CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2 Total pages filed: 16 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr les NAME NICKNAME LAST Simpson RECEIVED 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE #, ZIP CODE CITY, 79114 **OFFICEHOLDER** PO Box 21216 Amarillo Texas APR 28 2023 MAILING **ADDRESS** CITY SECRETARY'S Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** 806 681-9452 PHONE Amount S Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Ken Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Copheranham STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN TREASURER 79110 5811 S. Western Amarillo Texas **ADDRESS** (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE EXTENSION **TREASURER** 806 236-4968 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month 10 PERIOD Month Day Year Day Year COVERED 04 26 23 28 23 03 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year Description 23 05 06 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Amarillo City Council Place 4 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE Serve GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Burton John COMMITTEE CAMPAIGN TREASURER ADDRESS Ustm, TX 78767

GO TO PAGE 2 Forms provided by Texas Ethics Com **Reset Form**

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Les Simpson		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 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)	\$ 8,830.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,949.06
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 25,001.32
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 41,100.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Jen	/
	Signature of Can	didate or Officeholder
	Please complete either option below:	:
(1) Affidavit	JONNI MEGAN GLICK Notary Public, State of Texas Notary ID #12865543-6 My Commission Expires 09-20-2025	
NOTARY STAMP/SEA		00 0 1
Sworn to and subscribed		28 day of <u>Pophl</u> .
20 to certify Signature of officer administe	which, witness my hand and seal of office. As Printed name of officer administering oath	Title of officer administering oath
with a second control of	OR	NO CONTRACTOR
(2) Unsworn Declaration	on	
My name is	, and my date of birth is _	
My address is		ate) (zip code) (country)
Executed in		. 20
	Signature of Candida	ate/Officeholder (Declarant)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Les Simpson						
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,830.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	\$					
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	■ SCHEDULE E: LOANS	\$	41,100.00				
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$	45,949.06				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	. FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF CIOH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	LCONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	\$					

If the requ	ested information	is not applic	able, DO NOT i	nclude t	his page in the	report	
TI	he Instruction Guid	e explains ho	w to complete th	is form.		1 Tot	al pages Schedule A1: 8
2 FILER NAM Les Simps				·		3 File	er ID (Ethics Commission Filers)
4 Date 03/28/23	5 Full name of Shelly McG		out-of-state P	AC (tD#:		7 Am	nount of contribution (\$)
00120120	6 Contributor a 5306 Brinkn		City; Amarillo	State; Texas			
8 Principal oc	cupation / Job title (\$	See Instructions	3)	9 Em	ployer (See Instruc	tions)	
Date 03/28/23	Full name of Julie McCra		tor out-of-state PAC (ID#)			Am	nount of contribution (\$)
	Contributor a 12430 S. O	•	c _{ity;} Amarillo	State; Texas	•		
Principal occ	cupation / Job title (S	ee Instructions		Emp	bloyer (See Instruc	tions)	
Date 03/28/23	1	Full name of contributor out-of-state PAC (ID#				An	nount of contribution (\$)
	Contributor a PO Box 1	ddress;	city: Amarillo	state; Texas	Zip Code 79105		
Principal occ	cupation / Job title (S	ee Instructions)	Emp	oloyer (See Instruc	tions)	
Date 03/30/23	Full name of a		out-of-state P/	AC (ID#:)	Arr	nount of contribution (\$)
	Contributor a		city; Amarillo		Zip Code 79110		
Principal occ	cupation / Job title (S	ee Instructions)		Emp	oloyer (See Instruc	tions)	
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2 FILER NAM Les Simps						3 File	er ID (Ethics Commiss	ion Filers)
4 Date 03/30/23	5 Full name of Heath Hodg		out-of-state P	AC (ID#;)	7 An	nount of contribution	(\$) 500.00
`	6 Contributor a 17270 Whit	•	city; Canyon	Stat Texa	e; Zip Code S 79015			
8 Principal oc	cupation / Job title (See Instructions)		9 E	nployer (See Instruc	tions)		
Date 03/30/23	Full name of David & Elli		out-of-state P	AC (1D#:		Αп	ount of contribution	(\$) 250.00
	8009 Clear		city: Amarillo	Stat Texas				
Principal occ	upation / Job title (S	ee Instructions)		Eı	nployer (See Instruc	tions)		
Date 03/31/23	Brian & Carol Bruckner				out-of-state PAC (ID#:)			(\$) 100.00
	Contributor a 2618 S. Ha	•	city: Amarillo	State Texa	s 79109			.•
Principal occ	upation / Job title (S	iee (nstructions)		Er	nployer (See Instruc	tions)		
Date 03/31/23	Full name of Wilson & To		out-of-state P	AC (1D#:		An	nount of contribution	(\$) 250.00
	3405 S. Aus		city: Amarillo	Stat Texa	e; Zip Code S 79109			
Principal occ	cupation / Job title (S	ee Instructions)	<u> </u>	Er	nployer (See Instruc	tions)		
		***			· · · · · · · · · · · · · · · · · · ·			•
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2 FILER NAME Les Simps					3 File	er ID (Ethics Commissi	on Filars)
4 Date 03/31/23	5 Full name of Billy & Dant	*	itate PAC (ID#:		7 An	nount of contribution	(\$) 100.00
00/0 //20	6 Contributor a 24 Edgewal		State lo Texa				
8 Principal occ	supation / Job title (S	See Instructions)	9 Er	nployer (See Instruc	!tions)		-
Date 03/31/23	Full name of Brian B. Ke	leher	tate PAC (ID#:		An	nount of contribution	(\$) 300.00
	5211 Berge		io Texas				
Principal occu	upation / Job title (S	ee Instructions)	En	nployer (See Instruc	tions)		
Date 04/01/23	Full name of Joe & Debb	contributor out-of-s y Luscombe	Ап	nount of contribution	(\$) 500.00		
	Contributor a 2328 La Re	•		: Zip Code 5 79124			
Principal occu	pation / Job title (S	ee Instructions)	En	nployer (See Instruc	tions)		
Date 04/02/23	Full name of Andrea Gul		tate PAC (ID#:		Amount of contribution (\$)		
	Contributor a	ddress; City; y Hollow Blvd. Ama		e; Zip Code AS 79121	!		
Principal occu	pation / Job title (S	ee Instructions)	En	nployer (See Instruc	tions)		
		ATTACH ADDITIONAL CO					
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2 FILER NAM Les Simps						3 Filer	ID (Ethics Commissi	on Filers)	
4 Date 04/03/23	5 Full name of James A. Fi	eeman	out-of-state P	^C (ID# :		7 Amo	ount of contribution	(\$) 100.00	
	S Contributor a 3916 Linda		city: Amarillo	State: Texas	Zip Code 79109				
8 Principal oc	cupation / Job title (\$	See Instructions)	9 Em	bloyer (See Instru	ctions)			
Date 04/04/23	Full name of Stephen J.		out-of-state P	AC (ID#:		Amo	ount of contribution	(s) 200.00	
	Contributor a 2815 S. Get		city: Amarillo		Zip Code 79109				
Principal occ	supation / Job title (S	ee Instructions)		Emp	oloyer (See Instruc	ctions)			
Date 04/05/23	Cindi Bulla			AC (1D#:		Amo	Amount of contribution		
	Contributor a	ddress;	city: Amarillo		Zip Code 79124				
Principal occ	cupation / Job title (S	ee Instructions)		Em	oloyer (See Instruc	ctions)			
Date 04/05/23	Full name of Joel Richard		out-of-state P	out-of-state PAC (ID#			ount of contribution	(\$) 100.00	
	Contributor a	•	city; Amarîllo	State; Texas	Zip Code 79119				
Principal occ	cupation / Job title (S	ee Instructions)		Em	oloyer (See Instru	ctions)			
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The	Instruction Guid	e explains how	to complete th	is fo	rm.	1 Tota	I pages Schedule A1: 8
2 FILER NAME Les Simpso						3 Filer	ID (Ethics Commission Filers)
4 Date 04/06/23	5 Full name of a Spanky & A	my Assiter	out-of-state P/		state; Zip Code	7 Amo	ount of contribution (\$) 250.00
	16650 I-27	·	Canyon	Tex	cas 79015		
8 Principal occi	upation / Job title (5	See Instructions)		9	Employer (See Instru	uctions)	
Date 04/06/23	Full name of Gary Molbe		out-of-state P/	AC (ID:	*	Ame	ount of contribution (\$)
	Contributor a 6302 Hyde	·	city; Amarillo		State: Zip Code exas 79109		
Principal occu	upation / Job title (S	ee Instructions)			Employer (See Instru	actions)	
Date 04/06/23	Charles M. Alexander						ount of contribution (\$)
	Contributor a 2322 Junipe	-	City; Amarillo		State; Zip Code XAS 79109		
Principal occu	upation / Job title (S	ee Instructions)			Employer (See Instru	uctions)	
Date 04/08/23	Full name of Michael & M	/lorgan Mer	riman ^{City;}		#:State; Zip Code) Am	ount of contribution (\$) 500.00
Principal occu	1409 S. Lam		51 Dallas	 	xas 79215 Employer (See Instru	uctions)	
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Forms provided by	/ Texas Ethics Comm	Rese	t Form	s.sta	Reset Pag	ge	Revised 8/17/2020

SCHEDULE A1

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ii tiie reques	need information is not applicable, be NOT	nciude tina page in die	report.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 8
2 FILER NAME Les Simpso	n		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/23	5 Full name of contributor out-of-state P Donald & Twanna M. Powell 6 Contributor address; City; PO Box 468 Amarillo	State; Zip Code Texas 79105	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions) .
Date 04/10/23	Full name of contributor out-of-state P C. Lloyd & Lora Brown Contributor address; City: 3203 Bowie St. Amarillo	State: Zip Code Texas 79109	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/10/23	Full name of contributor out-of-state P Stephen & Kimberly Brooks Contributor address; City;	Amount of contribution (\$) 500.00	
Principal occup	1217 S. Lamar Amarillo ation / Job title (See Instructions)	Texas 79102 Employer (See Instruct	ions)
Date 04/12/23	Full name of contributor out-of-state P Bart & Christy Boxwell Contributor address; City; 16208 Jameson Rd. Amarillo	State; Zip Code Texas 79106	Amount of contribution (\$) 1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
			•.
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins		eporting requirements.
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π	he Instruction Guid	le explains hov	v to complete th	is form.		1 Tot	al pages Schedule A1	· 8
2 FILER NAM Les Simps						3 File	er ID' (Ethics Commiss	ion Filers)
4 Date 04/13/23	5 Full name of Shannon &		out-of-state Pr	\C (ID#:		7 An	nount of contribution	^(\$) 200.00
	6 Contributor a 7819 Bent		city; Amarillo	State; Texas	Zip Code 79121			
8 Principal oc	cupation / Job title (See Instructions)	9 Empl	oyer (See Instruc	tions)		
Date 04/13/23	Full name of Paul Harpo	· - -	out-of-state P/	.C (ID#:		An	nount of contribution	(\$) 100.00
	Contributor a 7703 Pebbl	•	city; Amarillo	-	Zip Code 79119			
Principal occ	supation / Job title (S	iee Instructions)		Empl	oyer (See Instruct	ions)		
Date 04/14/23	Full name of David Mullin	ז	ontributor out-of-state PAC (ID#:)			Am	ount of contribution	(\$) 150.00
	Contributor a	ddress;	city; Amarillo	State; Texas	· .			
Principal occ	cupation / Job title (S	ea Instructions)	''t	Emple	oyer (See Instruct	ions)	, 	
Date 04/16/23	Full name of Pat & Cheri		out-of-state PA	C (ID#:		Arr	ount of contribution	(\$) 300.00
	7410 New E	-	city; vy. Amarillo		Zip Code 79106			
Principal occ	supation / Job title (S	ee Instructions)		Emple	oyer (See Instruct	ions)		-
								
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2 FILER NAME Les Simpso	n	F_ 11-1-1		·			3 File	r ID (Elhics Commissi	on Filers)
4 Date 04/21/23	Full name of Richard & L	inda Brown	out-of-state P/		ate;	Zip Code	7 Am	ount of contribution	(\$) 250.00
	3004 S. Hay	-	Amarillo		•	79109			
8 Principal occu	pation / Job title (S	See Instructions)		9 1	Empl	loyer (See Instruc	tions)		
Date 04/22/23	Full name of Stan Morris		out-of-state P/	 C (1D#:_	••••		Am	ount of contribution	(\$) 100.00
	Contributor a 6308 Calum	•	city; Amarillo			Zip Code 79106			
Principal occup	pation / Job title (S	ee Instructions)		I	Empl	oyer (See Instruct	ions)		
Date 04/24/23		Full name of contributor out-of-state PAC (ID#:) Ken & Kaki Copheranham				Am	ount of contribution	(\$) 250.00	
	Contributor a 5811 S. We		сну; Amarillo		ite; 3S	Zip Code 79110			
Principal occup	pation / Job title (S	ee Instructions)			Empl	oyer (See Instruct	ions)		
Date 04/24/23	Full name of Raymond D		out-of-state PA	.C (ID#	• • • • •		Am	ount of contribution	(\$) 250.00
	Contributor a 3501 Goods	•	City: Amarillo			Zip Code 79121			
Principal occur	pation / Job title (S	ee Instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	Empi	loyer (See Instruc	tions)		····
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LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1. Total pages Schedule E: 2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Les Simpson 4 TOTAL OF UNITEMIZED LOANS \$ 41,100.00 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#_ 11/01/22 1,000.00 Les Simpson 10 Interest rate 6 is lender 8 Lender address: City: State; Zip Code a financial 5304 Brinkman institution? Amarillo Texas 79106 11 Maturity date YEN 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Self Self 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:__ 100.00 01/03/23 Les Simpson Interest rate City: is lender Lender address; State; Zip Code a financial 5304 Brinkman Amarillo Texas 79106 Institution? Maturity date Y E N Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self Description of Collateral Check if personal funds were deposited into political account (See Instructions) mone **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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not applicable

Principal Occupation (See Instructions)

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Guarantor address;

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Employer (See Instructions)

State; Zip Code

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LOANS SCHEDULE E

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The !	instruction Gu	ide explains	how to compl	ete this form.		1 To	otal pages Schedule E: 2	
2 FILER NAME Les Simpson	,					3 F	iler ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED	LOANS				\$ 4	1,100.00	
5 Date of loan 02/08/22	7 Name of le Les Simps		out-of-state F	PAC (ID#:			.oan Amount (\$) 10,000.00	
6 Is lender a financial Institution?	8 Lender ac 5304 Brink	•	city; Amarillo	State; Texas	Zip Code 79106		nterest rate Auturity date	
ΓyΓN						"		
12 Principal occupation	on / Job title (S	ee Instructions	5)	13 Employer (Se Self	ee Instructions)	<u> </u>		
14 Description of Coll	ateral			Check if personal funds were deposited into political account (See Instructions)				
■ none 16 GUARANTOR	17 Name of g	uarantor				T	Amount Guaranteed (\$)	
INFORMATION							.,	
	18 Guaranto	Zip Code						
not applicable								
20 Principal Occupat	ion (See Instru	ctions)		21 Employer (Se	ee Instructions)	•		
Date of loan	Name of l	ender	Out-of-state	PAC (ID#:)		oan Amount (\$)	
04/17/23	Les Simp	son	_			3	0,000.00	
ls lender a financial	Lender a 5304 Brink	•	city; Amarillo	State; Texas	Zip Code 79106	11	nterest rate	
Institution?	DOUT DIMI	arica (Amamo	10,43	70.100	7	Maturity date	
Principal occupation	l on / Job title (S	iee Instruction	s)	Employer (S Self	ee Instructions)	1		
Description of Coll	ateral				ck if personal fur		e deposited into political	
# none			<u></u>				Amount Guaranteed (\$)	
GUARANTOR INFORMATION	Name of g	uarantor					amount Guarameed (9)	
	Guaranto	r address;	City;	State	Zip Code			
not applicable								
Principal Occupati	ion (See Instruc	tions)		Employer (S	ee Instructions)			
16 1.				PIES OF THIS SCI			g requirements.	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

Revised 8/17/2020

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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER N. Les Simp		•		3 Filer ID (Ethio	s Commission Filers)				
4 Date 03/28/23	5 Payee na Anedot	me								
6 Amount (\$) 8.80	7 Payee ac 1340 Po	^{dress;} ydras Street, Suite 1	770	City; New Orleans	State; LA	Zip Code 70112				
8 PURPOSE OF EXPENDITURE	(a) Categor Fees									
9 Complete ONLY if direct expenditure to benefit C/Ol	(c) Candid	Check if Austin	n, TX, officeholder livin	Office held						
Date 03/30/23	Payee na Anedot	me								
Amount (\$). 10.30	Payee ac 1340 Po	odress; ydras Street, Suite 1	770	City; State; New Orleans LA		Zip Code 70112				
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of th	is schedule)	Political Contribution Online Fee						
		Check if travel outside of Texas Complete	te Schedule T.	Check if Austin	n, TX, officeholder livin	g expense				
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held				
Date 04/06/23	Payee na Anedot	ame		-						
Amount (\$) 3.30	Payee ac 1340 Poy	dress; /dras Street, Suite 1	770	City; New Orleans	State; LA	Zip Code 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees Description Political Contribution Online Fee									
!		Check if travel outside of Texas. Complet	te Schedule T	Check if Austi	n, TX, officeholder livin	g expense				
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held				
	AT	FACH ADDITIONAL CODI	EC OF THIS	SCHEDINE VE VICE	-DED					

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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services		Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra		olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel In District ravel Out Of District ther (enter a category not listed above)			
Credit Card Payment		The instruction Guide expla	ins how to	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Les Simpson				3 Filer ID (Ethi	ics Commission Filers)			
4 Date 04/12/23	5 Paye Nobo	e name x Creative							
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code	_		
12,193.56	4211	I-40, Suite 201		Amarillo	Texas	79106			
	(a) Cate	gory (See Categories listed at the top of the	nis schedule)	(b) Description	<u> </u>		_		
PURPOSE OF EXPENDITURE	Consulting Expense			Marketing/Consulting					
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	n, TX, officeholder livid	ng expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ndidate / Officeholder name		Office sought		Office held			
Date	Paye	e name					_		
04/13/23	Aned								
Amount (\$)	Paye	e address;		City;	State;	Zip Code			
4.30	1340	Poydras Street, Suite 1	770	New Orleans	LA	70112			
PURPOSE	Category (See Categories listed at the top of this schedule) Fees			Description Political Contribution Online Fee					
OF EXPENDITURE							_		
		Check if travel outside of Texas. Complete	Schedule T	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name. expenditure to benefit C/OH			Office sought		Office held			
Date	Paye	ee name.					_		
04/14/23	Aned	ot							
Amount (\$)		e address;	770	City:	State;	Zip Code			
6.30	1340 	Poydras Street, Suite 1	770	New Orleans	LA	70112			
	Category (See Categories listed at the top of this schedule)			Description	Description				
PURPOSE	Fees		Political Contribution Online Fee						
OF EXPENDITURE									
	Check if travel outside of Texas. Complete Schedule T			Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder name		Office sought	. 1	Office held			
	-	ATTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		=		
	ion Com		cs.s		<u>-</u> _	Revised 8/17/202	20		
Forms provided by Texas Eth	iics com	Reset Form]	Reset Page	ł	11011000 0111801			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Com

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SCHEDULE F1

Revised 8/17/2020

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 Correcting Expense Corributions/Donations Made B Candidate/Officeholder/Politica CreditCard Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)					
4 Date 04/17/23	5 Payee name Nobox Creative							
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
33,649.20	4211 I-40, Suite 201	Amarillo	Texas	79106				
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	(b) Description					
PURPOSE OF EXPENDITURE	Consulting Expense	Marketing/Co	Marketing/Consulting					
	(C) Check if travel outside of Texas. Complete Sci	ScheduleT. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
04/18/23	USPS							
Amount (\$)	Payee address;	City;	State;	Zip Code				
63.00	5000 S. Western St.	Amarillo	Texas	79109				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Advertising	Postage						
	Check if travel outside of Texas Complete Sci	neduleT Check if Au	istin, TX, otticeholder living expense					
Complete ONLY if direct expenditure to benefit C/Oi-	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
04/24/23	Anedot							
Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 177	O New Orleans	State; LA	Zip Code 70112				
····	Category (See Categories listed at the top of this so	hedule) Description		·- · · · · · · · · · · · · · · · · · ·				
PURPOSE OF EXPENDITURE	Fees	Political Contr	Political Contribution Online Fee					
:	Check if travel outside of Texas. Complete Sci	of Texas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	, , · · · · ·	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EDED					

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