

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST Joshua	MI R	OFFICE USE ONLY <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">JUN 15 2023</div> <div style="font-weight: bold;">CITY SECRETARY'S CITY OF AMARILLO</div>	
	NICKNAME	LAST Craft	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 5727 Mary Dell	APT / SUITE #;	CITY; STATE; ZIP CODE Amarillo TX 79109		
	AREA CODE (806)	PHONE NUMBER 340-9740	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MRS.	FIRST Donna	MI E	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST Harnish	SUFFIX	Receipt #	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); 19351 Lantana RD	APT / SUITE #;	CITY; STATE; ZIP CODE Bushland TX 79012	Amount \$	
	AREA CODE (806)	PHONE NUMBER 220-9651	EXTENSION	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			Date Imaged	
	Month Day Year 4 / 27 / 2023	THROUGH	Month Day Year 6 / 14 / 2023		
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year 6 / 24 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Amarillo City Council Place #1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.				
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE			COMMITTEE NAME
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

MS
NB
9:24

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 65,810.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,718.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,824.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Donna Sue Savage
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Josh Craft this the 15 day of June, 2023, to certify which, witness my hand and seal of office.

DSavage Signature of officer administering oath
Donna Sue Savage Printed name of officer administering oath
Adm. IV Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Joshua Craft		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,810.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 51,718.56
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested 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: 7
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex & Cheryl Fairly	7 Amount of contribution (\$) \$15,000
6 Contributor address; City; State; Zip Code 5221 Milam Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia St. Clair	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3509 Edgewood Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Destiny Wilson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 9821 Denali Little Elm TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt Vaughn	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6200 Candletree Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Hale <hr/> 6 Contributor address; City; State; Zip Code PO Box 8085 Amarillo TX	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden Gibbs <hr/> Contributor address; City; State; Zip Code 2705 Simkins Amarillo TX	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Wilkerson <hr/> Contributor address; City; State; Zip Code 7728 Pinnacle Amarillo TX	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Davis <hr/> Contributor address; City; State; Zip Code 400 NE 2nd Amarillo TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Tooley	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 19525 Chaparral Canyon TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ira Haynes	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 803 Haverhill Sunnyvale CA		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden Henderson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3200 North 8th Broken Arrow OK		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Cagle	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 8 Memorial Point Houston TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 5/12/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Cloninger	7 Amount of contribution (\$) \$10,000.00
6 Contributor address; City; State; Zip Code 11 Stoneridge Drive Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Anderson	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4810 Erik Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ira Haynes	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 803 Haverhill Sunnyvale CA		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra McCart	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1526 S. Kentucky Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Scherlen <hr/> 6 Contributor address; City; State; Zip Code 3512 Meadow Drive Amarillo TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Clem <hr/> Contributor address; City; State; Zip Code 7702 Stuyvesant Amarillo TX	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Kaldas <hr/> Contributor address; City; State; Zip Code 5802 Foxcroft Drive Amarillo TX	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Arvello <hr/> Contributor address; City; State; Zip Code 5704 S Fannin Amarillo TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Akins <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code 4706 Matador Amarillo TX	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Hale <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code PO Box 8085 Amarillo TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Zanchettin <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 6600 Admiral Ct. Amarillo TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipak Patel <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 46 Colonial Drive Amarillo TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teamsters	7 Amount of contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code 201 N. Johnson Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex & Cheryl Fairly	Amount of contribution (\$) \$35,000.00
Contributor address; City; State; Zip Code 3221 Milam Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Johnson	Amount of contribution (\$) \$70.00
Contributor address; City; State; Zip Code 1916 S Polk #3 Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon Church	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6137 Skinner St Villages FL		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Joshua Craft	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/23	5 Payee name NoBox Creative	
6 Amount (\$) \$15,111.00	7 Payee address; 4211 I-40 West Suite 201	City; State; Zip Code Amarillo TX 79106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Television Ads, Text Messaging, Digital Ads & Boards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/23	Payee name NoBox Creative	
Amount (\$) \$486.38	Payee address; 4211 I-40 West Suite 201	City; State; Zip Code Amarillo TX 79106
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door Hangers & Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/22/23	Payee name ABC Signs	
Amount (\$) \$338.28	Payee address; 7807 River Road	City; State; Zip Code Amarillo TX 79108
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Large Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Joshua Craft	3 Filer ID (Ethics Commission Filers)
4 Date 5/26/23	5 Payee name NoBox Creative	
6 Amount (\$) \$9,552.00	7 Payee address; 4211 I-40 West Suite 201	City; State; Zip Code Amarillo TX 79106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Consulting Expense	(b) Description Runoff Management, Social Media Ads, Graphic Design, Phone Bank, Buttons
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/31/23	Payee name NoBox Creative	
Amount (\$) \$1,463.00	Payee address; 4211 I-40 West Suite 201	City; State; Zip Code Amarillo TX 79106
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Vinyl Stickers, Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 6/9/23	Payee name NoBox Creative	
Amount (\$) \$24,744.00	Payee address; 4211 I-40 West Suite 201	City; State; Zip Code Amarillo TX 79106
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers & Phone Bank
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Joshua Craft	3 Filer ID (Ethics Commission Filers)
4 Date 6/14/23	5 Payee name Anedot	
6 Amount (\$) \$23.90	7 Payee address; 1340 Poydras Street Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees paid for donations via website for this reporting period.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED