

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:
14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
Mr.

FIRST
Joshua

MI
R

NICKNAME

LAST
Craft

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;
5727 Mary Dell

APT / SUITE #;

CITY;
Amarillo

STATE;
TX

ZIP CODE
79109

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE
(806)

PHONE NUMBER
340-9740

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
MRS.

FIRST
Donna

MI
E

NICKNAME

LAST

SUFFIX

Harnish

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;
19351 Lantana RD

CITY;
Bushland

STATE;
TX

ZIP CODE
79012

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE
(806)

PHONE NUMBER
220-9651

EXTENSION

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
2 / 9 / 2023

THROUGH

Month Day Year
3 / 27 / 2023

11 ELECTION

ELECTION DATE

Month Day Year
5 / 6 / 2023

ELECTION TYPE

Primary

Runoff

Other
Description

General

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.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

APR 05 2023

CITY SECRETARY'S
CITY OF AMARILLO

10:23 AM

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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)	\$ 23,620.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,460.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,159.31
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 5th day of April, 2023, to certify which, witness my hand and seal of office.

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)

STATE OF TEXAS
COUNTY OF [illegible]

DECLARATION OF DIVORCE
AND ORDER OF DIVORCE

IN SENATE

COMMISSIONERS

1900

<p>1. The parties were lawfully married on [illegible] at [illegible].</p>	<p>2. The parties have been living apart for a period of [illegible] months.</p>	<p>3. The parties desire a divorce.</p>
<p>4. The parties have no children.</p>	<p>5. The parties have agreed that the husband shall retain the title to the [illegible] property.</p>	<p>6. The parties have agreed that the wife shall retain the title to the [illegible] property.</p>
<p>7. The parties have agreed that the husband shall pay the wife [illegible] per month.</p>	<p>8. The parties have agreed that the wife shall pay the husband [illegible] per month.</p>	<p>9. The parties have agreed that the husband shall pay the wife [illegible] per month.</p>
<p>10. The parties have agreed that the wife shall pay the husband [illegible] per month.</p>	<p>11. The parties have agreed that the husband shall pay the wife [illegible] per month.</p>	<p>12. The parties have agreed that the wife shall pay the husband [illegible] per month.</p>
<p>13. The parties have agreed that the husband shall pay the wife [illegible] per month.</p>	<p>14. The parties have agreed that the wife shall pay the husband [illegible] per month.</p>	<p>15. The parties have agreed that the husband shall pay the wife [illegible] per month.</p>

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals at the City of [illegible], State of Texas, this [illegible] day of [illegible], 1900.

[Handwritten signature]

[Handwritten signature]

Witness my hand and seal this [illegible] day of [illegible], 1900.

Notary Public

Notary Public

[Handwritten signature]

[Handwritten signature]

Subscribed and sworn to before me this [illegible] day of [illegible], 1900.

[Handwritten initials]

Notary Public

[Redacted area]

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

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	\$ 23,620.00
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	\$ 8,460.69
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: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Craft 6 Contributor address; City; State; Zip Code 5727 Mary Dell Drive Amarillo TX 79109	7 Amount of contribution (\$) \$4,995.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady Matysek Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Pedersen Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Jaramillo Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$100.00
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: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty Lafferty <hr/> 6 Contributor address; City; State; Zip Code Amarillo TX	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Bowery <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Cloninger <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$5,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Kaldas <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$150.00
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: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Craft	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Amarillo TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Craft	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code Amarillo TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker Cates	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code Richardson TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Milford	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 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: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexi Cleveland 6 Contributor address; City; State; Zip Code Amarillo TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Briggs Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath Hughes Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian Alvarez Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$100.00
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: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Brazile 6 Contributor address; City; State; Zip Code Midland TX	7 Amount of contribution (\$) \$5,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deidra Reese Contributor address; City; State; Zip Code Canyon TX	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Newell Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter Bowery Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$200.00
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: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Mitchell <hr/> 6 Contributor address; City; State; Zip Code Amarillo TX	7 Amount of contribution (\$) \$ 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffiny Shepherd <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kriss Cloninger <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$5,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aucencio Baeza <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Longmire <hr/> 6 Contributor address; City; State; Zip Code Amarillo TX	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will Sims <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Mitchell <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Martindale <hr/> Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Joshua Craft		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Heizer 6 Contributor address; City; State; Zip Code Amarillo TX	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Williams Contributor address; City; State; Zip Code Amarillo TX	Amount of contribution (\$) \$50.00
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.		

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)
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4 Date 3/1/23	5 Payee name NoBox Creative
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6 Amount (\$) \$5,815.00	7 Payee address; 2766 Duniven Circle	City; Amarillo	State; TX	Zip Code 79109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Consulting	(b) Description Logo, Website, Consulting, Graphic Design, Advertising Elements
	(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
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Date 3/13/23	Payee name Home Depot
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Amount (\$) \$42.15	Payee address; 2410 S Georgia	City; Amarillo	State; TX	Zip Code 79109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Materials to install and mount advertisement.
	<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 3/14/23	Payee name Tractor Supply
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Amount (\$) \$166.27	Payee address; 8511 Canyon Drive	City; Amarillo	State; TX	Zip Code 79110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Materials to install and mount advertisement.
	<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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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 3/20/23	5 Payee name Home Depot	
6 Amount (\$) \$36.69	7 Payee address; 2410 S Georgia	City; State; Zip Code Amarillo TX 79109
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 3/22/23	Payee name NoBox Creative	
Amount (\$) \$2,083.81	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	Description Signage
	<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 3/24/23	Payee name Tractor Supply	
Amount (\$) \$106.97	Payee address; 8511 Canyon Drive	City; State; Zip Code Amarillo TX 79110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Materials to install and mount advertisement.
	<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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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)
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4 Date 3/27/23	5 Payee name Anedot
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6 Amount (\$) \$209.80	7 Payee address; 1340 Poydras Street Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED