

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #,	CITY, STATE, ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,		CITY, STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received

RECEIVED

APR 28 2023

CITY SECRETARY'S
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

1325

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME Les Simpson		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)	\$ 8,830.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,949.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,001.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 41,100.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Les Simpson this the 28 day of April, 2023, to certify which, witness my hand and seal of office.

[Handwritten Signature] Jonni Glick Asst City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Les Simpson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,830.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ■ SCHEDULE E: LOANS	\$ 41,100.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 45,949.06
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 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 C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/23	5 Full name of contributor out-of-state PAC (ID# _____) Shelly McGee	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5306 Brinkman Dr. Amarillo Texas 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/23	Full name of contributor out-of-state PAC (ID# _____) Julie McCracken	Amount of contribution (\$) 105.00
Contributor address; City; State; Zip Code 12430 S. Osage St. Amarillo Texas 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/23	Full name of contributor out-of-state PAC (ID# _____) Richard Ware	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code PO Box 1 Amarillo Texas 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/23	Full name of contributor out-of-state PAC (ID# _____) David Brewer	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4806 Carol Ln. Amarillo Texas 79110		
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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) Heath Hodge	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 17270 White Wing Rd. Canyon Texas 79015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/23	Full name of contributor out-of-state PAC (ID#: _____) David & Ellen Jones	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 8009 Clearmeadow Amarillo Texas 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/23	Full name of contributor out-of-state PAC (ID#: _____) Brian & Carol Bruckner	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2618 S. Hayden Amarillo Texas 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/23	Full name of contributor out-of-state PAC (ID#: _____) Wilson & Tonya Freeman	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3405 S. Austin Amarillo Texas 79109		
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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/23	5 Full name of contributor out-of-state PAC (ID#: _____) Billy & Danna Krause <hr/> 6 Contributor address; City; State; Zip Code 24 Edgewater Amarillo Texas 79106	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/23	Full name of contributor out-of-state PAC (ID#: _____) Brian B. Kelleher <hr/> Contributor address; City; State; Zip Code 5211 Berget Dr. Amarillo Texas 79106	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/23	Full name of contributor out-of-state PAC (ID#: _____) Joe & Debby Luscombe <hr/> Contributor address; City; State; Zip Code 2328 La Reata Amarillo Texas 79124	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/23	Full name of contributor out-of-state PAC (ID#: _____) Andrea Gulley <hr/> Contributor address; City; State; Zip Code 3533 Sleepy Hollow Blvd. Amarillo Texas 79121	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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/23	5 Full name of contributor James A. Freeman <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3916 Linda Dr. Amarillo Texas 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/23	Full name of contributor Stephen J. Austin <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2815 S. Georgia Amarillo Texas 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/23	Full name of contributor Cindi Bulla <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1400 Reagan Court Amarillo Texas 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/23	Full name of contributor Joel Richardson <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6009 Landon Dr. Amarillo Texas 79119		
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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/23	5 Full name of contributor out-of-state PAC (ID#: _____) Spanky & Amy Assiter	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 16650 I-27 Canyon Texas 79015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/23	Full name of contributor out-of-state PAC (ID#: _____) Gary Molberg	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 6302 Hyde Pkwy Amarillo Texas 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor out-of-state PAC (ID#: _____) Charles M. Alexander	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2322 Juniper Amarillo Texas 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/23	Full name of contributor out-of-state PAC (ID#: _____) Michael & Morgan Merriman	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1409 S. Lamar St. Apt. 651 Dallas Texas 79215		
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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/23	5 Full name of contributor out-of-state PAC (ID# _____) Donald & Twanna M. Powell	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code PO Box 468 Amarillo Texas 79105		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/23	Full name of contributor out-of-state PAC (ID# _____) C. Lloyd & Lora Brown	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3203 Bowie St. Amarillo Texas 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/23	Full name of contributor out-of-state PAC (ID# _____) Stephen & Kimberly Brooks	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1217 S. Lamar Amarillo Texas 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/23	Full name of contributor out-of-state PAC (ID# _____) Bart & Christy Boxwell	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 16208 Jameson Rd. Amarillo Texas 79106		
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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/23	5 Full name of contributor out-of-state PAC (ID#: _____) Shannon & Tracie Brooks	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 7819 Bent Tree Dr. Amarillo Texas 79121		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/23	Full name of contributor out-of-state PAC (ID#: _____) Paul Harpole	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7703 Pebblebrook Dr. Amarillo Texas 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/23	Full name of contributor out-of-state PAC (ID#: _____) David Mullin	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 6406 Grantham Dr. Amarillo Texas 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/23	Full name of contributor out-of-state PAC (ID#: _____) Pat & Cherie Sanders	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 7410 New England Pkwy. Amarillo Texas 79106		
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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/23	5 Full name of contributor out-of-state PAC (ID#: _____) Richard & Linda Brown	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 3004 S. Hayden Amarillo Texas 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/23	Full name of contributor out-of-state PAC (ID#: _____) Stan Morris	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6308 Calumet Rd. Amarillo Texas 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/23	Full name of contributor out-of-state PAC (ID#: _____) Ken & Kaki Copheranham	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5811 S. Western Amarillo Texas 79110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/23	Full name of contributor out-of-state PAC (ID#: _____) Raymond Donaldson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3501 Goodfellow Ln. Amarillo Texas 79121		
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.

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 41,100.00
5 Date of loan 11/01/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Les Simpson	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self
14 Description of Collateral * none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 01/03/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Les Simpson	Loan Amount (\$) 100.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Description of Collateral * none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 41,100.00
5 Date of loan 02/08/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Les Simpson	9 Loan Amount (\$) 10,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 04/17/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Les Simpson	Loan Amount (\$) 30,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 Les Simpson	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/23	5 Payee name Anedot	
6 Amount (\$) 8.80	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Political Contribution Online Fee
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/30/23	Payee name Anedot	
Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 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. Complete Schedule T. 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 04/06/23	Payee name Anedot	
Amount (\$) 3.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 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. Complete Schedule T. 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 Les Simpson	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date 04/12/23	5 Payee name Nobox Creative
---------------------------	---------------------------------------

6 Amount (\$) 12,193.56	7 Payee address; 4211 I-40, Suite 201	City; Amarillo	State; Texas	Zip Code 79106
-----------------------------------	---	-------------------	-----------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Marketing/Consulting
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 04/13/23	Payee name Anedot
------------------	----------------------

Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
---------------------	---	----------------------	--------------	-------------------

8 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. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/14/23	Payee name Anedot
------------------	----------------------

Amount (\$) 6.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
---------------------	---	----------------------	--------------	-------------------

8 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. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY 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	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 Les Simpson	3 Filer ID (Ethics Commission Filers)
---------------------------------	-----------------------------	---------------------------------------

4 Date 04/17/23	5 Payee name Nobox Creative
--------------------	--------------------------------

6 Amount (\$) 33,649.20	7 Payee address; 4211 I-40, Suite 201	City; Amarillo	State; Texas	Zip Code 79106
----------------------------	--	-------------------	-----------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Marketing/Consulting
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/18/23	Payee name USPS
------------------	--------------------

Amount (\$) 63.00	Payee address; 5000 S. Western St.	City; Amarillo	State; Texas	Zip Code 79109
----------------------	---------------------------------------	-------------------	-----------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Postage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/24/23	Payee name Anedot
------------------	----------------------

Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	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. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED