CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 8 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST CANDIDATE! OFFICE USE ONLY OFFICEHOLDER Mr. Les NAME NICKNAME SUFFIX Simpson CANDIDATE / ADDRESS / PO BOX APT / SUITE #, CITY. STATE, ZIP CODE JUL 20 2023 OFFICEHOLDER PO Box 21216 Amarillo Texas 79114 MAILING ADDRESS CITY SECRETARY'S Change of Address CITY OF AMARILLO CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER 806 681-9452 PHONE Receipt # Amount S MS / MRS / MR CAMPAIGN FIRST TREASURER Ken Mr. Date Processed NAME NICKNAME Date Imaged Copheranham STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CAMPAIGN STATE, ZIP CODE CITY; TREASURER 5811 S. Western 79110 Amarillo Texas ADDRESS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER 806 236-4968 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Year Month Day Year COVERED 06 30 23 06 15 23 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Month Year Description 06 24 23 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Amarillo City Council Place 4 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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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Additional Pages

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COMMITTEE ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME Les Simpson	in the second se	16	Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAL CONTRIBUTIONS MADE ELECT		\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDIT	TURES	\$ 16,614.71			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST D	14,750.48			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF TH PERIOD	\$ 51,100.00			
Signature of Candidate or Officeholder Please complete either option below: Donna Sue Savage Nutary Public, State 01 Texas Notary Public, State 01 Tex						
Signature of officer administerin	goalh Printed name of office	er administering oath	Title of officer administering oath			
	Timed hame of onless		o. o.noci administerning oath			
(2) Unsworn Declaration		The Marie County of the County	Monomorphistra anno an h-aithrean mòrann ag chan bar c'an 1940 ann air, chù bhailte an da bh			
My name is		, and my date of birth is				
My address is						
Executed in	(street)County, State of	(city) (state , on the day of (month)) (zip code) (country) , 20 (year)			
	1	Signature of Candidate/	Officeholder (Declarant)			
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requ	ested information	n is not applica	able, DO NOT	incl	ude thi	s page in the	report		
TI	he Instruction Gui	de explains hov	v to complete t	his fo	orm.		1 To	tal pages Schedule A1:	1
2 FILER NAM Les Simps						1-24-1-40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	3 Fil	er ID (Ethics Commissi	ion Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) Vance Reed			7 An	nount of contribution	(\$) 250.00				
	6 Contributor 3701 SE. 2		City;		State; EXAS	Zip Code 79103			
8 Principal oc	cupation / Job title (See Instructions)	9	Emplo	oyer (See Instruc	tions)		
Date 06/16/23	Full name of Mr. & Mrs.	contributor W. F. Count	out-of-state (PAC (IE)#)	An	nount of contribution	(\$) 100.00
	Contributor 3805 Carito	address; on Dr.	city; Amarillo		State; EXAS	Zip Code 79109			
Principal occ	supation / Job title (S	See Instructions)			Emplo	yer (See Instruct	ions)		·····
Date 06/16/23	Full name of Clark & Kin		out-of-state i	PAC (ID	#		Ап	nount of contribution	(\$) 100.00
	Contributor a 5000 SW. 4	•	city: Amarillo	_	State; EXAS	Zip Code 79109			
Principal occ	upation / Job title (\$	See Instructions)			Emplo	yer (See Instructi	ons)		
Date 06/30/23	Full name of Howard Sm	contributor nith Campai	out-of-state f	AC (ID	#		Am	ount of contribution	(\$) 111.53
	Contributor a		city; Amarillo			Zip Code 79102			
Principal occ	upation / Job title (S	ee Instructions)			Emplo	yer (See Instructi	ions)		
						CHEDULE AS NE e for additional re		requirements.	
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME S Simpson	20 Filer ID (Ethics Co	mmissi	on Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	561.53	
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 CO	\$	16,614.71		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$			

LOANS SCHEDULE E

if the requeste	u illioittiation is not applicable, DO N	Of include this page in the re	eport.
The	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 11/01/22	7 Name of lender □ out-of-state Les Simpson	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
	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Col	lateral	15 Check if personal fun account (See Instruc	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	L tion (See Instructions)	21 Employer (See Instructions)	J.,
Date of loan 01/03/23	Name of lender out-of-state	te PAC (ID#)	Loan Amount (\$) 100.00
Is lender a financial Institution?	Lender address; City; 5304 Brinkman Amarillo	State; Zip Code Texas 79106	Interestrate
YEN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) Self	
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
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 CO	PIES OF THIS SCHEDULE AS NEW	
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LOANS

SCHEDULE E

If the requeste	d information is not applicable, DO No	OT include this page in the re	eport.		
The	Instruction Guide explains how to com	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 02/08/23	7 Name of lender ☐ out-of-state Les Simpson	9 Loan Amount (\$) 10,000.00			
6 Is lender a financial Institution? Y N	8 Lender address; City; 5304 Brinkman Amarillo	State; Zip Code Texas 79106	10 Interest rate 11 Maturity date		
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions) Self	J		
14 Description of Col	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan 04/17/23	Name of lender □ out-of-state Les Simpson	PAC (ID#)	Loan Amount (\$) 30,000.00		
Is lender a financial Institution?	Lender address; City; 5304 Brinkman Amarillo	State; Zip Code Texas 79106	Interest rate		
Γ _Υ ■ N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) Self			
Description of Colla	ateral	Check if personal fun- account (See Instruct	unds were deposited into political uctions)		
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 COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional re			
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LOANS SCHEDULE E

if the requested	Information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 3
2 FILER NAME Les Simpson			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 51,100.00
5 Date of loan 06/12/23	7 Name of lender □ out-of-state 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 Texas 79106	10 Interest rate
YN			11 Maturity date
12 Principal occupation Self	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruction	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	Name of lender ☐ out-of-state l	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 func account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense
Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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 1 4 Date 5 Payee name 06/23/23 **Nobox Creative** 6 Amount (\$) 7 Payee address: State: Zip Code City; 16.614.71 4211 I-40, Suite 201 79106 Amarillo Texas (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Consulting Expense Marketing/Consulting **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 sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **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 Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF 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 held Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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