

# 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: <b>21</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr. Ronald</b> FIRST: <b>CRUMP</b> MI: <b>D</b> NICKNAME: <b>Dean</b> LAST: <b>CRUMP</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>APR 06 2023</b> <b>CITY SECRETARY'S</b> <b>CITY OF AMARILLO</b> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5701 Time Sq. Blvd</b> <b>Suite 300</b> <b>Amarillo TX 79119</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(806) 676-8114</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mrs. Cindy</b> FIRST: <b>ALLEN</b> MI: <b>C</b> NICKNAME: <b>Cindy</b> LAST: <b>ALLEN</b> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>20050 Arrowhead Rd</b> <b>Canyon TX 79015</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(806) 676-4762</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      Month Day Year <b>01 / 01 / 2023</b> THROUGH <b>03 / 27 / 2023</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 06 / 23</b>	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) <b>Place 1 City Council</b>	13 OFFICE SOUGHT (if known) <b>City Council Place 1</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE      COMMITTEE NAME <input type="checkbox"/> GENERAL      COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC      COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

10-23

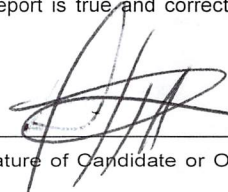
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

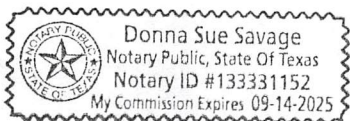
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Dean Crump</i>		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)	\$ 37,275.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,971.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,971.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37,275.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 34,303.90

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 6<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Donna Sue Savage Donna Sue Savage Admin IV  
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)

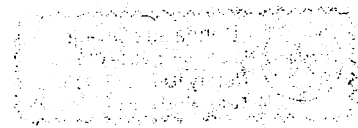
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

1941

1942

1943



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1945

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# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME <i>Dean Crump</i>		<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 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 checked="" 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: <b>17</b>
2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cory and Kendra Ramsey</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>7906 Continental Pkwy Ams 79119</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trey and Abby Wilkinson</i>	Amount of contribution (\$) <i>750<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>8804 Monticillo Ct. Ams TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason &amp; Shannon Herrick</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7901 Valcour Dr Ams TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dave Goad</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2204 S. Melam Ams TX 79109</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11</b>
2 FILER NAME <i>Dean Cremp</i>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BCL Construction</i>	7 Amount of contribution (\$) <i>1000<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4105 Julie Ann TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Colly and Allison Fleming</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7803 Continental Pkwy Ann TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Austin</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>PO Box 963 Ama TX 79105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason + Norma Burr</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7802 Continental Pkwy Ann TX 79115</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# SCHEDULE A1

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2 FILER NAME <i>Dean Crump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Henson</i>	7 Amount of contribution (\$) <i>50<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>370 Manhattan NY, NY 10026</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reece Carter</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3211 Hawthorne Dr. Anna TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim J Brewer</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>419 S. Tyler ST. Anna TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/23</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>William O'Brien</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>800 S Monroe ST Anna TX 79101</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>3/17/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Ann Loney</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>6404 Palacios Dr Anna TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Bentley</i>	Amount of contribution (\$) <i>1800<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>8007 Patriot Dr Anna TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Clark</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4506 Van Winkle Dr Anna TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Garrett</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5701 Tim Square Blvd #190 Anna TX 79119</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>3/19/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benny Bedwell</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>5703 Brandy Lee Ct Ama TX 79119</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodney Puckrodt</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4204 South Park Dr Ama TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brett Hill</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3217 S. Travis Ama TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dance Reed</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3701 SE. 25th Ave Ama TX 79103</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: <u>17</u>
2 FILER NAME <u>Michael Dean Crump</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shawn Morrison</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>2405 E. Hughes St. Anna TX 79109</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rob Parker</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>170 Dolphin Terrace Anna TX 79119</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/13/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Henson</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>6107 Jaudon Dr. Anna TX 79119</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/1/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dennis Powell</u>	Amount of contribution (\$) <u>1000.00</u>
Contributor address; City; State; Zip Code <u>PO Box 468 Anna TX 79105</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Pinkham</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>
<u>3/9/23</u>	6 Contributor address; City; State; Zip Code <u>4606 Greenwich Pl., AMA, TX 79119</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Heather Haelzle</u>	Amount of contribution (\$) <u>\$ 250.00</u>
<u>3/9/23</u>	Contributor address; City; State; Zip Code <u>4618 Cape Verde Ct, Amarillo TX 79119</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Tod Mayfield</u>	Amount of contribution (\$) <u>\$ 500.00</u>
<u>3/9/23</u>	Contributor address; City; State; Zip Code <u>4314 Charles St., Amarillo TX 79106</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gavin &amp; Laura Gadberry</u>	Amount of contribution (\$) <u>\$ 500.00</u>
<u>3/9/23</u>	Contributor address; City; State; Zip Code <u>7806 Georgetown Dr., Ama. TX 79119</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Dean Cump</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wade Porter</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>410 S. Taylor, Amarillo, TX 79101</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cody King</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>7802 Timp Ave., Amarillo, TX 79121</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cody Bidders</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>2200 Julian Blvd., Ama. TX 79102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Atkins</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>5204 Spartanburg Dr., Ama. TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Dean Cump</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Warrick</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 50363, Amarillo, TX 79159</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian + Alice Moore</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>7409 Woodmont Dr., AMA, TX 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Headrick</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>2811 S. Crockett St, Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darten Jenks</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>7706 Baughman, Amarillo, TX 79121</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Dean Crump</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gwen Neal</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>3313 Lometa Dr., Ama. TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeb Harris</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>7723 Stuyvesant, Ama. TX 79121</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick O'Neill Ware</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>37 Oldham Ce., Ama. TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Ware</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1, Amarillo, TX 79105</b>		
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: <b>17</b>
2 FILER NAME <b>Dean Crump</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/2/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S.N. OR S.L. RILEY</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 51983, Amarillo, TX 79159</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hondo Enterprises LLC</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>4922 Riggsby Ave, San Antonio, TX 78222</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandy L. Groman</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>7818 Simpson Dr, Ama. TX 79121</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelvin + Cindy Allen</b>	Amount of contribution (\$) <b>\$ 5000.00</b>
Contributor address; City; State; Zip Code <b>20050 Arrowhead Rd, Canyon, TX 79015</b>		
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>3/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin Homen Cattle Acct.</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>5308 Andrews Ave., Amarillo, TX 79106</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Gray</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; City; State; Zip Code <i>114 North Rosemont St., Ama, TX 79106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matt Griffith</i>	Amount of contribution (\$) <i>\$ 2500.00</i>
Contributor address; City; State; Zip Code <i>4211 Palacio Dr., Amarillo, TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trevor Caviness</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>3001 S. Ong, Amarillo, 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 <u>Dean Crump</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Rockwell</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address; City; State; Zip Code <u>6313 S. Chenot Dr., Amarillo, TX 79109</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gary Wells</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>7309 Park Ridge Dr. Ama. TX 79119</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tiffany Martin</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>1021 SW 33<sup>RD</sup> Amarillo, TX 79109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Travis Wheat</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>2815 S. Lipsecomb St. Amarillo, TX 79109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <u>Dean Crump</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/22/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Auburn Pope</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>2610 Travis St, Amarillo, TX 79109</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. E. Gaut</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>2802 Ong St. Amarillo, TX 79109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Wester</u>	Amount of contribution (\$) <u>\$1000.00</u>
Contributor address; City; State; Zip Code <u>9320 Lundy Ln, Amarillo, TX 79119</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Larry Chesley</u>	Amount of contribution (\$) <u>\$150.00</u>
Contributor address; City; State; Zip Code <u>7905 Valcourt Dr, Amarillo, TX 79119</u>		
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>3/22/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S.N. or S.L. Riley</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 51983, Amarillo, TX 79159</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee + Dalana Peterson Family Partnership</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 30699, Amarillo, TX 79120</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul A. Clark</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 269, Amarillo, TX 79105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Ollinger</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>7902 New England Pkwy., Ama. TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <u>Dean Crump</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/23/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve Berner</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>
6 Contributor address; City; State; Zip Code <u>8000 Monticello Ct., Amarillo, TX 79119</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/23/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve Trapton</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>3205 Parker St., Amarillo, TX 79109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/23/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wayne Paulus</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code <u>3203 Hayden, Amarillo TX 79109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/25/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Milton A. Giron &amp; Hilda Giron</u>	Amount of contribution (\$) <u>\$ 1500.00</u>
Contributor address; City; State; Zip Code <u>7905 Continental Pkwy., Ama. TX 79119</u>		
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 <u>Dean Crump</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/25/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Douglas Fowler</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>
6 Contributor address; City; State; Zip Code <u>7415 Ledgestone Dr., Amarillo, TX 79119</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/25/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Britten Enterprises</u>	Amount of contribution (\$) <u>\$ 1000.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 10003, Amarillo, TX 79120</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/25/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodney Bohle</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 181, Groom, TX 79039</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/25/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Constancio</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>16 Hogan Dr., Amarillo, TX 79124</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>Dean Crump</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/25/23</i>	<b>5</b> Payee name <i>And Anedot</i>	
<b>6</b> Amount (\$) <i>471.10</i>	<b>7</b> Payee address; City; State; Zip Code <i>1340 Poydras St. Sk, 1770 New Orleans LA 70112</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Credit Card Svc Chg Fee for online pmts</i>
	<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 <i>Dean Crump</i>	Office sought <i>Place 1</i>
<b>Date</b> <i>3/16/23</i>	<b>Payee name</b> <i>Nor flect Strategies</i>	
<b>Amount (\$)</b> <i>2500.00</i>	<b>Payee address; City; State; Zip Code</b> <i>504 W. 12th Austin TX 78701</i> <del><i>Austin, TX 78701</i></del>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	<b>Description</b> <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 <i>Dean Crump</i>	Office sought <i>Place 1</i>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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

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