

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	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="color: red; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 0;">APR 28 2023</p> <p style="color: red; font-weight: bold; margin: 0;">City Secretary</p> <p style="color: blue; font-size: 2em; margin: 0;">AC</p> </div>			
	NICKNAME	LAST Craft	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 5727 Mary Dell	APT / SUITE #;	CITY; Amarillo				
<input type="checkbox"/> Change of Address	STATE; TX	ZIP CODE 79109					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 340-9740	EXTENSION	Date Received			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST Donna	MI E	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST Harnish	SUFFIX	Receipt #			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	Amount \$		
(Residence or Business)	19351 Lantana RD		Bushland	TX	79012		
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 220-9651	EXTENSION	Date Processed			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	3	28	2023	THROUGH	4	26	2023
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	5	6	2023	<input checked="" 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)	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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

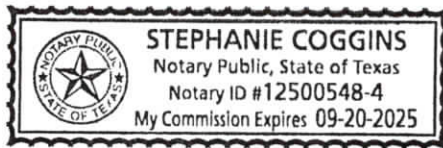
15 C/OH NAME Joshua Craft		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,960.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 47,636.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,733.29
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.

Joshua R. Craft
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 28th day of April, 2023, to certify which, witness my hand and seal of office.
Stephanie Coggins Stephanie Coggins City Secretary
 Signature of officer administering oath Printed name of officer administering oath 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,210.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,750.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 47,636.02
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: 6
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Professional Firefighters Association PAC	7 Amount of contribution (\$) \$15,000.00
6 Contributor address; City; State; Zip Code 613 SE 46th Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Roller	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 109 Chucker St Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Brown	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 50044 Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam Boatler	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3909 Kingston 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

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: 6
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Farber	7 Amount of contribution (\$) \$160.00
6 Contributor address; City; State; Zip Code 3525 Cinderella Ln Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felecia Brewer	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4806 Carole Ln Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath Hodge	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 17270 White Wing Rd Canyon TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt Ecker	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4606 Ashville 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: 6
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Giles	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 19701 Hunters Run Canyon TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Professional Firefighters Association PAC	Amount of contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 613 SE 46th Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Wheeler	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6119 Greenville Ave Dallas TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Farber	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6350 Big Falls Trl 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: 6
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Cloninger	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 11 Stoneridge Drive Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E.J. Ingram	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3458 Colchester Place Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleton Camden	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 1298 Canyon TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Hughes	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4011 Tucson Dr 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

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: 6
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Dauer	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6402 Basswood Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garland Sell	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 7801 Clearmeadow Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry McKean	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 9254 Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia St. Clair	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3509 Edgewood 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

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: 6
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Everett	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5113 Olsen Circle Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	1
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/4/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Professional Firefighters Association PAC	8 Amount of Contribution \$ \$1,750.00	9 In-kind contribution description Misc. Advertising
7 Contributor address; City; State; Zip Code 613 SE 46th Amarillo TX 79118		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Firefighters		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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>			

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 3/28/23	5 Payee name Home Depot	
6 Amount (\$) \$51.86	7 Payee address; 2410 S Georgia	City; State; Zip Code Amarillo TX 79109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Materials to install and mount advertisement.
	(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 4/1/23	Payee name NoBox Creative	
Amount (\$) \$6,237.99	Payee address; 2766 Duniven Circle	City; State; Zip Code Amarillo TX 79109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage & Digital Ads
	<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 4/10/23	Payee name NoBox Creative	
Amount (\$) \$19,945.00	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 Media, Broadcast & Streaming
	<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 4/11/23	5 Payee name Tractor Supply	
6 Amount (\$) \$136.69	7 Payee address; 8511 Canyon Drive	City; State; Zip Code Amarillo TX 79110
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Materials to install and mount advertisement.
	(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 4/15/23	Payee name NoBox Creative	
Amount (\$) \$18,334.20	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 TV Production & Mailers
	<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 4/26/23	Payee name NoBox Creative	
Amount (\$) \$2,910.68	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 Digital Boards & Text Messaging
	<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 4/26/23	5 Payee name Anedot	
6 Amount (\$) \$19.60	7 Payee address; 1340 Poydras Street Suite 1770	City; State; Zip Code New Orleans LA 70112
8 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