$)<br>\$69.29<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2800 E. Commerce Center Place<br><br>Tucson, AZ 85706             |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Subscription |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/9 Rpt: 8/13 | <b>2</b> FILER NAME<br>Amarillo Matters | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937 |
|---|---|--|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>11/12/2024 | <b>5</b> Payee name<br>Intuit, Inc. |
|-----------------------------|-------------------------------------|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$69.29 | <b>7</b> Payee address; City; State; Zip Code<br>2800 E. Commerce Center Place<br><br>Tucson, AZ 85706 |
|---------------------------------|--|

Expenditure from corporate funds

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Subscription |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>12/11/2024 | Payee name<br>Intuit, Inc. |
|--------------------|----------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$69.29 | Payee address; City; State; Zip Code<br>2800 E. Commerce Center Place<br><br>Tucson, AZ 85706 |
|------------------------|---|

Expenditure from corporate funds

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software Subscription |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>07/08/2024 | Payee name<br>Mailchimp |
|--------------------|-------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$143.91 | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE Suite 5000<br><br>Atlanta, GA 30308 |
|-------------------------|--|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter Distribution |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/9 Rpt: 9/13   | <b>2</b> FILER NAME<br>Amarillo Matters   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937  |
| <b>4</b> Date<br>07/08/2024   | <b>5</b> Payee name<br>RightSide Compliance   |   |
| <b>6</b> Amount (\$)<br>\$60.00<br><br><input type="checkbox"/> Expenditure from corporate funds      | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 341027<br><br>Austin, TX 78734        |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                   |   |   |
| Date<br>08/05/2024  | Candidate/Officeholder name<br>RightSide Compliance   |   |
| Amount (\$)<br>\$210.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds   | Office sought<br>PO Box 341027<br><br>Austin, TX 78734  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| Office held   |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Date<br>09/04/2024  | Candidate/Officeholder name<br>RightSide Compliance   |   |
| Amount (\$)<br>\$1,470.62<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Office sought<br>PO Box 341027<br><br>Austin, TX 78734  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| Office held   |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/9 Rpt: 10/13             | <b>2</b> FILER NAME<br>Amarillo Matters   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937  |
| <b>4</b> Date<br>12/04/2024  | <b>5</b> Payee name<br>RightSide Compliance   |   |
| <b>6</b> Amount (\$)<br>\$60.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 341027<br><br>Austin, TX 78734        |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH         | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/26/2024   | Payee name<br>RightSide Compliance  |   |
| Amount (\$)<br>\$30.00   | Payee address; City; State; Zip Code<br>PO Box 341027<br><br>Austin, TX 78734                 |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting     |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/12/2024   | Payee name<br>The Gober Group PLLC  |   |
| Amount (\$)<br>\$125.00  | Payee address; City; State; Zip Code<br>P.O. Box 341016<br><br>Austin, TX 78734               |   |
| <input type="checkbox"/> Expenditure from corporate funds            |   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Legal Services     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting Services |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/9 Rpt: 11/13 | <b>2</b> FILER NAME<br>Amarillo Matters | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>09/11/2024 | <b>5</b> Payee name<br>The Gober Group PLLC |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$125.00 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 341016<br><br>Austin, TX 78734 |
|----------------------------------|--|

Expenditure from corporate funds

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Legal Services | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting Services |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>10/17/2024 | Payee name<br>The Gober Group PLLC |
|--------------------|------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$500.00 | Payee address; City; State; Zip Code<br>P.O. Box 341016<br><br>Austin, TX 78734 |
|-------------------------|---|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Legal Services | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting Services |
|------------------------|--|--|

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

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>11/11/2024 | Payee name<br>The Gober Group PLLC |
|--------------------|------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$125.00 | Payee address; City; State; Zip Code<br>P.O. Box 341016<br><br>Austin, TX 78734 |
|-------------------------|---|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Legal Services | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting Services |
|------------------------|--|--|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### 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.**

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/9 Rpt: 12/13 | <b>2</b> FILER NAME<br>Amarillo Matters | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080937 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/05/2024 | <b>5</b> Payee name<br>The Gober Group PLLC |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$125.00 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 341016<br><br>Austin, TX 78734 |
|----------------------------------|--|

Expenditure from corporate funds

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Legal Services | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting Services |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>12/26/2024 | Payee name<br>The Gober Group PLLC |
|--------------------|------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$125.00 | Payee address; City; State; Zip Code<br>P.O. Box 341016<br><br>Austin, TX 78734 |
|-------------------------|---|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Legal Services | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting Services |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |
|--|
|  |
|--|

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

13 of 13

The Instruction Guide explains how to complete this form. **\*\*Complete only if "Report Type" on page 1 is marked "Dissolution" \*\***

1 COMMITTEE NAME

Amarillo Matters

2 Filer ID (Ethics Commission Filers)

00080937

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Mr. Andrew Hall

\_\_\_\_\_  
Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED**

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