CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 38 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Mr. Les NAME NICKNAME LAST Simpson 4 CANDIDATE / ADDRESS / PO BOX, APT / SUITE #. CITY. STATE. ZIP CODE APR 06 2023 OFFICEHOLDER PO Box 21216 Amarillo Texas 79114 MAILING **ADDRESS** CITY SECRETARY'S Change of Address CITY OF AMARILLO AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER 806 681-9452 PHONE Receipt # Amount S MS / MRS / MR FIRST CAMPAIGN MI **TREASURER** Ken Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Copheranham STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; ZIP CODE CAMPAIGN STATE. **TREASURER** 5811 S. Western Amarillo Texas 79110 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** 806 PHONE 236-4968 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 03 27 23 01 23 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Description 23 06 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Amarillo City Council Place 4 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL

SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
16 C/OH NAME Les Simpson		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,687.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,616.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 21,070.52
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 11,100.00
	otary Public, State of Texas Notary ID #12865543-6 Commission Expires 09-20- Riease complete either option below	:
1	before me by this the	day of April. St City Secretary Title of officer administering oath
(2) Unewern Declaration	OR OR	
(2) Unsworn Declaration	ni	
My name is	, and my date of birth is	
My address is	·	
Executed in	(street) (city) (st County, State of , on the day of(month)	ate) (zip code) (country) 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Com	missi	on Filers)
Les	s Simpson			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1⊯	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	36,687.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	11,100.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	15,616.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7,:	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	
	TO FILER			

SCHEDULE A1

If the requ	rested information is not applicable, DC	O NOT include this page in the	e report.
Т	he Instruction Guide explains how to con	aplete this form.	1 Total pages Schedule A1: 22
2 FILER NAM Les Simps			3 Filer ID (Ethlcs Commission Filers)
4 Date 01/03/23	Brian Moore	-of-stale PAC (ID#)	7 Amount of contribution (\$) 250.00
01100120	6 Contributor address; Ci 3333 S. Coulter, C-2 Ama	ty; State; Zip Code	
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date 01/05/23	Dennis Smith	of-state PAC (ID#)	Amount of contribution (\$) 250.00
	Contributor address; Cit 4131 Julie Drive Ama	ty; State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 01/09/23	Mike & Jana Smiley	of-state PAC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; Cit 7406 Woodmont Ama	y; State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ptions)
Date 01/09/23	Hugh & Tamara Bonifield	of-state PAC (ID#)	Amount of contribution (\$)
0.1.007.20	Contributor address; City 4900 Erik Ama	State; Zip Code	,
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
		1	
	ATTACH ADDITIONAL (If contributor is out-of-state PAC, please	COPIES OF THIS SCHEDULE AS N see Instruction guide for additional	
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т	he Instruction Gu	ide explains how	to complete t	his fo	orm.	1 To	otal pages Schedule A	1: 22
2 FILER NAM Les Simps						3 F	ler ID (Ethics Commis	sion Filers)
4 Date 01/10/23	5 Full name of Bonnie Du	gie)#)	7 A	mount of contribution	(\$) 1000.00
01710720	6 Contributor		City;		State; Zip Code Texas 79015			
8 Principal oc	cupation / Job title	(See Instructions)		9	Employer (See Instruc	tions)		
Date 01/10/23	Full name o				#)	Ar	nount of contribution	(\$) 350.00
	Contributor 4609 Ches		City;		State; Zip Code exas 79119			
Principal occ	cupation / Job title (See Instructions)			Employer (See Instruc	tions)		
Date 01/10/23	Full name of Darla White	е			#)	Аг	nount of contribution	(\$) 350.00
	Contributor 4609 Ches		City;	5	State; Zip Code [exas 79119			
Principal occ	cupation / Job title (See Instructions)			Employer (See Instruct	ions)		
Date 01/11/23	Full name of Thomas Ka	arr				An	nount of contribution	(\$) 250.00
· ·	Contributor 7902 B Bei		city; Amarillo	5	State; Zip Code EXAS 79119			
Principal occ	upation / Job title (\$	See Instructions)			Employer (See Instruct	ions)		
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SCHEDULE A1

If the reque	ested information is not applicable, DO NOT include this page in th	e report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
2 FILER NAME Les Simpso		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/23	Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
01/71/20	6 Contributor address; City; State; Zip Code 2028 S. Austin Amarillo Texas 79109	
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 01/11/23	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date 01/12/23	Full name of contributor out-of-state PAC (ID#) Karen Jordan Stout Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
	15 Sandhills Ln. Amarillo Texas 79124	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date 01/12/23	Full name of contributor out-of-state PAC (ID#) Jerry & Margaret Hodge Contributor address; City; State; Zip Code	2500.00
	320 S. Polk, Suite 100 Amarillo Texas 79101	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

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SCHEDULE A1

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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
2 FILER NAM Les Simps		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/23	5 Full name of contributor out-of-state PAC (ID#) Samuel & Carol Lovelady	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 2817 Crockett Amarillo Texas 79109	
8 Principal o∞	supation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 01/13/23	Full name of contributor out-of-state PAC (ID#) Steve Wright Contributor address; City: State: Zip Code	Amount of contribution (\$)
	8801 Melfrank Amarillo Texas 79124	
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date 01/13/23	Full name of contributor out-of-state PAC (ID#) Rod Schroeder	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 7100 Red Rock Rd. Amarillo Texas 79118	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 01/16/23	Full name of contributor out-of-state PAC (ID#) Kelly Teal	Amount of contribution (\$)
01/10/23	Contributor address; City; State; Zip Code 2617 S. Lipscomb Amarillo Texas 79109	300.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
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SCHEDULE A1

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2 FILER NAM Les Simps				3 Filer ID (Ethics Commission Filers)
4 Date 01/23/23	Full name of contributor Allen Durrett		AC (ID#)	7 Amount of contribution (\$)
01120120	© Contributor address; 1700 S. Washington	City;	State; Zip Code Texas 79102	
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 01/25/23	Full name of contributor Trent Morris	out-of-state PA	/C (ID#)	Amount of contribution (\$)
	Contributor address; PO Box 1854	city; Amarillo	State; Zip Code Texas 79105	
Principal occ	supation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 01/25/23	Full name of contributor Karen Whitlow	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
	Contributor address; 5601 Bell St.	city; Amarillo	State; Zip Code Texas 79109	
Principal occ	pupation / Job title (See Instructions)		Employer (See Instructi	ions)
Date 01/27/23	Full name of contributor Mark & Nan Haworth	out-of-state PA	C (ID#)	Amount of contribution (\$)
01121120	Contributor address;	City;	State; Zip Code	
	7417 Woodmont Dr.	Amarillo	Texas 79119	
Principal occ	upation / Job title (See Instructions)		Employer (See Instructi	ions)
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Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
2 FILER NAM Les Simps		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/23	6 Full name of contributor out-of-state PAC (ID#) Greg Smith	7 Amount of contribution (\$)
,210 1120	6 Contributor address; City; State; Zip Code 4702 Easley Pl. Amarillo Texas 79119	250.00
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 02/02/23	Full name of contributor out-of-state PAC (ID#:) Stephen Fuller	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 7714 Bent Tree Dr. Amarillo Texas 79121	
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 2/02/23	Full name of contributor out-of-state PAC (ID#) Jon M. & Sandra Beilue	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 3419 Fleetwood Dr. Amarillo Texas 79109	
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2/03/23	Full name of contributor out-of-state PAC (ID#) Steve Bowen	Amount of contribution (\$)
200123	Contributor address; City; State; Zip Code 6216 Jameson Rd. Amarillo Texas 79106	200.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
11-00	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED
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2 FILER NAM Les Simps						3 Fil	er ID (Ethics Commission Filers)
4 Date 02/03/23	5 Full name of Matt & Sall	y Forrester			D#		nount of contribution (\$)
	6 Contributor 7803 Chris	address; tina Ave.	City; Amarillo		State; Zip Code Texas 79121		,
8 Principal oc	cupation / Job title (See Instructions) G	9	Employer (See Instru	uctions)	
Date 02/06/23	Full name of Carl & Shyl	an Birdsong	3		D#	1	nount of contribution (\$)
	1807 Club		City; Amarillo		State; Zip Code Texas 79124		
Principal occ	upation / Job title (S	See Instructions)			Employer (See Instru	ctions)	
Date 02/07/23	Full name of John Ward				D#:)	An	nount of contribution (\$)
	Contributor a	•	City; Amarillo		State; Zip Code Texas 79124		
Principal occ	upation / Job title (\$	See Instructions)			Employer (See Instru	ctions)	
Date 02/08/23	Full name of Sunny Hop	contributor e Hodge Ca		AC (1E)#)	An	nount of contribution (\$)
	Contributor a		city; Dallas		State; Zip Code Texas 75205		
Principal occ	upation / Job title (S	ee Instructions)			Employer (See Instru	ctions)	
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т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 22
2 FILER NAM Les Simps		3 Filer ID (Ethics Commission Filers)	
4 Date	Intentionally Left Blank		7 Amount of contribution (\$)
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 02/09/23	Full name of contributor out-of-state P/Roger & Susan Cox Contributor address; City; 7702 New England Pkwy. Amarillo	State; Zip Code	Amount of contribution (\$) 250.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/10/23	Full name of contributor out-of-state PAC (ID#) Stephen Walton		Amount of contribution (\$) 250.00
	Contributor address; City; 2102 S. Julian Blvd. Amarillo	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/11/23	Mark Ellis	C (ID#) State; Zip Code	Amount of contribution (\$) 50.00
	8212 Victory Dr. Amarillo	Texas 79119	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ons)
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SCHEDULE A1

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The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1: 22
2 FILER NAME Les Simpso				3 Filer ID (Ethics Commission Filers)
4 Date 02/11/23	Full name of contributor Lisa A. Talley	u∎ out-of-state P/	AC (ID#)	7 Amount of contribution (\$)
02/11/23	6 Contributor address; 2110 S. Lipscomb St.	City; Amarillo	State; Zip Code Texas 79109	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 02/12/23	Full name of contributor Brent & Carol Capps Contributor address; 23 Sandhill Lane	out-of-state PA City; Amarillo	State; Zip Code Texas 79124	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 02/13/23	Full name of contributor Chris & Randi Bruckner Contributor address;	out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$) 500.00
	2809 S. Hayden	Amarillo	Texas 79109	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date 02/14/23	Full name of contributor Raymond & Kim Allen Contributor address;	aut-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$) 500.00
	2309 Remuda Place	Amarillo	Texas 79124	
Principal occup	pation / Job title (See Instructions)	11	Employer (See Instructi	ions)
	12			
	ATTACH ADDITIO		OF THIS SCHEDULE AS NI ruction guide for additional re	
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•	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 22
2 FILER NAM Les Simps			3 Filer ID (Ethics Commission Filers)
4 Date 02/15/23	5 Full name of contributor out-of-state PA Scott & Cindy Dickerson		7 Amount of contribution (\$)
02.10.20	6 Contributor address; City; 2409 S. Ong St. Amarillo	State; Zip Code	
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	1	AC (ID#)	Amount of contribution (\$)
02/15/23	Joe & Laura Street		1000.00
		State; Zip Code	
Principal occ	supation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/15/23	Full name of contributor out-of-state PA	AC (ID#	Amount of contribution (\$)
	Contributor address; City; 3425 Danbury Amarillo	State; Zip Code Texas 79109	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	1	C (ID#)	Amount of contribution (\$)
02/16/23	Dalton & Madeline Brooks		100.00
	Contributor address; City;	State; Zip Code	
	201 Sunset Terrace Amarillo	Texas 79106	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22			
2 FILER NAME Les Simpso	n		3 Filer ID (Ethics Commission Filers)		
4 Date 02/16/23	Full name of contributor out-of-state PAC (ID# James Cramer		7 Amount of contribution (\$) 500.00		
	6 Contributor address; City; State	1			
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instruct	tions)		
Date 02/17/23	Full name of contributor out-of-state PAC (ID#:	; Zip Code	Amount of contribution (\$) 250.00		
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instructi	ions)		
Date 02/17/23	Full name of contributor out-of-state PAC (ID#:) Daniel Smith		Amount of contribution (\$) 250.00		
		Zip Code			
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instruct	ions)		
Date 02/19/23	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) 500.00		
	Contributor address; City; State	; Zip Code IS 79106			
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instruct	ions)		
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SCHEDULE A1

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The	Instruction Guid	le explains hov	v to complete th	nis form.		1 Tol	al pages Schedule A1: 22
2 FILER NAME Les Simpso	n					3 File	er ID (Ethics Commission Filers)
4 Date 02/20/23	5 Full name of David Terry 6 Contributor a 3 Pebble Bo	ddress;	out-of-state F City; Amarillo	State;	Zip Code	7 An	nount of contribution (\$)
8 Principal occu	r pation / Job title (See Instructions)		9 Emp	bloyer (See Instru	ictions)	
Date 02/20/23	Contributor a	address;	out-of-state F City; Amarillo	State;	Zip Code	Arr	nount of contribution (\$)
Principal occup	eation / Job title (S	ee Instructions)		Emp	loyer (See Instru	ctions)	
Date 02/20/23	Full name of contributor out-of-state PAC (ID#) William & Cynthia Hawkins Contributor address; City; State; Zip Code 3518 Kensington Pl. Amarillo Texas 79121			Ап	nount of contribution (\$) 500.00		
Principal occup	eation / Job title (S		-	Emp	loyer (See Instru	ctions)	
Date 02/21/23	Full name of Stephen Co Contributor a 3229 Milam	owan ddress;	out-of-state P City; Amarillo	State;	Zip Code s 79109	Arr	sount of contribution (\$) 400.00
Principal occup	ation / Job title (S	ee Instructions)		Emp	loyer (See Instru	ctions)	
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SCHEDULE A1

τ	he Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 22
2 FILER NAM Les Simps		3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/23	6 Full name of contributor out-of-state Brian & Julie Sims	7 Amount of contribution (\$)	
	6 Contributor address; City;	State; Zip Code Texas 79015	
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 02/23/23	Donna Sellers		Amount of contribution (\$) 50.00
	Contributor address; City; 2402 Bowie St. Amarillo	State; Zip Code Texas 79109	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state Intentionally Left Blan	PAC (ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state I	PAC (ID#	Amount of contribution (\$)
02/27/23		Chata Zin Cada	500.00
	Contributor address; City; 6801 White Bluff Trl. Amarillo	State; Zip Code Texas 79118	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
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2 FILER NAM Les Simps							3 File	or ID (Ethics Commiss	ion Filers)
4 Date 03/01/23	5 Full name of George Ra	ffkind	out-of-state F				7 Am	ount of contribution	(\$)
	6 Contributor a 2205 S. Ge		city; Amarillo		-	Zip Code 79109			
8 Principal occ	cupation / Job title (See Instructions)		9	Emplo	yer (See Instruc	tions)		
Date 03/01/23	Full name of Gary Jennii	ngs	out-of-state F				Am	ount of contribution	(\$) 250 .00
	Contributor a	iddress;	City;		State;				
Principal occu	upation / Job title (S	ee Instructions)			Emplo	yer (See Instruct	ions)		
Date 03/04/23	Full name of David & Kin	n Washer	out-of-state P				Am	ount of contribution	(\$) 250 .00
	7108 Old K	ddress;	City;	;	State;	Zip Code 79109		ŭ	
Principal occu	upation / Job title (S	ee Instructions)			Emplo	yer (See Instruct	ions)		
Date 03/05/23	Full name of W. Ashley A		out-of-state P	AC (ID	#:		Am	ount of contribution	(\$) 350.00
	Contributor a 2 Bunker Pa	·	city; Canyon			Zip Code 79015			
Principal occu	upation / Job title (S	ee Instructions)			Emplo	yer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.									
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 22			
2 FILER NAME Les Simpso	n		3 Filer ID (Ethics Commission Filers)		
4 Date 03/06/23	5 Full name of contributor out-of-state PAG Jay & Sharon Ricci 6 Contributor address; City; 5712 Andover Dr. Amarillo	7 Amount of contribution (\$) 50.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date 03/06/23	Full name of contributor out-of-state PAG Mr. & Mrs. W.F. Countiss Contributor address; City; 3805 Carlton Dr. Amarillo	State; Zip Code Texas 79109	Amount of contribution (\$) 250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 03/09/23	Full name of contributor out-of-state PAC Jeb Harris Contributor address; City; 7723 Stuyvesant Ave. Amarillo	State; Zip Code Texas 79121	Amount of contribution (\$) 1000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 03/10/23	Full name of contributor out-of-state PAC John Luciano Contributor address; City; 8707 Pilgrim Dr. Amarillo	State; Zip Code Texas 79119	Amount of contribution (\$) 500.00		
Principal occup	ation / Job title (See Instructions)	ions)			
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2 FILER NAM Les Simps				3 Filer ID (Ethics	: Commission Filers)	
4 Date 03/11/23	Full name of contributor Bob Williams Contributor address;		AC (ID#) State; Zip Code	7 Amount of cor	ntribution (\$) 200.00	
	4604 Ashville Pl.	Amarillo	Texas 79119			
8 Principal occ	cupation / Job title (See Instruction	ns)	9 Employer (See Instruc	ctions)		
Date 03/11/23	Full name of contributor Randy & Debbie Jeffe	ers	AC (ID#)	Amount of cor	ntribution (\$) 250.00	
	Contributor address; 1615 Bryan St. #15A	City;	State; Zip Code Texas 79102			
Principal occ	pupation / Job title (See Instruction	s)	Employer (See Instruc	ptions)		
Date 03/13/23	Full name of contributor Cory Dupriest		AC (ID#:)	Amount of ∞r	atribution (\$) 250.00	
	Contributor address;	City: Amarillo	State; Zip Code Texas 79109			
Principal occ	cupation / Job title (See Instruction	s)	Employer (See Instruc	etions)		
Date 03/13/23	Full name of contributor Stacy Hand	out-of-state Pi	AC (1D#)	Amount of cor	ntribution (\$) 200.00	
00.10.20	Contributor address; 2605 Henning St.	city; Amarillo	State; Zip Code Texas 79106			
Principal occ	upation / Job title (See Instruction	s)	Employer (See Instruc	letions)	1000	
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TI	he Instruction Guide explains	how to complete th	nis form.	1 Total pages S	Schedule A1: 22
2 FILER NAM Les Simps				3 Filer ID (Ethi	cs Commission Filers)
4 Date 03/14/23	Van & Suzanne Guleke			7 Amount of c	ontribution (\$) 50.00
	6 Contributor address; PO Box 31262	Amarillo	State; Zip Code Texas 79120		
8 Principal occ	cupation / Job title (See Instruction	ons)	9 Employer (See Instruc	tions)	
Date 03/14/23	Full name of contributor Kimberly Dryden		AC (ID#:)	Amount of o	ontribution (\$)
	Contributor address; 6110 Tuscany Village	City;	State; Zip Code Texas 79119		
Principal occ	upation / Job title (See Instructio	ns)	Employer (See Instruc	tions)	
Date 03/15/23	Full name of contributor Vance Reed	out-of-state P		Amount of co	ontribution (\$) 500.00
	Contributor address; 3701 SE. 25th Ave.	city; Amarillo	State; Zip Code Texas 79103		
Principal occi	upation / Job title (See Instructio	ns)	Employer (See Instruct	ions)	
Date 03/16.23	Full name of contributor C. Jared & Velvet Kn		AC (ID#)	Amount of co	entribution (\$)
	Contributor address; 1921 Las Tecovas Tr	city: i Amarillo	State; Zip Code Texas 79124		
Principal occu	upation / Job title (See Instruction	ns)	Employer (See Instruct	tions)	
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	ATTACH AD		OF THIS SCHEDULE AS N ruction guide for additional r		ents.
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The	Instruction Guid	le explains how	to complete th	is fo	orm.	1 Tot	al pages Schedule A1: 22
2 FILER NAME Les Simpso						3 File	er ID (Ethics Commission Filers)
4 Date 03/17/23	Full name of Patrick Call 6 Contributor a 146 N. Timbo	ahan ddress;	City;	••••	State; Zip Code	7 Am	500.00
8 Principal occu		See Instructions)		9	Employer (See Instruc	tions)	2.
Date	Full name of Contributor a	Intentionally	Left Blank	****	State; Zip Code	An	ount of contribution (\$)
Principal occu	pation / Job title (S	ee Instructions)			Employer (See Instruc	tions)	
Date 03/18/23	Full name of Clark & Kim Contributor a 5000 SW. 4	Damon	City;		State: Zip Code Fexas 79109	Алт	ount of contribution (\$)
Principal occu	pation / Job title (S	ee Instructions)			Employer (See Instruct	tions)	
Date 03/19/23	Full name of a Peggy Bruck Contributor a 22 Edgewate	kner ddress;			State; Zip Code Texas 79106	Am	ount of contribution (\$)
Principal occup	Loation / Job title (S	ee Instructions)			Employer (See Instruc	tions)	
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SCHEDULE A1

If the requ	ested information is not applicable, DO NOT in	clude this page in the	report.		
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22		
2 FILER NAMI Les Simps			3 Filer ID (Ethics Commission Filers)		
4 Date 03/19/23	Full name of contributor out-of-state PAC Russell & Natrelle Long	(IDH)	7 Amount of contribution (\$)		
00/10/20	6 Contributor address; City; 2028 S. Austin #207 Amarillo	State; Zip Code Texas 79109			
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date 03/20/23	Full name of contributor out-of-state PAC David & Mary Jane Johnson Contributor address; City; 810 S. Avondale St. Amarillo	State; Zip Code Texas 79106	Amount of contribution (\$)		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 03/21/23	Full name of contributor out-of-state PAC Clifford H. Collen, Jr.	Amount of contribution (\$) 500.00			
	Contributor address; City; 1607 S. Rusk Amarillo	State; Zip Code Texas 79102			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date 03/21/23	Barbara Pierson	(ID#) State; Zip Code	Amount of contribution (\$) 52.50		
	202 Arch Terrace Amarillo	Texas 79106			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
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т	he Instruction Guide explains	s how to complete t	his form.	1 Total pages Schedule A1: 22
2 FILER NAM				3 Filer ID (Ethics Commission Filers)
4 Date 03/21/23	Full name of contributor Quinn Alexander	04. 3, 3,8,6	PAC (ID#)	7 Amount of contribution (\$)
	6 Contributor address; 151 Laurel Leaf Lar	City;	State; Zip Code Texas 79105	
8 Principal oc	cupation / Job title (See Instruc	tions)	9 Employer (See Instruct	ions)
Date 03/22/23	Full name of contributor Gary & Gayle Skinr	ner	PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address;	city: Amarillo	State; Zip Code Texas 79106	
Principal occ	cupation / Job title (See Instruct	ions)	Employer (See Instructi	ons)
Date 03/22/23	David Hemphill		AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 6600 Kingsbury Dr.	city; Amarillo	State; Zip Code Texas 79109	
Principal occ	cupation / Job title (See Instruct	ions)	Employer (See Instruction	ons)
Date 03/23/23	Full name of contributor Alex & Cheryl Fairly		AC (ID#)	Amount of contribution (\$)
	Contributor address;	city; Amarillo	State; Zip Code Texas 79109	
Principal occ	upation / Job title (See Instructi	ons)	Employer (See Instruction	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
2 FILER NAME Les Simpso		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/23	Full name of contributor out-of-state PAC (ID#) Amarillo Association of Realtors Political Action Committee	7 Amount of contribution (\$) 4000.00
00/20/20	6 Contributor address; City; State; Zip Code 5601 Enterprise Cir. Amarillo Texas 79106	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 03/23/23	Full name of contributor out-of-state PAC (ID#) Mark Wingate Contributor address; City; State; Zip Code PO Box 8171 Amarillo Texas 79114	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#) Intentionally Left Blank Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 03/24/23	Full name of contributor Bill Gilliland Contributor address; City; State; Zip Code 500 S. Taylor, LB 249 Amarillo Texas 79101	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 22			
2 FILER NAME Les Simpso			3 Filer ID (Ethics Commission Filers)			
4 Date 03/25/23	Full name of contributor Virginia Maynard Contributor address; City;	7 Amount of contribution (\$) 50.00				
	2416 Hayden St. Amarillo	Texas 79109				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date 03/27/23	Full name of contributor oul-of-state PA James Pray	C (ID#	Amount of contribution (\$) 25.00			
	Contributor address; City: 114 N. Rosemont St. Amarillo	State; Zip Code Texas 79106	¥			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date 02/13/23	Full name of contributor out-of-state PA W. Jeff Chesnut	C (ID#)	Amount of contribution (\$) 500.00			
	Contributor address; City; PO Box 9312 Amarillo	State; Zip Code TX 79105				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
			r:			
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LOANS

SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.					
The	Instruction Guide explains how to compl	1 Total pages Schedule E: 2						
2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS							
5 Date of loan 11/01/22	7 Name of lender	9 Loan Amount (\$) 1,000.00						
6 Is lender a financial Institution?	8 Lender address; City; 5304 Brinkman Amarillo	State; Zip Code Texas 79106	10 Interest rate 11 Maturity date					
12 Principal occupation Self	Dn / Job title (See Instructions)	13 Employer (See Instructions) Self						
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)					
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)					
not applicable	eje stille-	- Speciality on the same						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)						
Date of loan 01/03/23	Name of lender □ out-of-state F	PAC (ID#:)	Loan Amount (\$) 100.00					
ls tender a financial Institution?	Lender address; City; 5304 Brinkman Amarillo	State; Zip Code Texas 7910 6	Interest rate					
Γ _Υ ■ N			Maturity date					
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions) Self						
Description of Colla	Check if personal fund account (See Instruction	ds were deposited into political ions)						
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)					
not applicable	Guarantor address; City;	State; Zip Code						
Principal Occupation	on (See Instructions)	Employer (See Instructions)						
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LOANS SCHEDULE E

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The	The Instruction Guide explains how to complete this form.							
2 FILER NAME Les Simpson							3	Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED	LOANS					\$	
5 Date of loan 02/08/23	7 Name of lender					9	Loan Amount (\$) 10,000.00	
6 is lender a financial Institution?	8 Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106					10	Interest rate	
Γ _Y □ N					9		11	Maturity date
12 Principal occupation / Job title (See Instructions) Self Self								
14 Description of Collateral Check if personal fur account (See Instruc							re deposited into political	
16 GUARANTOR INFORMATION	17 Name of	guarantor					19	Amount Guaranteed (\$)
	18 Guarant	or address;	City;		State;	Zip Code		
not applicable								
20 Principal Occupat	tion (See Instr	uctions)		21 Em	ployer (See	Instructions)		
Date of loan	Name of	flender	out-of-state	PAC (ID#_		· · · · · · · · · · · · · · · · · · ·		Loan Amount (\$)
Is lender a financial	Lender	address;	City;		State;	Zip Code		nterest rate
Institution?								Maturity date
Principal occupation	on / Job title (See Instructions	s)	Em	ployer (See	Instructions)		
Description of Colla	iteral					if personal fund it (See Instruct		re deposited into political
GUARANTOR INFORMATION	Name of	guarantor				~		Amount Guaranteed (\$)
INFORMATION								
	Guaranto	or address;	City;		State;	Zip Code		
not applicable Principal Occupation	on (See Instru	ctions)		Em	plover (See	Instructions)		
	Employer (See Inditactions)							
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							
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expenditure to benefit C/OH

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) Les Simpson 4 Date 5 Payee name 01/03/23 Anedot 6 Amount (\$) 7 Payee address; Zip Code City; State: 14.60 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Political Contribution Online Fee PURPOSE Fees OF 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 Payee name Date 01/05/23 Anedot Amount (\$) Payee address; City; State: Zip Code 10.30 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Description Category (See Categories listed at the top of this schedule) Political Contribution Online Fee **Fees** PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/09/23 Anedot Amount (\$) Payee address; City; Zip Code State: 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 20.30 Description Category (See Categories listed at the top of this schedule) Fees Political Contribution Online Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Les Simpson 4 Date 5 Payee name 01/10/23 Anedot 6 Amount (\$) 7 Payee address; City; State; Zip Code 40.30 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Political Contribution Online Fee Fees PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 01/11/23 Anedot City; Zip Code Amount (\$) Payee address: State: 60.90 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Category (See Categories listed at the top of this schedule) Description Fees Political Contribution Online Fee PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 01/12/23 Anedot Payee address; Amount (\$) City; Zip Code State; 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 10.30 Category (See Categories listed at the top of this schedule) Description **Fees PURPOSE** Political Contribution Online Fee EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) Les Simpson 4 Date 5 Payee name 01/13/23 Anedot 6 Amount (\$) 7 Payee address; City; Zip Code State; 14.60 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 (b) Description (a) Category (See Categories listed at the top of this schedule) Fees Political Contribution Online Fee PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 01/16/23 Anedot Amount (\$) Zip Code Payee address; City; State: 20.30 1340 Poydras Street, Suite 1770 New Orleans LA 70112 Category (See Categories listed at the top of this schedule) Description Fees Political Contribution Online Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/23/23 Anedot Amount (\$) Payee address; City; Zip Code State; 1340 Poydras Street, Suite 1770 New Orleans LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description Fees PURPOSE Political Contribution Online Fee OF EXPENDITURE

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Complete ONLY if direct

expenditure to benefit C/OH

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Candidate / Officeholder name

Check if travel outside of Texas Complete Schedule T

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Office sought

Check if Austin, TX, officeholder living expense

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Office held

SCHEDULE F1

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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
Gif/Awards/Memorials Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

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	ATT	ACH ADDITIONAL CO	OPIES O	F THIS	SCHEDULE AS NEED)ED	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name			Office sought		Office held
	(Check if travel outside of Texas Co	omplete Sche	edule T	Check if Austin,	TX, officeholder living	expense
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the to	p of this scho	edule)	Political Contribu	ution Online	Fee
		rdras Street, Suit	e 1770	O	New Orleans	State; LA	70112
Date 02/02/23 Amount (\$)	Payee na Anedot Payee ad				Chu	01-4	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name			Office sought		Office held
		Check if travel outside of Texas C	Complete Sch	edule T	Check if Austin,	TX, officeholder living	expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Political Contribution Online Fee			
Amount (\$) 10.30	Payee ac 1340 Po	^{tdress;} ydras Street, Su	ite 177	'O	city; New Orleans	State; LA	Zip Code 70112
Date 02/01/23	Payee na Anedot	ime					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name			Office sought		Office held
	(c)	Check of travel outside of Texas	Complete Sch	hedule T	Check if Austin	, TX, officeholder living	g expense
PURPOSE OF EXPENDITURE	Fees	y (See Categories listed at the	top of this s	chedule)	(b) Description Political Contrib	oution Online	e Fee
18.60	1340 Po	ydras Street, Su			New Orleans	State;	Zip Code 70112
4 Date 01/25/23 6 Amount (\$)	Anedot 7 Payee as						
1 Total pages Schedule F1	Les Simpson					3 Filer ID (Ethio	cs Commission Filers)
Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment	•	Grt/Awards/Memorials Exp Legal Services The Instruction Guid			Expense Wages/Contract Labor	Travel out Of Distr Other (enter a cate	ict gory not listed above)

SCHEDULE F1

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		EXPENDITURE	CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	sing Expense oment & Related Expense of ory not listed above)		
Credit Card Payment		The Instruction Guide	explains how t	o complete this form.		
1 Total pages Schedule F1	Les Sim				3 Filer ID (Ethic	s Commission Filers)
4 Date 02/03/23	6 Payee r					
6 Amount (\$) 8.30	7 Payee a 1340 Po	oddress; Dydras Street, Sui	te 1770	city; New Orleans	State;	Zip Code 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Political Contribution Online Fee					Fee
	(c)	Check if travel outside of Texas. C	omplete Schedule T	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held
Date 02/07/23	Payee r Anedot	ame	***			
Amount (\$) 20.30	1	oydras Street, Sui	te 1770	city: New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Categor Fees	ry (See Categories listed at the to	op of this schedule)	Description Political Contri	bution Online	e Fee
		Check if travel outside of Texas. C	omplete Schedule T.	Check if Austir	ı, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date 02/07/23	Payee r					-0,
Amount (\$) 100.00	Рауее а 601 S. E	^{ddress;} Buchanan		city; Amarillo	State; Texas	Zip Code 79105
PURPOSE OF EXPENDITURE	Categor Fees	y (See Categories listed at the to	p of this schedule)	Description Filing Fee for C	ity Election, I	Place 4
		Check if travel outside of Texas Co	omplete Schedule T	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	ΑΊ	TACH ADDITIONAL CO	OPIES OF THI	S SCHEDULE AS NEE	DED	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Confributions/Donations Made Candidate/Officeholder/Politic CreditCard Payment	unting/Banking F ulting Expense F fibutions/Donations Made By C toddate/Officeholder/Political Committee L		Loan Repayment/Reimbursement fees Office Overhead/Rental Expense food/Beverage Expense Polling Expense foll/Awards/Memonals Expense egal Services Salanes/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER Les Sim				3 Filer ID (Ethics	Commission Filers)	
4 Date 02/08/23	5 Payee r	name		1			
6 Amount (\$) 268.46	7 Payee : 3509 S	Rusk Street		c _{ity;} Amarillo	State; Texas	Zip Code 79109	
8 PURPOSE OF EXPENDITURE		ory (See Categories listed at the tall Iting Expense	op of this schedule	(b) Description Marketing/Con	sulting		
	(c)	Check if travel outside of Texas Co	omplete Schedule T	Check if Austin	1, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date 02/09/23	Payee r	Creative					
Amount (\$) 13,706.90		_{address;} univen Circle		c _{ity;} Amarillo	State; Texas	Zip Code 79109	
PURPOSE OF EXPENDITURE	Categor Advert	y (See Categories listed at the to	o of this schedule)	Marketing/Consulting/Outdoor Signage			
		Check if travel outside of Texas Co	mplete Schedule T	Check if Austin	, TX, afficeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought	C	Office held	
Date 02/10/23	Payee r Anedot	name					
Amount (\$) 10.30	Payee a 1340 Po	^{ddress;} ydras Street, Suite	e 1770	city; New Orleans	State; LA	Zip Code 70112	
PURPOSE OF EXPENDITURE	Categor Fees	y (See Categories listed at the top	of this schedule)	Description Political Contrib	oution Online	Fee	
		Check of travel outside of Texas Co.	mplete Schedule T	Check if Austin,	TX, officeholder living e	xpense	
Complete <u>QNLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL CO	PIES OF TH	IS SCHEDULE AS NEE	DE D		
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SCHEDULE F1

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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
Grift/Awards/Memorials Expense

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
Others or the second and the laboration

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Les Simpson 6 Payee name 4 Date 02/11/23 Anedot 6 Amount (\$) City; 7 Payee address; Zip Code State: 6.60 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Political Contribution Online Fee Fee PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/13/23 USPS Amount (\$) City; State; Zip Code Payee address; 63.00 5000 S. Western St. Amarillo **Texas** 79109 Description Category (See Categories listed at the top of this schedule) Advertising Postage **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/15/23 Siren Solutions Amount (\$) Payee address; Zip Code Citv: State; 79101 301 S. Polk, Suite 440 Amarillo Texas 768.60 Description Category (See Categories listed at the top of this schedule) Consulting Expense Marketing/Consulting **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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1		EXPENDITOR	RE CATEGORII	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment			Office Pollin xpense Printi Sølan	Repayment/Reimbursement c Overhead/Rental Expense ug Expense ug Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ernent & Related Ex	
1 Total pages Schedule F1		R NAME impson			3 Filer ID (Ethics	s Commission Fi	lers)
4 Date 02/16/23	6 Paye	e name Ot		140			
6 Amount (\$)	7 Paye	e address;		City;	State;	Zip Code	
20.30	1340	Poydras Street, S	uite 1770	New Orlean	ns LA	70112	
8	(a) Cat	egory (See Categories listed at I	the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Fee			Political Contri	bution Online	Fee	
	(c)	Check if travel outside of Texa	s Complete Schedule T	Check if Austi	in, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeholder nan	ne	Office sought		Office held	.\
Date	Paye	е пате					
02/20/23	Aned						
Amount (\$) 40.30		e address; Poydras Street, S	uite 1770	city; New Orlean	State;	Zip Code 70112	
PURPOSE OF EXPENDITURE	Cate Fee	gory (See Categories listed at th	e top of this schedule)	Political Contri	bution Online	Fee	- 4
		Check if travel outside of Texas	s Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Officeholder nam	ne	Office sought		Office held	
Date 03/03/23		e name s Home Improven	nent	c	*		9/9-2
Amount (\$) 259.15		address; S. Coulter Street		city; Amarillo	State; Texas	Zip Code 79119	
PURPOSE OF EXPENDITURE		pory (See Categories listed at the tising Expense	e top of this schedule)	Description T-Posts for Ou	tdoor Signage	9	
		Check if travel outside of Texas	Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder nan	ne	Office sought		Office held	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travet In District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		ting Expense aries/Wages/Contract Labor w to complete this form.	Travel Out Of Distri Other (enter a caleg	ct ory not listed above)		
1 Total pages Schedule F1	2 FILER NAME Les Simpson		3 Filer ID (Ethio	s Commission Filers)		
4 Date 03/10/23	5 Payee name Lowe's Home Improvement					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
60.47	5000 S. Coulter Street	Amarillo	Texas	79119		
8	(a) Category (See Categories listed at the top of this schedu	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	T-Posts for Out	T-Posts for Outdoor Signage			
	(C) Check if travel outside of Texas Complete Schedule	T Check if Austin,	, TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name			<u> </u>		
03/11/23	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
8.30	1340 Poydras Street, Suite 1770	New Orleans	s "LA	70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Political Contrib	oution Online	Fee		
	Check if travel outside of Texas Complete Schedule	T. Check if Austin,	TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
03/14/23	Anedot					
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	city; New Orleans	State;	Zip Code 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Political Contribution Online Fee			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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) Les Simpson 4 Date 5 Payee name 03/20/23 Anedot 6 Amount (\$) 7 Payee address; Zip Code City; State: 4.30 1340 Poydras Street, Suite 1770 LA 70112 New Orleans (a) Category (See Categories listed at the top of this schedule) (b) Description Fee Political Contribution Online Fee **PURPOSE** OF **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 held Office sought expenditure to benefit C/OH Date Payee name 03/21/23 Anedot Amount (\$) Payee address; City; State; Zip Code 12.70 1340 Poydras Street, Suite 1770 LA 70112 New Orleans Description Category (See Categories listed at the top of this schedule) Fee Political Contribution Online Fee PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/22/23 Anedot Amount (\$) Pavee address: City; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112 20.30 Category (See Categories listed at the top of this schedule) Description PURPOSE Fee Political Contribution Online Fee **EXPENDITURE** Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)		
4 Date 03/27/23	5 Payee name Anedot				
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1.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Political Contrib	ution Online	Fee	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Рауее пагле				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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