


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: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST RONALD	MI D	
	NICKNAME Dean	LAST Crump	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	5600 S. Bell, Suite 105, Box 236 Amarillo, TX 79109			
<input type="checkbox"/> Change of Address	AREA CODE (806)	PHONE NUMBER 676-8114		EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="radio"/>	FIRST Cindy		MI
6 CAMPAIGN TREASURER NAME	NICKNAME Allen	LAST	SUFFIX	
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 676-4762	EXTENSION	
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 3 / 28 / 2023	THROUGH	Month Day Year 4 / 26 / 2023	
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) Amarillo City Council		13 OFFICE SOUGHT (if known) Amarillo City Council Plk 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Protect & Serve Texas PAC	
		COMMITTEE ADDRESS PO Box 622 Austin, TX 78767		
		COMMITTEE CAMPAIGN TREASURER NAME John Barton		
		COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 622 Austin, TX 78767		

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)

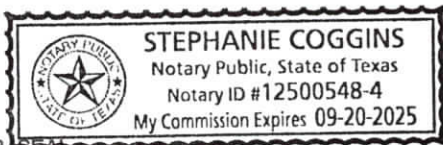
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75,085. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,971. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,429. ⁵⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,684. ⁴⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

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 28 day of April, 2023, to certify which, witness my hand and seal of office.

Stephanie Coggins Signature of officer administering oath
Steph 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,810 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 45,429 ⁵⁰
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100 ⁰⁰
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: <u>14</u>
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2 FILER NAME <u>Dean Crump</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>3/28/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Melissa Kalke</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>Amarillo, TX 79109</u>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <u>3/29/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodney Hill</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>5903 Jared Ama TX 79109</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>3/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paul & Jody Brockman</u>	Amount of contribution (\$) <u>500⁰⁰</u>
Contributor address; City; State; Zip Code <u>3304 Bedford Ama, TX 79108</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>3/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Johnny & Jill Mize</u>	Amount of contribution (\$) <u>200⁰⁰</u>
Contributor address; City; State; Zip Code <u>7720 Stegeman Ama, TX 79121</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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:
2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Quinn Alexander</i>	7 Amount of contribution (\$) <i>750⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>151 Laurel Leaf Canyon, TX 79124</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/31/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian & Sally Heaton</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>6 Crenshaw Ave, TX 79124</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel O'Neal</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>7809 Christina Ave TX 79121</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Mosley</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO Box 30206 Ams, TX 79120</i>		
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 <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/3/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perry Williams</i>	7 Amount of contribution (\$) <i>2500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>PO Box 30206 Ama TX 79120</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dean Mason</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO Box 8448 Ama TX 79114</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Rhodes</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>3524 Rutson Ama TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric & Tricia Wilkie</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>5003 Aberdeen Ama TX 79119</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)
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4 Date <i>4/5/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cliff Craig & Jo Roberts Craig</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2801 Teckla Ama TX 79109</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Rogers</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>5304 Tawney Ama TX 79106</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kade Matthews</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>Po Box 1170 Clarendon TX 79226</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr & Mrs Edward Bradley</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>3002 Lipscomb Ama TX 79109</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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4 Date <i>4/5/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kris David</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>7707 London Anna TX 79119</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad & Michelle Swadling</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>8409 Shadywood Anna, TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Gilliland</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>500 STaylor Anna TX 79101</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blaine Roberts</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>2818 Lipscomb Anna TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/5/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ralph Ellis</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>113 SW 8th Ave TX 79101</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Scharbauer</i>	Amount of contribution (\$) <i>5000⁰⁰</i>
Contributor address; City; State; Zip Code <i>3410 Airway Ave TX 79118</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marci Hand</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>3925 Puckett Ave TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark & Michelle Koetting</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO Box 20257 Ave TX 79114</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>4/5/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark & Juli Shaffer</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>PO Box 50250 Ams TX 79159</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TM Builders</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
	Contributor address; City; State; Zip Code <i>PO Box 20257 Ams TX 79114</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gene Pittman</i>	Amount of contribution (\$) <i>100⁰⁰</i>
	Contributor address; City; State; Zip Code <i>4705 Wesley Ams TX 79119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Dryden</i>	Amount of contribution (\$) <i>500⁰⁰</i>
	Contributor address; City; State; Zip Code <i>6110 Tuscany Village Ams TX 79119</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>4/16/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Don Thompson</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3416 Airway Blvd Ama TX 79118</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Bivins</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 708 Ama TX 79105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emmett + Nancy Rice</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>4626 Cape Verde Ama TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wade Arnold</i>	Amount of contribution (\$) <i>200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2314 Teckla Ama TX 79106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/11/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Graham</i>	7 Amount of contribution (\$) <i>2,000.00</i>
	6 Contributor address; City; State; Zip Code <i>2802 S. Hayden Ave TX 79109</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lloyd Brown</i>	Amount of contribution (\$) <i>1,000.00</i>
	Contributor address; City; State; Zip Code <i>3203 Bowie Ave TX 79109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Kritsch</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>2609 Lipscomb Ave TX 79109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John T. McElyea</i>	Amount of contribution (\$) <i>210.00</i>
	Contributor address; City; State; Zip Code <i>7415 Southland Dr. Am TX 79119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date <i>4/12/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Hudson</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>7413 Parkridge Ams TX 79119</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peggy Crump</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1300 S Harrison #1004 Ams TX 79101</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Biney</i>	Amount of contribution (\$) <i>250⁰⁰</i>
	Contributor address; City; State; Zip Code <i>6900 Calumet Ams 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)

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2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Vineyard</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>565 Somershill Dr. St. Petersburg, FLA 33716</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Cox</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>7702 New England Ave TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Whittenburg</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>2811 Parker Ave TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeremy Baskett</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>8001 Valcour Ave TX 79119</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>4/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Harkin</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>6704 Nancy Ellen Ama TX 79119</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cherie & Pat Sanders</i>	Amount of contribution (\$) <i>750⁰⁰</i>
	Contributor address; City; State; Zip Code <i>7410 New England Ama TX 79119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Spiker</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>3301 Whik Leaf Cr. Pensacola, FL 32504</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Powdy</i>	Amount of contribution (\$) <i>50⁰⁰</i>
	Contributor address; City; State; Zip Code <i>2204 Travis Ama TX 79109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>4/22/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Ware</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3012 S. Ong Anna TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Shaffer</i>	Amount of contribution (\$) <i>2000⁰⁰</i>
Contributor address; City; State; Zip Code <i>7244 Versailles Anna TX 79121</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raymond Donaldson</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>3501 Goodfellow Anna TX 79121</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blaine & Kelly Roberts</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>2818 S Lipscomb Anna TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>4/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josca! Holdings</i>	7 Amount of contribution (\$) <i>5000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5701 Time Sq. Blvd Anna TX 79119</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vann Simpson</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>3901 Virginia Anna TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sterling Beckner</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>2414 SW 50th Anna TX 79110</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)

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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: <i>2</i>	2 FILER NAME <i>Dean Crump</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-26-23</i>	5 Payee name <i>Anedot</i>	
6 Amount (\$) <i>286⁵⁰</i>	7 Payee address; City; State; Zip Code <i>1340 Poydras St. Ste 1770 New Orleans, LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Credit Card Svc Chg. Fees for online contributions</i>
	(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 <i>Amarillo City Council Place 1</i>	Office sought	Office held
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Date <i>4-6-23</i>	Payee name <i>Norfleet Strategies</i>		
Amount (\$) <i>12,650⁰⁰</i>	Payee address; City; State; Zip Code <i>504 W. 12th Austin, TX 78701</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Manager</i>
	<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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Date <i>4-11-23</i>	Payee name <i>Norfleet Strategies</i>		
Amount (\$) <i>2,500⁰⁰</i>	Payee address; City; State; Zip Code <i>504 W. 12th Austin TX 78701</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Manager</i>
	<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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Dean Crump	
4 Date	5 Payee name	
4-14-23	SKP Creative	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
29,993 ⁰⁰	301 S. Polk Ste. 505	Amarillo, TX 79101
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	TV Advertising
(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
	Amarillo City Council Place 1	
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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Dean Crump</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-15-23</i>	5 Payee name <i>Potter County GOP</i>	
6 Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>4217 SW 21ST Ave</i>	City; State; Zip Code <i>Amarillo TX 79106</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Sponsorship of the Voter Event</i>
	(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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

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