

# 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: **38**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Les

NICKNAME LAST SUFFIX  
Simpson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY, STATE, ZIP CODE  
PO Box 21216 Amarillo Texas 79114

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(806) 681-9452

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Ken

NICKNAME LAST SUFFIX  
Copheranham

OFFICE USE ONLY

Date Received  
**RECEIVED**  
APR 06 2023

CITY SECRETARY'S  
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE  
5811 S. Western Amarillo Texas 79110

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(806) 236-4968

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)

July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
01 / 01 / 23 THROUGH 03 / 27 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description  
05 / 06 / 23  General  Special

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)  
Amarillo City Council Place 4

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

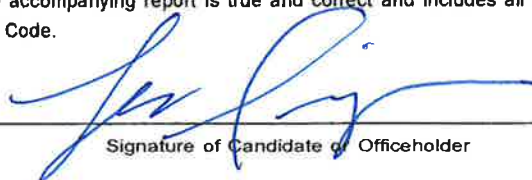
1340

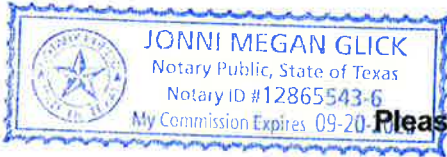
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>16 C/OH NAME</b> Les Simpson		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,687.50
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,616.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,070.52
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,100.00

**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.

  
\_\_\_\_\_  
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 6 day of April, 2023, to certify which, witness my hand and seal of office.

Jonni Glick 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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,687.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 11,100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,616.98
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: <b>22</b>
2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/03/23</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Brian Moore</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>3333 S. Coulter, C-2 Amarillo Texas 79106</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/05/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Dennis Smith</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>4131 Julie Drive Amarillo Texas 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/09/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Mike &amp; Jana Smiley</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>7406 Woodmont Amarillo Texas 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/09/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Hugh &amp; Tamara Bonifield</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4900 Erik Amarillo Texas 79196</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/10/23</b>	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> <b>Bonnie Dugie</b>	7 Amount of contribution (\$) <b>1000.00</b>
6 Contributor address; <small>City; State; Zip Code</small> <b>19260 Mendocino Dr. Canyon Texas 79015</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/10/23</b>	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <b>Douglass White</b>	Amount of contribution (\$) <b>350.00</b>
Contributor address; <small>City; State; Zip Code</small> <b>4609 Chesapeake Pl. Amarillo Texas 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/10/23</b>	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <b>Darla White</b>	Amount of contribution (\$) <b>350.00</b>
Contributor address; <small>City; State; Zip Code</small> <b>4609 Chesapeake Pl. Amarillo Texas 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/11/23</b>	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <b>Thomas Karr</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; <small>City; State; Zip Code</small> <b>7902 B Bennington Dr. Amarillo Texas 79119</b>		
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 <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/11/23</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Shelley Chaloupka</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2028 S. Austin Amarillo Texas 79109</b>	7 Amount of contribution (\$) <b>1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/11/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Robert Neely</b> <hr/> Contributor address; City; State; Zip Code <b>6823 Lost Canyon Dr. Amarillo Texas 79124</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/12/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Karen Jordan Stout</b> <hr/> Contributor address; City; State; Zip Code <b>15 Sandhills Ln. Amarillo Texas 79124</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/12/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jerry &amp; Margaret Hodge</b> <hr/> Contributor address; City; State; Zip Code <b>320 S. Polk, Suite 100 Amarillo Texas 79101</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **22**

2 FILER NAME  
**Les Simpson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**01/12/23**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Samuel & Carol Lovelady**

7 Amount of contribution (\$) **250.00**

6 Contributor address; City; State; Zip Code  
**2817 Crockett Amarillo Texas 79109**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**01/13/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Steve Wright**

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code  
**8801 Melfrank Amarillo Texas 79124**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/13/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Rod Schroeder**

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code  
**7100 Red Rock Rd. Amarillo Texas 79118**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/16/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Kelly Teal**

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code  
**2617 S. Lipscomb Amarillo Texas 79109**

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 Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 01/23/23	5 Full name of contributor out-of-state PAC (ID# _____) Allen Durrett ----- 6 Contributor address; City; State; Zip Code 1700 S. Washington Amarillo Texas 79102	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/23	Full name of contributor out-of-state PAC (ID# _____) Trent Morris ----- Contributor address; City; State; Zip Code PO Box 1854 Amarillo Texas 79105	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/23	Full name of contributor out-of-state PAC (ID# _____) Karen Whitlow ----- Contributor address; City; State; Zip Code 5601 Bell St. Amarillo Texas 79109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/23	Full name of contributor out-of-state PAC (ID# _____) Mark & Nan Haworth ----- Contributor address; City; State; Zip Code 7417 Woodmont Dr. Amarillo Texas 79119	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **22**

2 FILER NAME  
**Les Simpson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/01/23**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Greg Smith**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**4702 Easley Pl. Amarillo Texas 79119**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**02/02/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Stephen Fuller**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**7714 Bent Tree Dr. Amarillo Texas 79121**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/02/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Jon M. & Sandra Beilue**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**3419 Fleetwood Dr. Amarillo Texas 79109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/03/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Steve Bowen**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**6216 Jameson Rd. Amarillo Texas 79106**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **22**

2 FILER NAME  
**Les Simpson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/03/23**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Matt & Sally Forrester**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**7803 Christina Ave. Amarillo Texas 79121**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**02/06/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Carl & Shylan Birdsong**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**1807 Club View Dr. Amarillo Texas 79124**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/07/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**John Ward**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**16 Cypress Pt. Amarillo Texas 79124**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/08/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Sunny Hope Hodge Campbell**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**4206 Windsor Pkwy. Dallas Texas 75205**

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 <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) <b>Intentionally Left Blank</b>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/09/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Roger &amp; Susan Cox</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>7702 New England Pkwy. Amarillo Texas 79119</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/10/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Stephen Walton</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>2102 S. Julian Blvd. Amarillo Texas 79102</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/11/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Mark Ellis</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code <b>8212 Victory Dr. Amarillo Texas 79119</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/11/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lisa A. Talley</b> <hr/> 6 Contributor address;                      City;                      State;                      Zip Code <b>2110 S. Lipscomb St.                      Amarillo                      Texas                      79109</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/12/23</b>	Full name of contributor      out-of-state PAC (ID# _____) <b>Brent &amp; Carol Capps</b> <hr/> Contributor address;                      City;                      State;                      Zip Code <b>23 Sandhill Lane                      Amarillo                      Texas                      79124</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/13/23</b>	Full name of contributor      out-of-state PAC (ID# _____) <b>Chris &amp; Randi Bruckner</b> <hr/> Contributor address;                      City;                      State;                      Zip Code <b>2809 S. Hayden                      Amarillo                      Texas                      79109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/14/23</b>	Full name of contributor      out-of-state PAC (ID# _____) <b>Raymond &amp; Kim Allen</b> <hr/> Contributor address;                      City;                      State;                      Zip Code <b>2309 Remuda Place                      Amarillo                      Texas                      79124</b>	Amount of contribution (\$)  <b>500.00</b>
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 <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/15/23</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Scott &amp; Cindy Dickerson</b>	7 Amount of contribution (\$) <b>350.00</b>
6 Contributor address; City; State; Zip Code <b>2409 S. Ong St. Amarillo Texas 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>02/15/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Joe &amp; Laura Street</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>7800 New England Pkwy. Amarillo Texas 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>02/15/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Brian &amp; Susie Heinrich</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3425 Danbury Amarillo Texas 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>02/16/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Dalton &amp; Madeline Brooks</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>201 Sunset Terrace Amarillo Texas 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>22</b>
<b>2</b> FILER NAME <b>Les Simpson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/16/23</b>	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) <b>James Cramer</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>6</b> Contributor address; City; State; Zip Code <b>5234 Aberdeen Pkwy Amarillo Texas 79119</b>		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>02/17/23</b>	<b>Full name of contributor out-of-state PAC (ID# _____)</b> <b>Lawrence &amp; Sharon Oeschger</b>	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>10 Pine Valley Ln. Amarillo Texas 79124</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>02/17/23</b>	<b>Full name of contributor out-of-state PAC (ID# _____)</b> <b>Daniel Smith</b>	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>1916 S. Bonham St. Amarillo Texas 79109</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>02/19/23</b>	<b>Full name of contributor out-of-state PAC (ID# _____)</b> <b>Robert &amp; Laurie Pinkston</b>	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>17 Willow Bridge Dr. Amarillo Texas 79106</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# 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: **22**

2 FILER NAME  
**Les Simpson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/20/23**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**David Terry**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**3 Pebble Beach Ct. Amarillo Texas 79124**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**02/20/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Jim Allen**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**7405 Lynnlee Pl. Amarillo Texas 79121**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/20/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**William & Cynthia Hawkins**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**3518 Kensington Pl. Amarillo Texas 79121**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/21/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Stephen Cowan**

Amount of contribution (\$)  
**400.00**

Contributor address; City; State; Zip Code  
**3229 Milam Amarillo Texas 79109**

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: **22**

2 FILER NAME  
**Les Simpson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/23/23**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Brian & Julie Sims**

7 Amount of contribution (\$)  
**1000.00**

6 Contributor address; City; State; Zip Code  
**21400 FM 2590 Canyon Texas 79015**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**02/23/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Donna Sellers**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**2402 Bowie St. Amarillo Texas 79109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Intentionally Left Blank**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/27/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Stanley & Stephanie Holloway**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**6801 White Bluff Trl. Amarillo Texas 79118**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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: <b>22</b>
2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/23</b>	5 Full name of contributor <b>George Raffkind</b> <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>2205 S. Georgia Amarillo Texas 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/01/23</b>	Full name of contributor <b>Gary Jennings</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>4503 Greenwich Pl. Amarillo Texas 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/04/23</b>	Full name of contributor <b>David &amp; Kim Washer</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>7108 Old Kent Rd. Amarillo Texas 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/05/23</b>	Full name of contributor <b>W. Ashley Allen</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>350.00</b>
Contributor address; City; State; Zip Code <b>2 Bunker Pass Canyon Texas 79015</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>22</b>
<b>2</b> FILER NAME <b>Les Simpson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/06/23</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Jay &amp; Sharon Ricci</b> ----- <b>6</b> Contributor address; City; State; Zip Code <b>5712 Andover Dr. Amarillo Texas 79109</b>	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>03/06/23</b>	<b>Mr. &amp; Mrs. W.F. Countiss</b> ----- <b>3805 Carlton Dr. Amarillo Texas 79109</b>	<b>250.00</b>
<b>03/09/23</b>		<b>1000.00</b>
<b>03/10/23</b>	<b>John Luciano</b> ----- <b>8707 Pilgrim Dr. Amarillo Texas 79119</b>	<b>500.00</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		
<b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>22</b>
2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/11/23</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Bob Williams</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4604 Ashville Pl. Amarillo Texas 79119</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/11/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Randy &amp; Debbie Jeffers</b> <hr/> Contributor address; City; State; Zip Code <b>1615 Bryan St. #15A Amarillo Texas 79102</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/13/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Cory Dupriest</b> <hr/> Contributor address; City; State; Zip Code <b>2814 S. Ong St. Amarillo Texas 79109</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/13/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Stacy Hand</b> <hr/> Contributor address; City; State; Zip Code <b>2605 Henning St. Amarillo Texas 79106</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>22</b>
2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/14/23</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Van &amp; Suzanne Guleke</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 31262 Amarillo Texas 79120</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/14/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Kimberly Dryden</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>6110 Tuscany Village Amarillo Texas 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/15/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Vance Reed</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>3701 SE. 25th Ave. Amarillo Texas 79103</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/16.23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>C. Jared &amp; Velvet Knight</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1921 Las Tecovas Tri Amarillo Texas 79124</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>22</b>
<b>2</b> FILER NAME <b>Les Simpson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/17/23</b>	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) <b>Patrick Callahan</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>146 N. Timbercreek Canyon Canyon Texas 79118</b>	<b>7</b> Amount of contribution (\$)  <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <b>Intentionally Left Blank</b> <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/18/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Clark &amp; Kim Damon</b> <hr/> Contributor address; City; State; Zip Code <b>5000 SW. 45th Ave. Amarillo Texas 79109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/19/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Peggy Bruckner</b> <hr/> Contributor address; City; State; Zip Code <b>22 Edgewater Dr. Amarillo Texas 79106</b>	Amount of contribution (\$)  <b>60.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>22</b>
<b>2</b> FILER NAME <b>Les Simpson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/19/23</b>	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) <b>Russell &amp; Natrelle Long</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>2028 S. Austin #207 Amarillo Texas 79109</b>	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>03/20/23</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>David &amp; Mary Jane Johnson</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>810 S. Avondale St. Amarillo Texas 79106</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>03/21/23</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>Clifford H. Collen, Jr.</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>1607 S. Rusk Amarillo Texas 79102</b>	<b>Amount of contribution (\$)</b>  <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>03/21/23</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>Barbara Pierson</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>202 Arch Terrace Amarillo Texas 79106</b>	<b>Amount of contribution (\$)</b>  <b>52.50</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1: **22**

**2** FILER NAME  
**Les Simpson**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**03/21/23**

**5** Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Quinn Alexander**

**7** Amount of contribution (\$)  
**250.00**

**6** Contributor address; City; State; Zip Code  
**151 Laurel Leaf Lane Canyon Texas 79105**

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
**03/22/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Gary & Gayle Skinner**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**5107 Olsen Cir. Amarillo Texas 79106**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**03/22/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**David Hemphill**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**6600 Kingsbury Dr. Amarillo Texas 79109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**03/23/23**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Alex & Cheryl Fairly**

Amount of contribution (\$)  
**2500.00**

Contributor address; City; State; Zip Code  
**3221 Milam Amarillo Texas 79109**

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: <b>22</b>
2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/23</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Amarillo Association of Realtors Political Action Committee</b> ----- 6 Contributor address; City; State; Zip Code <b>5601 Enterprise Cir. Amarillo Texas 79106</b>	7 Amount of contribution (\$) <b>4000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/23/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Mark Wingate</b> ----- Contributor address; City; State; Zip Code <b>PO Box 8171 Amarillo Texas 79114</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) <b>Intentionally Left Blank</b> ----- Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/24/23</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Bill Gilliland</b> ----- Contributor address; City; State; Zip Code <b>500 S. Taylor, LB 249 Amarillo Texas 79101</b>	Amount of contribution (\$) <b>500.00</b>
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: 22
2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/23	5 Full name of contributor Virginia Maynard out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 2416 Hayden St. Amarillo Texas 79109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/23	Full name of contributor James Pray out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 114 N. Rosemont St. Amarillo Texas 79106	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/23	Full name of contributor W. Jeff Chesnut out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code PO Box 9312 Amarillo TX 79105	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

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

<b>Date of loan</b> 01/03/23	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID# _____ ) Les Simpson	<b>Loan Amount (\$)</b> 100.00
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b> 5304 Brinkman Amarillo Texas 79106	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Self		<b>Employer (See Instructions)</b> Self
<b>Description of Collateral</b> <input type="checkbox"/> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: <b>2</b>
2 FILER NAME <b>Les Simpson</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>02/08/23</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Les Simpson</b>	9 Loan Amount (\$) <b>10,000.00</b>
6 is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>5304 Brinkman Amarillo Texas 79106</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Self</b>		13 Employer (See Instructions) <b>Self</b>
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	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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.

# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/03/23	<b>5</b> Payee name Anedot
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<b>6</b> Amount (\$) 14.60	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/05/23	Payee name Anedot
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/09/23	Payee name Anedot
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Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/10/23	<b>5</b> Payee name Anedot
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<b>6</b> Amount (\$) 40.30	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/11/23	Payee name Anedot
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Amount (\$) 60.90	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	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
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Date 01/12/23	Payee name Anedot
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/13/23	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 14.60	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/16/23	Payee name Anedot	
Amount (\$) 20.30	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/23/23	Payee name Anedot	
Amount (\$) 4.30	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/25/23	<b>5</b> Payee name Anedot
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<b>6</b> Amount (\$) 18.60	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/01/23	Payee name Anedot
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/02/23	Payee name Anedot
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Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/03/23	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 8.30	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/07/23	Payee name Anedot	
Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
<b>PURPOSE OF EXPENDITURE</b>	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 02/07/23	Payee name City of Amarillo	
Amount (\$) 100.00	Payee address; 601 S. Buchanan	City; State; Zip Code Amarillo Texas 79105
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee for City Election, Place 4
	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By 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>11</i>	<b>2</b> FILER NAME <b>Les Simpson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/08/23</b>	<b>5</b> Payee name <b>Emily Prisk</b>
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<b>6</b> Amount (\$) <b>268.46</b>	<b>7</b> Payee address; <b>3509 S. Rusk Street</b>	City; <b>Amarillo</b>	State; <b>Texas</b>	Zip Code <b>79109</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <b>Marketing/Consulting</b>
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/09/23</b>	Payee name <b>No Box Creative</b>
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Amount (\$) <b>13,706.90</b>	Payee address; <b>2766 Duniven Circle</b>	City; <b>Amarillo</b>	State; <b>Texas</b>	Zip Code <b>79109</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Marketing/Consulting/Outdoor Signage</b>
	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
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Date <b>02/10/23</b>	Payee name <b>Anedot</b>
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Amount (\$) <b>10.30</b>	Payee address; <b>1340 Poydras Street, Suite 1770</b>	City; <b>New Orleans</b>	State; <b>LA</b>	Zip Code <b>70112</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Political Contribution Online Fee</b>
	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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/11/23	<b>5</b> Payee name Anedot
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<b>6</b> Amount (\$) 6.60	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fee	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/13/23	Payee name USPS
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Amount (\$) 63.00	Payee address; 5000 S. Western St.	City; Amarillo	State; Texas	Zip Code 79109
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/15/23	Payee name Siren Solutions
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Amount (\$) 768.60	Payee address; 301 S. Polk, Suite 440	City; Amarillo	State; Texas	Zip Code 79101
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Marketing/Consulting
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Les Simpson		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/16/23		<b>5</b> Payee name Anedot			
<b>6</b> Amount (\$) 20.30		<b>7</b> Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fee		<b>(b)</b> Description Political Contribution Online Fee		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/20/23	Payee name Anedot				
Amount (\$) 40.30	Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA	Zip Code 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee		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 03/03/23	Payee name Lowe's Home Improvement				
Amount (\$) 259.15	Payee address; 5000 S. Coulter Street		City; Amarillo	State; Texas	Zip Code 79119
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Posts for Outdoor Signage		
	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <b>Les Simpson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/10/23</b>	<b>5</b> Payee name <b>Lowe's Home Improvement</b>	
<b>6</b> Amount (\$) <b>60.47</b>	<b>7</b> Payee address; <b>5000 S. Coulter Street</b>	City; State; Zip Code <b>Amarillo Texas 79119</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>T-Posts for Outdoor Signage</b>
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/11/23</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>8.30</b>	Payee address; <b>1340 Poydras Street, Suite 1770</b>	City; State; Zip Code <b>New Orleans LA 70112</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Political Contribution Online Fee</b>
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/14/23</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>4.30</b>	Payee address; <b>1340 Poydras Street, Suite 1770</b>	City; State; Zip Code <b>New Orleans LA 70112</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Political Contribution Online Fee</b>
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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                        | 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.

<b>1</b> Total pages Schedule F1: <u>11</u>	<b>2</b> FILER NAME Les Simpson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/23	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 4.30	<b>7</b> Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fee	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/23	Candidate / Officeholder name Anedot	
Amount (\$) 12.70	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/23	Candidate / Officeholder name Anedot	
Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	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 <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <b>Les Simpson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/27/23</b>	<b>5</b> Payee name <b>Anedot</b>	
<b>6</b> Amount (\$) <b>1.30</b>	<b>7</b> Payee address; <b>1340 Poydras Street, Suite 1770</b>	City; State; Zip Code <b>New Orleans LA 70112</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fee</b>	<b>(b)</b> Description <b>Political Contribution Online Fee</b>
	<b>(c)</b> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**Reset Form**

**Reset Page**