

# 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: **19**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS  MR FIRST MI  
 LAST SUFFIX  
 NICKNAME  
 Dean (Dean)  
 Dean Crump

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 5701 Time Square Blvd  
 Suite 300 Amarillo, TX 79119

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (806) 676-8114

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS  MRS  MR FIRST MI  
 LAST SUFFIX  
 NICKNAME  
 Cindy C  
 Allen

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 (Residence or Business) 20050 Arrowhead Rd. Canyon, TX 79015

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (806) 676-4762

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
 04 / 29 / 2023 THROUGH 6 / 14 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  Other Description  
 6 / 24 / 23  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

Protect & Serve Texas Pac

PO Box 622 Austin, TX 78767

John Barton

PO Box 622 Austin, TX 78767

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ $\phi$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 89,350 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$ 721. <sup>40</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 112,930 <sup>48</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,313. <sup>92</sup> <del>2,815.<sup>92</sup></del>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ $\phi$

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Dean Crump this the 14 day of June, 2023, to certify which, witness my hand and seal of office.

*[Signature]* Jonni Glick ASST. 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**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input checked="" 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
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:
2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matt Griffith</i>	7 Amount of contribution (\$) <i>\$ 2500.00</i>
6 Contributor address; City; State; Zip Code <i>4211 Palacio, Amarillo TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Hughes</i>	Amount of contribution (\$) <i>\$ 5000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 51149, Amarillo TX 79159</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Wore</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1, Amarillo TX 79105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis Home Development</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>112 SW 8th, Ste 629, Ama. TX 79104</i>		
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.

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2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billy Krause</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
	6 Contributor address; City; State; Zip Code <i>24 Edgewater, Amarillo TX 79106</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Powell</i>	Amount of contribution (\$) <i>\$2500.00</i>
	Contributor address; City; State; Zip Code <i>P.O. Box 468 Amarillo TX 79105</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin + Stephanie Brennen</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>6708 Stoneham, Ama. TX 79109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sterling Beckner</i>	Amount of contribution (\$) <i>\$ 50.00</i>
	Contributor address; City; State; Zip Code <i>2414 SW 50th, Ama. TX 79110</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>5/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TREVOR CAVINESS</i>	7 Amount of contribution (\$) <i>\$5,000.00</i>
6 Contributor address; City; State; Zip Code <i>3001 S. Org, Amarillo TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Golden</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>5811 Nancy Ellen St., Amarillo TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clark Damon</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>8101 Georgetown, Ama. TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Shaffer</i>	Amount of contribution (\$) <i>\$3000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 50250, Ama. TX 79159</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>5/16/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent Allen</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>7501 New England Pkwy., Ama. TX 79119</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Protect + Serve Texas PAC</i>	Amount of contribution (\$) <i>\$3500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 622, Austin, TX 78767</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Rogers</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>5304 Tawney AMA. TX 79106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Scharbauer</i>	Amount of contribution (\$) <i>\$5000.00</i>
Contributor address; City; State; Zip Code <i>3410 Airway Blvd. AMA. TX 79118</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>5/18/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy + Steve Farter</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>3100 S. Polk Amarillo TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MR + MRS. EDWARD BRADLEY</i>	Amount of contribution (\$) <i>\$5000.00</i>
Contributor address; City; State; Zip Code <i>3002 S. Lipscomb AMA. TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KADE MATTHEWS</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1170 Clarendon TX 79226</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Chestnut</i>	Amount of contribution (\$) <i>\$2500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 9312, Ama. TX 79105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/18/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Canyon Headlight LLC</i>	7 Amount of contribution (\$) <i>\$ 2000.00</i>
6 Contributor address; City; State; Zip Code <i>600 S. Tyler, Ste 101, AMA, TX 79119</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tuxenty-Two Ten Ltd.</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>411 S. Fillmore, AMA, TX 79101</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve + Lea Wright</i>	Amount of contribution (\$) <i>\$ 5000.00</i>
Contributor address; City; State; Zip Code <i>3201 S. TRAVIS, AMA, TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James + Sherry Weste</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>9320 Lundy Ln., AMA, TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>5/22/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry Easterling</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>2611 Parkee St. AMA TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stanley Schaeffer</i>	Amount of contribution (\$) <i>\$2500.00</i>
Contributor address; City; State; Zip Code <i>8417 English Bay Pkwy. AMA.TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly de Kay Utzinger</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>6705 Kingsbury, AMA.TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger + Susan Cox</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>7702 New England Pkwy., AMA.TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>5/26/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Weampelmeier</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
	6 Contributor address; City; State; Zip Code <i>2602 S. Parker, AMA. TX 79109</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Dowdy</i>	Amount of contribution (\$) <i>\$ 150.00</i>
	Contributor address; City; State; Zip Code <i>2204 S. Travis St., AMA. TX 79109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dave Goad</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
	Contributor address; City; State; Zip Code <i>2204 S. Milam, AMA. TX 79109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Corbett</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
	Contributor address; City; State; Zip Code <i>22 Fairway Dr., Canyon TX 79015</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>5/26/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen A. Kathy Corbett</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address; City; State; Zip Code <i>22 Fairway Canyon TX 79015</i>		<i>Duplicate</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>5/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly &amp; Blaine Roberts</i>	Amount of contribution (\$) <i>\$5000.00</i>
Contributor address; City; State; Zip Code <i>2818 Lipsomb Ama, TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>6/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donald &amp; Twanna Powell</i>	Amount of contribution (\$) <i>\$6000.00</i>
Contributor address; City; State; Zip Code <i>Po Box 468 Amarillo, TX 79105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>6/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Kritzer</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>Po Box 31388 Ama, TX 79124</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ralph Ellis</i>	7 Amount of contribution (\$) <i>\$5000<sup>00</sup></i>
	6 Contributor address; City; State; Zip Code <i>113 SW 8TH Ama, TX 79101</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amarillo Assoc of Realtors</i>	Amount of contribution (\$) <i>\$4000<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>5601 Enterprise Cir Ama, TX 79106</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>6/5/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William &amp; Cynthia Hawkins</i> 6 Contributor address; City; State; Zip Code <i>3518 Kensington Ave, TX 79121</i>	7 Amount of contribution (\$)  <i>\$500<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Preston Howard</i> Contributor address; City; State; Zip Code <i>2612 Lipscomb Ave, TX 79109</i>	Amount of contribution (\$)  <i>\$2500<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Mitchell</i> Contributor address; City; State; Zip Code <i>3005 Ong Ave TX 79109</i>	Amount of contribution (\$)  <i>\$5000<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Street Properties</i> Contributor address; City; State; Zip Code <i>4500 S Soney Ave TX 79119</i>	Amount of contribution (\$)  <i>\$5000<sup>00</sup></i>
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:
2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cindi Bulla</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>1400 Reagan Ct, Ama. TX 79124</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Terra</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>5223 Astoria Amarillo, TX 79101</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sam Lovelady</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>2817 Crockett Amarillo, TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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: <u>1</u>	
2 FILER NAME <u>Dean Crump</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2895<sup>00</sup></u>	
5 Date <u>5/29/</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rockrose Development</u>	8 Amount of Contribution \$ <u>\$2895<sup>00</sup></u>	9 In-kind contribution description <u>Billboard</u>
7 Contributor address; City; State; Zip Code <u>7830 Hillside Ave TX 79119</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME <u>Dean Crump</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>5-2-23</u>	<b>5</b> Payee name <u>SKP Creative</u>	
<b>6</b> Amount (\$) <u>39,107.<sup>50</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>301 S. Polk Amarillo, TX 79101</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u> <u>Consulting</u>	<b>(b)</b> Description <u>Campaign Advertising</u> <u>TV, Digital, Creative</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <u>5/23/23</u>	Payee name <u>SKP Creative</u>	
Amount (\$) <u>15,590.<sup>00</sup></u>	Payee address; City; State; Zip Code <u>301 S. Polk Amarillo TX 79101</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u> <u>Con</u>	Description <u>TV Ads</u>
	<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 <u>6/13/23</u>	Payee name <u>SKP Creative</u>	
Amount (\$) <u>39,655.<sup>00</sup></u>	Payee address; City; State; Zip Code <u>301 S. Polk Amarillo TX 79101</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>TV, Digital, Creative</u> <u>Radio</u>
	<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: <b>2</b>		2 FILER NAME: <b>Dean Crump</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>6/14/23</b>		5 Payee name: <b>Anedot</b>			
6 Amount (\$): <b>721<sup>40</sup></b>		7 Payee address; City; State; Zip Code: <b>1340 Poydras St #1770 New Orleans LA 70114</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Event Expenses</b>		(b) Description: <b>credit card usage fees</b>		
	(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 ONLY if direct expenditure to benefit C/OH					
Date: <b>6/1/23</b>		Candidate / Officeholder name: <b>Murphy, Nasica &amp; Associates</b>			
Amount (\$): <b>17,500<sup>00</sup></b>		Office sought: _____ Office held: _____			
Payee address; City; State; Zip Code: <b>PO Box 1648, Austin, TX 79767</b>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Consulting</b>		Description: <b>Block walking</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date: <b>5/1/23</b>		Candidate / Officeholder name: <b>Gebos</b>			
Amount (\$): <b>356<sup>58</sup></b>		Office sought: _____ Office held: _____			
Payee address; City; State; Zip Code: <b>4550 Canyon Dr Amarillo TX 79109</b>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Event Expense</b>		Description: <b>T-Posts</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date: _____		Candidate / Officeholder name: _____			
Amount (\$): _____		Office sought: _____ Office held: _____			
Payee address; City; State; Zip Code: _____					

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