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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

POTTER-RANDALL DEMOCRATIC CLUB

ADDRESS (number and street) PO BOX 32032

Check if different than previously reported. (ACC)

AMARILLO TX 79120-2032

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00144709

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on [] / [] / [] in the State of []

5. Covering Period 10/26/2008 through 12/31/2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CRISTAL ROBINSON

Signature of Treasurer  Date 01/31/2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

29030023913

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Potter - Randall Democratic Club

Report Covering the Period:

From:

MM ' DD ' YYYY
11 ' 25 ' 2008

To:

MM ' DD ' YYYY
12 ' 31 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	2008	8,394.19
(b) Cash on Hand at Beginning of Reporting Period.....	7,083	
(c) Total Receipts (from Line 19).....	3,063.85	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,746.85	
7. Total Disbursements (from Line 31).....	5,903.61	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,394.19	8,394.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

The Account is off \$3550.95. I suspect it is the cash on hand at the beginning. I will audit + fix any findings Required.

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

The computer with the program and password is being repaired. Please accept this as fitting on time.

29030023914

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

136600
169785
306385

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

366385

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12. Transfers From Affiliated/Other Party Committees.....

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13. All Loans Received.....

--

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14. Loan Repayments Received.....

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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17. Other Federal Receipts (Dividends, Interest, etc.).....

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18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

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19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

366385

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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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29030023915

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Cost, Steve

Mailing Address
6502 Alpine Ln

City Amarillo State Tx Zip Code 79109

FEC ID number of contributing federal political committee.
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2008

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Montgomery, Ted

Mailing Address
580 W. Cemetery Rd

City Canyon State Tx Zip Code 79005

FEC ID number of contributing federal political committee.
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2008

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Otto, Sim

Mailing Address
7907 Fenley Dr.

City Amarillo State Tx Zip Code 79121

FEC ID number of contributing federal political committee.
C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2008

Amount of Each Receipt this Period
98.00

SUBTOTAL of Receipts This Page (optional)..... 168.00

TOTAL This Period (last page this line number only).....

29030023917

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Bosquez, Abel</u>		Date of Receipt M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>
Mailing Address <u>1104 S Fairfield</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Amarillo</u>	State <u>TX</u> Zip Code <u>79103</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>50.00</u>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. <u>Bosquez, Nancy</u>		Date of Receipt M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>
Mailing Address <u>1104 S. Fairfield</u>		Amount of Each Receipt this Period <u>10.00</u>
City <u>Amarillo</u>	State <u>TX</u> Zip Code <u>79103</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>10.00</u>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. <u>Collins, Debbie</u>		Date of Receipt M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>
Mailing Address		Amount of Each Receipt this Period <u>100.00</u>
City <u>CANYON</u>	State <u>TX</u> Zip Code <u>79015</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>100.00</u>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	<u>190.00</u>
TOTAL This Period (last page this line number only).....	

29030023918

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Perkins, James			Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2008	
Mailing Address 5718 S. Fannin			Amount of Each Receipt this Period 40.00	
City Amarillo	State TX	Zip Code 79110		
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

B. Full Name (Last, First, Middle Initial) Perkins, Sylvia			Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2008	
Mailing Address 5718 S. Fannin			Amount of Each Receipt this Period 95.00	
City Amarillo	State TX	Zip Code 79110		
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

C. Full Name (Last, First, Middle Initial) Randall County Democratic Party			Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2008	
Mailing Address 1306 W. 8th Ave.			Amount of Each Receipt this Period 390.00	
City Amarillo	State TX	Zip Code 79101		
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	693.00
TOTAL This Period (last page this line number only).....▶	

29030023919

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Restine, Jim</u>			Date of Receipt M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>	
Mailing Address <u>3112 S. Nelson</u>			Amount of Each Receipt this Period <u>80.00</u>	
City <u>Amarillo</u>	State <u>Tx</u>	Zip Code <u>79103</u>		
FEC ID number of contributing federal political committee. <u>C</u>				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) B. <u>Stein, Nina</u>			Date of Receipt M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>	
Mailing Address <u>12 Medical Drive</u>			Amount of Each Receipt this Period <u>90.00</u>	
City <u>Amarillo</u>	State <u>Tx</u>	Zip Code <u>79106</u>		
FEC ID number of contributing federal political committee. <u>C</u>				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. <u>Strawata, Claudia</u>			Date of Receipt M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>	
Mailing Address <u>210 S. Avondale</u>			Amount of Each Receipt this Period <u>195</u>	
City <u>Amarillo</u>	State <u>Tx</u>	Zip Code <u>79106</u>		
FEC ID number of contributing federal political committee. <u>C</u>				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<u>315.00</u>
TOTAL This Period (last page this line number only).....▶	<u>1,366.00</u>

29030023920

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

<p>A. Full Name (Last, First, Middle Initial) <u>AMA TechTel</u></p>		<p>Date of Disbursement 12 / 02 / 2008</p>	
<p>Mailing Address <u>4909 Canyon Dr.</u></p>			
<p>City <u>Amarillo</u></p>	<p>State <u>Tx</u></p>	<p>Zip Code <u>79109</u></p>	
<p>Purpose of Disbursement <u>Telephone Bill</u></p>		<p>Amount of Each Disbursement this Period <u>20370</u></p>	
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			
<p>B. Full Name (Last, First, Middle Initial) <u>Bivins Nursing Home</u></p>		<p>Date of Disbursement 12 / 02 / 2008</p>	
<p>Mailing Address <u>301 S. Polk Suite 860</u></p>			
<p>City <u>Amarillo</u></p>	<p>State <u>Tx</u></p>	<p>Zip Code <u>79105</u></p>	
<p>Purpose of Disbursement <u>Donations in memory of Kathy Thomas Mother</u></p>		<p>Amount of Each Disbursement this Period <u>50.00</u></p>	
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			
<p>C. Full Name (Last, First, Middle Initial) <u>Charles Steed</u></p>		<p>Date of Disbursement 12 / 02 / 2008</p>	
<p>Mailing Address <u>1310 W. 8th Ave.</u></p>			
<p>City <u>Amarillo</u></p>	<p>State <u>Tx</u></p>	<p>Zip Code <u>79101</u></p>	
<p>Purpose of Disbursement <u>Rent December</u></p>		<p>Amount of Each Disbursement this Period <u>500.00</u></p>	
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75370

29030023921

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Cost Steve</u>		Date of Disbursement M M / D D / Y Y Y Y <u>12 / 08 / 2008</u>
Mailing Address <u>6502 Alpine LN</u>		Amount of Each Disbursement this Period <u>, 232.84</u>
City <u>Amarillo</u>	State <u>TX</u>	
Zip Code <u>79109</u>		Amount of Each Disbursement this Period <u>, 50.00</u>
Purpose of Disbursement <u>Reimburse: Framing Statue for L. Johnson</u>	Candidate Name <u>L. Johnson</u>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <u>, 1,324.74</u>
State: District:		
Full Name (Last, First, Middle Initial) B. <u>Cost, Steve</u>		Date of Disbursement M M / D D / Y Y Y Y <u>12 / 09 / 2008</u>
Mailing Address <u>6502 Alpine LN.</u>		Amount of Each Disbursement this Period <u>, 50.00</u>
City <u>Amarillo</u>	State <u>TX</u>	
Zip Code <u>79109</u>		Amount of Each Disbursement this Period <u>, 1,324.74</u>
Purpose of Disbursement <u>Reimburse: Framing Appreciation Cert</u>	Candidate Name <u></u>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <u>, 1,324.74</u>
State: District:		
Full Name (Last, First, Middle Initial) C. <u>Country Barn</u>		Date of Disbursement M M / D D / Y Y Y Y <u>12 / 02 / 2008</u>
Mailing Address <u>8200 W. I-40</u>		Amount of Each Disbursement this Period <u>, 1,324.74</u>
City <u>Amarillo</u>	State <u>TX</u>	
Zip Code <u>79109</u>		Amount of Each Disbursement this Period <u>, 1,324.74</u>
Purpose of Disbursement <u>Banquet + Club meeting</u>	Candidate Name <u></u>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <u>, 1,324.74</u>
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶

1,607.58

TOTAL This Period (last page this line number only).....▶

29030023922

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Johnson, Lois

Mailing Address 4213 Emil Ave

City Amarillo State TX Zip Code 79109

Purpose of Disbursement Postage October

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 12/05/2008

Amount of Each Disbursement this Period 27.00

B. Full Name (Last, First, Middle Initial) Johnson, Lois

Mailing Address 4213 Emil Ave.

City Amarillo State TX Zip Code 79109

Purpose of Disbursement Postage: Dec. 6 Banquet

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 12/18/2008

Amount of Each Disbursement this Period 81.00

C. Full Name (Last, First, Middle Initial) PERKINS, James

Mailing Address 5718 S. PANNIN

City Amarillo State TX Zip Code 79110

Purpose of Disbursement Postcards + Plaques

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 12/02/2008

Amount of Each Disbursement this Period 38.71

SUBTOTAL of Disbursements This Page (optional)..... 146.71

TOTAL This Period (last page this line number only).....

29030023923

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. Powell, Mentry		Date of Disbursement M M / D D / Y Y Y Y 12/09/2008
Mailing Address 1727 Jennifer		Amount of Each Disbursement this Period 40.00
City Amarillo	State TX	
Zip Code 79107	Purpose of Disbursement Reimburse: JAN club meeting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Robinson, Cristal		Date of Disbursement M M / D D / Y Y Y Y 12/05/2008
Mailing Address 1500 Raef Rd.		Amount of Each Disbursement this Period 5.60
City Amarillo	State TX	
Zip Code 79108	Purpose of Disbursement Reimburs: FEC filing Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Seirra Springs		Date of Disbursement M M / D D / Y Y Y Y 12/18/2008
Mailing Address 4718 McCarty Blvd		Amount of Each Disbursement this Period 53.22
City Amarillo	State TX	
Zip Code 79110	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	98.82
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <i>Sir Speedy</i>		Date of Disbursement M M / D D / Y Y Y Y <i>12 / 02 / 2008</i>
Mailing Address <i>416 W. 8th Ave.</i>		Amount of Each Disbursement this Period <i>172.75</i>
City <i>Amarillo</i>	State <i>Tx</i>	
Zip Code <i>79101</i>		Category/ Type
Purpose of Disbursement <i>2008 Club Directory</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B. Full Name (Last, First, Middle Initial) <i>Xcel Energy</i>		Date of Disbursement M M / D D / Y Y Y Y <i>12 / 18 / 2008</i>
Mailing Address <i>600 S. Tyler</i>		Amount of Each Disbursement this Period <i>60.18</i>
City <i>Amarillo</i>	State <i>Tx</i>	
Zip Code <i>79101</i>		Category/ Type
Purpose of Disbursement <i>Electric Bill</i>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	<i>232.95</i>
TOTAL This Period (last page this line number only).....▶	<i>5903.61</i>

29030023925

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/31/07

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmp
 PREPARER

2/11/07
 DATE PREPARED

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