CAMPAIG	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (E	nics Commission Filers)	2 Total pages filed: 21
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Les LAST Simpson		MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX PO Box 212		city; sta narillo Texa		RECEIVED JUN 1 6 2023 City Secretary
Change of Address  6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 681-9452	EXT	ENSION	Date Hand delivered of Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mr.  NICKNAME	First Ken Last Copheranha	am	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 5811 S. Wes	(NO PO BOX PLEASE); APT /		erry; arillo	STATE; ZIP CODE Texas 79110
8 CAMPAIGN TREASURER PHONE	( 806 )	PHONE NUMBER 236-4968	ЕХТ	ENSION	
9 REPORT TYPE	January 15 July 15	30th day before	1,	Runoff  Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 04	Day Year / 27 / 23	THROUGH	Reporting Limit  Month  06	Day Year 14 23
11 ELECTION	Month Day	Year Primary  23 Genera		ELECTION TYPE Other Description	
12 OFFICE	OFFICE HELD (if any)			CE SOUGHT (if known)  Ilo City Counc	il Place 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITUR	IES MAY HAVE BEEN MA	DE WITHOUT THE CANDID	E BY POLITICAL COMMITTEES TO SUPPORT ATE'S OR OFFICEHOLDER'S KNOWLEGGE OR LY RECEIVE NOTICE OF SUCH EXPENDITURES.
33MM112E(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRES	s	
GO TO PAGE 2					
Forms provided by Texas Et	hics Com F	Reset Form	cs.s Res	et Page	Revised 8/17/2020

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2			
16 C/OH NAME		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)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43,950.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 48,147.66			
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 30,803.66			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 51,100.00			
Signature of Candidate of Officeholder  Please complete either option below:					
STEPHANIE COGGINS Notary Public, State of Texas Notary ID #12500548-4 My Commission Expires 09-20-2025					
Sworn to and subscribed	before me by LES SIMPSON this the	leth day of June.			
20 23 to certify which, witness my hand and seal of office.  Stephanie Coggins City Secretary Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					
	OR - COLD TO A SERVICE STATE OF THE PROPERTY O	NATION OF STREET			
(2) Unsworn Declaration	n				
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)			

#### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	miss	ion Filers)			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	43,950.00			
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$	51,100.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	48,147.66			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7,0	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

If the reque	sted information	n is not applicable, DO NOT	include this page in the	report		
The	Instruction Guid	de explains how to complete th	nis form.	<b>1</b> Tot	al pages Schedule A1	11
2 FILER NAME Les Simpso				3 File	er ID (Ethics Commiss	ion Filers)
4 Date  5 Full name of contributor  Mr. & Mrs. J. Rex Lement  05/04/23  6 Contributor address; City; State; Zip Code				<b>7</b> An	nount of contribution	(\$)
	2521 Curtis	Dr. Amarillo	TX 79109			
8 Principal occu	ipation / Job title (	See Instructions)	9 Employer (See Instruct	tions)		
Date 05/04/23	Full name of Stanley Sch Contributor a 8417 Englis	naeffer	State; Zip Code Texas 79119	Ап	nount of contribution	(\$) 100.00
Principal occup	 pation / Job title (S	See Instructions)	Employer (See Instruct	ions)		
Date 05/08/23	Full name of Rick Zimme	er	State; Zip Code Texas 79124	Am	nount of contribution	(\$) 300.00
Principal occup	pation / Job title (S	O PO SECURIORIZA	Employer (See Instruct	ions)		
Date 05/09/23	Full name of Thomas Ka Contributor a 3501 Soncy	rr	State; Zip Code	Am	nount of contribution	(\$) 250.00
Principal occup	pation / Job title (S	ee Instructions)	Employer (See Instruct	ions)		
			<u> </u>			
		ATTACH ADDITIONAL COPIES out-of-state PAC, please see inst			requirements.	
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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: 11				
2 FILER NAME Les Simps		3 Filer ID (Ethics Commission Filers)				
4 Date 05/10/23	Full name of contributor out-of-state PAC (ID#)  Richard Ware	7 Amount of contribution (\$) 1,000.00				
03/10/20	6 Contributor address; City; State; Zip Code P.O. Box 1 Amarillo TX 79105					
8 Principal occ	cupation / Job title (See Instructions)  9 Employer (See Instructions)	tions)				
Date 05/12/23	Full name of contributor out-of-state PAC (ID#)  Paul Cagle	Amount of contribution (\$) 500.00				
	Contributor address; City; State: Zip Code 8 Memorial Lane Houston Texas 77024					
Principal occ	upation / Job title (See Instructions) Employer (See Instruct	ions)				
Date 05/12/23	Full name of contributor out-of-state PAC (ID#:)  Robert Neely	Amount of contribution (\$) 200.00				
	Contributor address; City; State; Zip Code 6823 Lost Canyon Dr. Amarillo Texas 79124					
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC (ID#)  Steve Livingston	Amount of contribution (\$)				
05/12/23	Contributor address; City; State; Zip Code  3405 Carlton Dr. Amarillo Texas 79109	200.00				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r					
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2 FILER NAME Les Simpso	n					3 Fil	er ID (Ethics Commission Filers)
4 Date 05/12/23	Full name of Cindi Bulla	contributor	out-of-state PA	8/02		7 Ar	nount of contribution (\$)
33712723	6 Contributor		City;	State;			
8 Principal occu	pation / Job title (	See Instructions)		9 Emp	oloyer (See Instruc	ctions)	
Date <b>05/13/23</b>	Full name of Russell & N Contributor : 2028 S. Aus	latrelle Long	out-of-state PAI City; Amarillo	State;		An	nount of contribution (\$) 50.00
Principal occup	pation / Job title (S	See Instructions)		Emp	loyer (See Instruc	tions)	
Date <b>05/13/23</b>	Full name of Howard & L Contributor a 9110 Lundy	inda Batson	out-of-state PAG City; Amarillo	State;		Ап	nount of contribution (\$) 250.00
Principal occup	ation / Job title (5	See Instructions)		Emp	loyer (See Instruc	tions)	
Date 05/14/23	Barbara Pierson					and a second sec	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	,					¢.	et e
	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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TI	ne Instruction Guide explains h	ow to complete th	is form.	1 Total pages Schedule A1: 11
2 FILER NAM Les Simps				3 Filer ID (Elhics Commission Filers)
4 Date 05/14/23	6 Full name of contributor Mickey McCurdy	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
00/11/20	6 Contributor address; 6820 Bent Oak Dr.	c <sub>ity;</sub> Amarillo		
8 Principal oc	cupation / Job title (See Instruction	ns)	9 Employer (See Instruc	ctions)
Date 05/15/23	Full name of contributor Jim Allen	Amount of contribution (\$) 500.00		
	Contributor address; 7405 Lynnlee Place	City;	State; Zip Code	
Principal occ	upation / Job title (See Instruction	s)	Employer (See Instruct	rtions)
Date 05/16/23	Full name of contributor out-of-state PAC (ID#)  Sandra Gilliland			Amount of contribution (\$)
	Contributor address; 2806 S. Hughes St.	City;	State; Zip Code <b>Texas 79109</b>	
Principal occi	upation / Job title (See Instruction	s)	Employer (See Instruct	tions)
Date 05/16/23	The property of the property o		V. Dieleta Village	Amount of contribution (\$)
	Contributor address; 5315 Berget	City; Amarillo	State; Zip Code Texas 79106	
Principal occu		3)	Employer (See Instruct	tions)
-	ATTACH ADD		OF THIS SCHEDULE AS N ruction guide for additional r	
orms provided by	Texas Ethics Comm	et Form	S.Sta Roset Page	Revised 8/17/2020

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2 FILER NAM Les Simps						3 Fi	iler ID (Ethics Commiss	ion Filers)
4 Date 05/16/23	6 Full name of Oth Miller				ID#)	7 A	mount of contribution	(\$)
03/10/23	6 Contributor	address; ie Dr.	City;		State; Zip Code XAS 79124			
8 Principal oc	cupation / Job title (	See Instructions)		5	Employer (See Instru	ctions)		
Date 05/17/23	Full name of Thomas C.	Riney			D#)	Aı	mount of contribution	(\$) 100.00
	Contributor : 320 S. Polk	address;	city; <b>Amarillo</b>		State; Zip Code Texas 79101			
Principal occ	oupation / Job title (S	See Instructions)			Employer (See Instruc	tions)		
Date 05/17/23	Full name of contributor out-of-state PAC (ID#)  Claudette L. Landess			Ar	nount of contribution	(\$) 100.00		
	Contributor a 9 Teal Cour	iddress;	city; Amarillo		State; Zip Code Exas 79106			
Principal occ	cupation / Job title (S	See Instructions)			Employer (See Instruc	tions)		
Date 05/18/23	Full name of Roger & Su	san Cox		·	D#:	An	nount of contribution	(\$) 200.00
	7702 New E	England Pkw	y. Amarillo	٦	State; Zip Code Texas 79119			
Principal occ	cupation / Job title (S	ee Instructions)			Employer (See Instruc	tions)		****
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2 FILER NAME Les Simps							3 Fik	er ID (Ethics Commission Filers)
4 Date 05/18/23	Full name of Katherine S	Smith	out-of-state F				7 An	nount of contribution (\$)
	6 Contributor : 4131 Julie	address;	city; Amarillo		State;	Zip Code <b>79109</b>		
8 Principal occ	supation / Job title (	See Instructions)		9	Emplo	yer (See Instruc	tions)	
Date 05/18/23	Full name of Greg & Juli	e Mitchell	out-of-state P		.,,		An	nount of contribution (\$) 2,000.00
	3005 S. On	address; g St.	City; Amarillo			Zip Code 79109		
Principal occu	upation / Job title (S	See Instructions)			Emplo	yer (See Instruct	ions)	
Date 05/18/23	Full name of David Eliza	lde	out-of-state P.				Ап	nount of contribution (\$)
	Contributor a	<sup>address;</sup> drunner	City;	S	state;	Zip Code <b>79118</b>		
Principal occu	upation / Job title (8	Gee Instructions)	- Wile - School		Emplo	yer (See Instruct	ions)	
Date 05/19/23	Full name of Trevor Cav		out-of-state P	AC (ID#			Arr	nount of contribution (\$)
	Contributor a	-	City: Amarillo			Zip Code 79109		
Principal occu	upation / Job title (S	see 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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If the requ	ested information	n is not applicable, DO NOT i	nclude this page in the	report.	
Th	e Instruction Guid	de explains how to complete th	is form.	1 Total pages Schedu	<sup>Jle A1:</sup> 11
2 FILER NAME Les Simps				3 Filer ID (Ethics Co	mmission Filers)
4 Date 05/20/23	Full name of Michael Classes Contributor of 6666 W. Am	7 Amount of contrib	ution (\$) 100.00		
8 Principal occ	cupation / Job title (	See Instructions)	9 Employer (See Instruct	tions)	
Date 05/21/23	Full name of Kimberly D  Contributor : P.O. Box 50	ryden address; City;	State; Zip Code Texas 79105	Amount of contrib	ution (\$) 500.00
Principal occu	Jupation / Job title (S	See Instructions)	Employer (See Instruction	ions)	
Date 05/21/23	Full name of Johnny Miz		C (ID#:)	Amount of contrib	ution (\$) 100.00
	Contributor a		State; Zip Code Texas 79121		
Principal occu	upation / Job title (5	See Instructions)	Employer (See Instruction	ions)	
Date 05/23/23	Full name of Gary Jennii Contributor a 4503 Greer	ngs address; City;	State; Zip Code Texas 79119	Amount of contrib	ution (\$) 250.00
Principal occu	upation / Job title (S	ee Instructions)	Employer (See Instruction	ions)	
			*		
		ATTACH ADDITIONAL COPIES out-of-state PAC, please see Instr			
Forms provided by	Texas Ethics Comm	Reset Form	Reset Page		Revised 8/17/2020

#### SCHEDULE A1

Contributor address; City; State; Zip Code 2809 S. Hayden Amarillo Texas 79109  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#	If the requ	uested information is not applicable, DO NOT include this page in the	report.
Les Simpson  A Date    S	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11
Samuel & Carol Lovelady   250.00   250.00   250.00     250.00     250.00     250.00     250.00     250.00   250.00     250.00     250.00     250.00     250.00     250.00   250.00     250.00     250.00     250.00     250.00     250.00   250.00     250.00     250.00     250.00     250.00     250.00   250.00     250.00     250.00     250.00     250.00     250.00   250.00     250.00     250.00     250.00     250.00     250.00     250.00     250.00     250.00     250.00     250.00     250.00			3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions)  Amount of contribution (S)  Date  David & Ellen Jones  Contributor address; City; State: Zip Code Texas 79119  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (S)  150.00  Employer (See Instructions)			
Date 05/25/23    Full name of contributor Stanley & Stephanie Holloway   500.00	00.2 1.20		
Stanley & Stephanie Holloway  Contributor address; 6801 White Bluff Trl.  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Chris Bruckner  Contributor address; 2809 S. Hayden  Amarillo  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  250.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  150.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	8 Principal oc	coupation / Job title (See Instructions)   9 Employer (See Instructions)	tions)
Principal occupation / Job title (See Instructions)    Date   Full name of contributor   Out-of-state PAC (IDM:		Stanley & Stephanie Holloway	· · ·
Chris Bruckner  Contributor address; City: State: Zip Code 2809 S. Hayden Amarillo Texas 79109  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date Full name of contributor out-of-state PAC (ID#	Principal occ		tions)
Date  O5/26/23  Full name of contributor David & Ellen Jones  Contributor address; 8009 Clearmeadow  Principal occupation / Job title (See Instructions)  Contributor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date <b>05/26/23</b>	Chris Bruckner  Contributor address; City; State; Zip Code	• •
David & Ellen Jones  Contributor address; City; State; Zip Code 8009 Clearmeadow Amarillo Texas 79119  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Principal occ	supation / Job title (See Instructions)  Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		David & Ellen Jones  Contributor address; City; State; Zip Code	•
	Principal occi	upation / Job title (See Instructions) Employer (See Instruct	ions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDUL F AS N	EEDED
orms provided by Tayas Ethics Comm		If contributor is out-of-state PAC, please see Instruction guide for additional re	

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If the reque	sted information is not applicable, DO NOT include this page in the	report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11				
2 FILER NAME Les Simpso		3 Filer ID (Ethics Commission Filers)				
4 Date 05/27/23	5 Full name of contributor out-of-state PAC (ID#)  James Clement	7 Amount of contribution (\$)				
03/21/20	6 Contributor address; City; State; Zip Code 713 40th St. East Tifton Georgia 31794					
8 Principal occu	pation / Job title (See Instructions)  9	tions)				
Date <b>05/29/23</b>	Full name of contributor out-of-state PAC (ID#) Amarillo Association of Realtors Political Action Committee  Contributor address; City; State; Zip Code 5601 Enterprise Cir. Amarillo Texas 79106	Amount of contribution (\$) 4,000.00				
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)				
Date 06/01/23	Full name of contributor out-of-state PAC (ID#)  Mike & Liz Hughes  Contributor address; City; State; Zip Code P.O. Box 51149 Amarillo Texas 79159	Amount of contribution (\$)				
Principal occuj	pation / Job title (See Instructions)  Employer (See Instruct	ions)				
Date 06/03/23	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re					
orms provided by T	exas Ethics Comm Reset Form s.sta Reset Rege	Revised 8/17/2020				

#### SCHEDULE A1

If the requ	ested information is not applicable, DO NOT include this page in the	report.
TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11
2 FILER NAM Les Simps		3 Filer ID (Ethics Commission Filers)
4 Date 06/03/23	6 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 1,000.00
8 Principal oc	cupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 06/04/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 250.00
Principal occ	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date <b>06/13/23</b>	Full name of contributor out-of-state PAC (ID#)  W. Ashley Allen  Contributor address; City; State; Zip Code 2 Bunker Pass Canyon Texas 79015	Amount of contribution (\$)  300.00
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date 06/13/23	Full name of contributor  Matt & Sally Forrester  Contributor address;  City;  State;  Zip Code  7803 Christina Ave.  Amarillo  Texas 79121	Amount of contribution (\$) 250.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	
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If the reque	ested information is not applicable, DO NOT include this	s page in the report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11
2 FILER NAME Les Simpso		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/23	5 Full name of contributor out-of-state PAC (ID# Cindi Graham	200.00
	6 Contributor address; City; State; 2803 Parker St. Amarillo Texas 7	Zip Code 7 <b>9109</b>
8 Principal occu	upation / Job title (See Instructions) 9 Employ	yer (See Instructions)
Date 06/14/24	Full name of contributor out-of-state PAC (ID#  Jerry & Margaret Hodge  Contributor address; City; State;  320 S. Polk, Suite 100 Amarillo Texas	25,000.00
Principal occup		ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#  Intentionally Left Blank	74 Hours of Continuous (4)
	Contributor address; City; State; 2	
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Z	Zip Code
Principal occup	pation / Job title (See Instructions) Employ	/er (See Instructions)
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### **LOANS**

#### SCHEDULE E

If the requeste	d information is not applicable, <b>DO NO</b>	OT include this page in the re	eport.		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 3		
2 FILER NAME Les Simpson			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U	NITEMIZED LOANS		\$ 51,100.00		
5 Date of loan 11/01/22	7 Name of lender □ out-of-state Les Simpson	PAC (ID#)	9 Loan Amount (\$) 1,000.00		
6 Is lender a financial Institution?	8 Lender address; City; 5304 Brinkman Amarillo	State; Zip Code <b>Texas 79106</b>	10 Interest rate  11 Maturity date		
	on / Job title (See Instructions)	13 Employer (See Instructions) Self			
14 Description of Coll	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor	A	19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ltion (See Instructions)	21 Employer (See Instructions)			
Date of loan 01/03/23	Name of lender out-of-state in Les Simpson	PAC (ID#)	Loan Amount (\$) 100.00		
ls lender a financial Institution?	Lender address; City; 5304 Brinkman Amarillo	State; Zip Code <b>Texas 79106</b>	Interest rate		
Γ <sub>Y</sub> ■ N			Maturity date		
Principal occupation Self	on / Job title (See Instructions)	Employer (See Instructions) Self			
Description of Colle	ateral	Check if personal fund account (See Instructi	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPII nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE truction guide for additional rep			
orms provided by Teyas	Ethias Comm	hetal	Povised 9/17/2020		

### LOANS

#### SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.				
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 3				
2 FILER NAME Les Simpson	_ ::::-						
4 TOTAL OF UN	IITEMIZED LOANS		\$ 51,100.00				
5 Date of loan 02/08/22	7 Name of lender □ out-of-state l Les Simpson	9 Loan Amount (\$) 10,000.00					
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	on / Job title (See Instructions)	13 Employer (See Instructions) Self					
14 Description of Coll  none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)					
Date of loan 04/17/23	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$) 30,000.00				
Is lender a financial Institution?	Lender address; City; 5304 Brinkman Amarillo	State; Zip Code <b>Texas 79106</b>	Interest rate				
Γ <sub>Υ</sub> ■ N			Maturity date				
Principal occupation Self	n / Job title (See Instructions)	Employer (See Instructions) Self					
Description of Colla	ateral	Check if personal fund account (See Instruct	inds were deposited into political lictions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
not applicable	Guarantor address; City;	State; Zip Code					
Principal Occupation	on (See Instructions)	Employer (See Instructions)					
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re					
orms provided by Tayas	Fall Committee	e eta	Davis d 8/47/0000				

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#### LOANS

#### SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.		
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 3		
2 FILER NAME Les Simpson			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 51,100.00		
5 Date of loan 06/09/23	7 Name of lender □ out-of-state F Les Simpson	PAC (ID#;)	9 Loan Amount (\$) 10,000.00		
6 Is lender a financial Institution?	8 Lender address; City; 5304 Brinkman Amarillo	State; Zip Code <b>Texas 79106</b>	10 Interest rate  11 Maturity date		
12 Principal occupation Self	on / Job title (See Instructions)	13 Employer (See Instructions) Self			
14 Description of Coll  none	ateral	Check if personal functions account (See Instruction	ds were deposited into political ons)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	*		
Date of loan	Name of lender 🔲 out-of-state F	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
T Y T N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fund account (See Instructi	ls were deposited into political ons)		
GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPIL nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE truction guide for additional rep			
orms provided by Texas	Ethics Comm	stal	Revised 8/17/2020		

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#### SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gft/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor		erhead/Rental Expense xpense xpense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Cord Payment		The Instruction Guide explain	ns how to	complete this form.			
1 Total pages Schedule F1;	Les Simp				3 Filer ID (Ethi	ics Commission Filers)	
4 Date 05/03/23	4	5 Payee name Sam's Club					
6 Amount (\$) 75.87	7 Payee ad 8952 We	dress; stgate Pkwy W.	c <sub>ity;</sub> Amarillo	State; Texas	Zip Code <b>79124</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Election Watch Pa			Party Supp	arty Supplies		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne				*,*	
05/05/23	Walmart						
Amount (\$)	Payee add			City;	State;	Zip Code	
152.94	4610 S. 0	Coulter St.		Amarillo	Texas	79119	
PURPOSE OF EXPENDITURE	1			Description Election Watch	tch Party Supplies		
	(	Check if travel outside of Texas Complete Sc	;hedule T.	Check if Austin,	tin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
Date 05/09/23	Payee nar	ne					
Amount (\$) 10.30	Payee add	ress; dras Street, Suite 177	'0	New Orleans	State; LA	Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top of this sci		Description Political Contrib	ution Online	Fee	
	С	heck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
	ATT/	ACH ADDITIONAL COPIES (	OF THIS S	SCHEDULE AS NEED	DED		

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#### SCHEDULE F1

Revised 8/17/2020

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Les Simpson 4 4 Date 5 Payee name 05/10/23 **Nobox Creative** 6 Amount (\$) 7 Payee address: City: State; Zip Code 23,079.97 4211 I-40, Suite 201 Amarillo Texas 79106 (a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expense **PURPOSE** Marketing/Consulting **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 Payee name 05/12/23 Anedot Amount (\$) Payee address; City; State: Zip Code 8.30 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 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 05/15/23 Anedot Amount (\$) Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** 20.30 LA 70112 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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#### SCHEDULE F1

Revised 8/17/2020

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic CreditCard Payment	3y	Event Expense Fees Food/Beverage Expense Git/Awards/Mernorials Expense Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NA Les Simp	ME	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	Complete this form.	3 Filer ID (Ethi	cs Commission Filers)
4 Date 05/16/23	5 Payee nan Anedot					
6 Amount (\$)	7 Payee add	ress;		City;	State;	Zip Code
6.30	1340 Poy	dras Street, Suite 17	70	New Orleans	LA	70112
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	*****	3.11
PURPOSE OF EXPENDITURE	Fees			Political Online	Contributio	n Fee
	(c) c	heck if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		e / Officeholder name		Office sought	Office held	
Date	Payee nam	ie				
		Intentionally L	eft Blar	nk		
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top of this se	chedule)	Description		
	a	neck if travel outside of Texas. Complete So	:hedule T.	Check if Austin,	TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date 05/21/23	Payee nam	6	-1-1-1-1			M. (Care
Amount (\$) 4.30	Payee addr 1340 Poyo	ess; ras Street, Suite 177	70	New Orleans	State; L <b>A</b>	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this so		Political Contribution Online Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEED	DED	

#### SCHEDULE F1

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

orms provided by Texas Ethi	ics Com	Reset Form	cs.	s	Reset Page		Revised 8/17/2020	
		ATTACH ADDITIONAL CO	PIES O	F THIS	SCHEDULE AS NEED	DED		
expenditure to benefit C/OH								
Complete ONLY if direct		ndidate / Officeholder name			Office sought Office held			
EXPENDITURE	Check if travel outside of Texas Complete Schedule T.		edule T.	Check if Austin, TX, officeholder living expense				
OF	CUIIS	uning Expense			Marketing/Consulting			
PURPOSE	Category (See Categories listed at the top of this schedule)  Consulting Expense		Description Marketing/Conculting					
``'	10.00	e address; I-40, Suite 201			Amarillo	State; Texas	Zip Code <b>79106</b>	
Date 06/12/23 Amount (\$)	Nobo	x Creative						
Complete ONLY if direct expenditure to benefit C/OH					Office sought	n, TX, officeholder living expense Office held		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.			Check if Austin	TX officeholder livin	n Avnanca		
PURPOSE OF	Category (See Categories listed at the top of this schedule)  Advertising Expense			T-Posts for Outdoor Signage				
Amount (\$) 33.08	1	ee address; S. Georgia			City; Amarillo	State; Texas	Zíp Code <b>79109</b>	
06/06/23		e Depot 						
Date	1	ee name						
9 Complete ONLY if direct expenditure to benefit C/Ol		andidate / Officeholder name			Office sought		Office held	
	(c)	Check if travel outside of Texas. Co	omplete Sci	neduleT.	Check if Austin	, TX, officeholder livin	g expense	
OF EXPENDITURE								
PURPOSE	Fees				Political Online	Contributio	n Fee	
8	(a) Car	tegory (See Categories listed at the t	on of this s	chadula)	(b) Description			
10.30	.,			New Orleans	LA	70112		
05/24/23 • Amount (\$)	Anedot 7 Payee address; City;					State;	Zip Code	
4 4 Date	Les Simpson  5 Payee name						7.7	
1 Total pages Schedule F1						3 Filer ID (Ethi	cs Commission Filers)	
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District			
		EXPENDITURE	CATEG	ORIES	FOR BOX 8(a)			