

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |  |  |                                |
|--|--|--|--------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: <b>26</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>Mr.</b><br>NICKNAME  | FIRST<br><b>David</b><br>LAST  | MI<br><br>SUFFIX               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>601 SW 9th Ave. Amarillo, TX 79101</b>  |  |                                |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>( 806 )</b>  | PHONE NUMBER<br><b>674-6062</b>  | EXTENSION                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>Mr.</b><br>NICKNAME  | FIRST<br><b>Michael</b><br>LAST  | MI<br><br>SUFFIX               |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>600 S. Tyler St. Suite 900, Amarillo, TX 79101</b>   |  |                                |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>( 806 )</b>  | PHONE NUMBER<br><b>543-9955</b>  | EXTENSION                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                                |
| 10 PERIOD COVERED  | Month      Day      Year      THROUGH      Month      Day      Year<br><b>01 / 01 / 25</b> <b>03 / 24 / 25</b>   |  |                                |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br><b>05 / 03 / 25</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><b>City Counsel Place 3</b>   |                                |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | <b>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.</b>                                       |  |                                |
|  | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                |
| <b>GO TO PAGE 2</b>  |  |  |                                |

RECEIVED  
 APR 03 2025  
 CITY SECRETARY'S  
 CITY OF AMARILLO  
 Date Hand-delivered or Date Postmarked  
 Receipt #      Amount \$  
 Date Processed **4/3/25**  
 Date Imaged **#5295506**

11:20

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

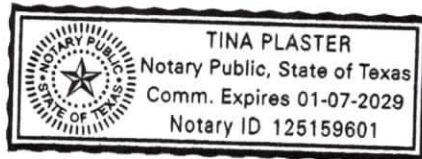
|                                       |   |   |
|---------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>David Prescott |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 80,880.10                                  |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 46,064.90                                  |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

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

*W. David Prescott*  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by W. David Prescott this the 3<sup>rd</sup> day of April, 2025, to certify which, witness my hand and seal of office.

Tina Plaster Signature of officer administering oath  
Tina Plaster Printed name of officer administering oath  
Notary 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

|   |  |   |
|---|--|---|
| <b>19 FILER NAME</b><br><b>David Prescott</b>   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$66,040.1                                    |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$ 14,840.00                                  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   |  | \$  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$46,064.90                                   |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$  |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>17</b>                               |
| 2 FILER NAME<br><b>David Prescott</b>  |  | 3 Filer ID (Ethics Commission Filers)                              |
| 4 Date<br><b>02.11.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Wade Porter</b>  | 7 Amount of contribution (\$) <b>\$500.00</b>                      |
| 6 Contributor address; City; State; Zip Code<br><b>12 Willow Bridge Dr., Amarillo, TX 79106</b>    |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Banker</b>                             |  | 9 Employer (See Instructions)<br><b>Amarillo National Bank</b>     |
| Date<br><b>02.12.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Petty</b>    | Amount of contribution (\$) <b>\$100.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>6707 Jameson Rd., Amarillo, TX 79106</b>          |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date<br><b>02.14.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Headrick</b>  | Amount of contribution (\$) <b>\$200.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>2811 Crockett St, Amarillo, TX 79109</b>          |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                             |  | Employer (See Instructions)<br><b>Mullin Hoard &amp; Brown LLP</b> |
| Date<br><b>02.15.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tanya Northern</b> | Amount of contribution (\$) <b>\$500.00</b>                        |
| Contributor address; City; State; Zip Code<br><b>1419 W Pine Ave., Midland, TX 79705</b>           |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Oil &amp; Gas Exploration/Production</b> |  | Employer (See Instructions)<br><b>Self</b>                         |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                                      |   | 1 Total pages Schedule A1: <b>17</b>                    |
| 2 FILER NAME<br><b>David Prescott</b>  |   | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>02.21.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bregg Bynum</b>   | 7 Amount of contribution (\$)<br><b>\$250.00</b>        |
| 6 Contributor address; City; State; Zip Code<br><b>8607 Dallington Dr., Amarillo, TX 79119</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                           |
| Date<br><b>02.22.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Becky Zenor</b>     | Amount of contribution (\$)<br><b>\$100.00</b>          |
| Contributor address; City; State; Zip Code<br><b>2210 S. Bonham, Amarillo, TX 79109</b>        |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                             |
| Date<br><b>02.22.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>James Whitton</b>   | Amount of contribution (\$)<br><b>\$1,000.00</b>        |
| Contributor address; City; State; Zip Code<br><b>PO Box 7844, Amarillo, TX 79114</b>           |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                             |
| Date<br><b>02.23.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Samuel Lovelady</b> | Amount of contribution (\$)<br><b>\$300.00</b>          |
| Contributor address; City; State; Zip Code<br><b>2817 Crockett St. Amarillo, TX 79109</b>      |   |   |
| Principal occupation / Job title (See Instructions)<br><b>CPA</b>                              |   | Employer (See Instructions)<br><b>Lovelady CPA PLLC</b> |

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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>17</b>                |
| 2 FILER NAME<br><b>David Prescott</b>  |  | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><b>02.27.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Paul &amp; Jenny Harpole</b> | 7 Amount of contribution (\$)<br><b>\$250.00</b>    |
| 6 Contributor address; City; State; Zip Code<br><b>7703 Puddlebrook Dr. Amarillo, TX 79119</b> |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                       |
| Date<br><b>03.02.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bob Juba</b>                   | Amount of contribution (\$)<br><b>\$500.00</b>      |
| Contributor address; City; State; Zip Code<br><b>550 S Avondale, Amarillo, TX 79106</b>        |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Financial Advisor</b>                |  | Employer (See Instructions)<br><b>Merrill Lynch</b> |
| Date<br><b>03.02.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tyler Holland</b>              | Amount of contribution (\$)<br><b>\$100.00</b>      |
| Contributor address; City; State; Zip Code<br><b>2401 S. Travis, Amarillo, TX 79109</b>        |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                         |
| Date<br><b>03.03.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Christian Ladd-Stribling</b>   | Amount of contribution (\$)<br><b>\$250.00</b>      |
| Contributor address; City; State; Zip Code<br><b>3003 S. Hughes St. Amarillo, TX 79109</b>     |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Interior Design</b>                  |  | Employer (See Instructions)<br><b>Self</b>          |

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# MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form.                                     |   | 1 Total pages Schedule A1: <b>17</b>                          |
| 2 FILER NAME<br><b>David Prescott</b>   |   | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br><b>03.05.2025</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Trevor Caviness</b> | 7 Amount of contribution (\$) <b>\$2,500.00</b>               |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 3117 Amarillo, TX 79120</b>         |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)<br><b>Caviness Beef Packers</b> |
| Date<br><b>03.05.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michele Fortunato</b> | Amount of contribution (\$) <b>\$250.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>1710 S. Harrison St., Amarillo, TX 79102</b> |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                   |
| Date<br><b>03.06.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Bruckner</b>    | Amount of contribution (\$) <b>\$250.00</b>                   |
| Contributor address; City; State; Zip Code<br><b>2618 S. Hayden St. Amarillo, TX 79109</b>    |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)<br><b>Bruckner's</b>              |
| Date<br><b>03.06.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Regan Caviness</b>    | Amount of contribution (\$) <b>\$1,000.00</b>                 |
| Contributor address; City; State; Zip Code<br><b>3006 S. Hughes St. Amarillo, TX 79109</b>    |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Vice President</b>                  |   | Employer (See Instructions)<br><b>Caviness Beef Packers</b>   |

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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>17</b>                            |
| 2 FILER NAME: <b>David Prescott</b>   |   | 3 Filer ID (Ethics Commission Filers)                           |
| 4 Date<br><b>03.07.2025</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Steve Barnett</b>         | 7 Amount of contribution (\$)<br><b>\$200.00</b>                |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 9274 Amarillo, TX 79105</b>       |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Life Insurance</b>              |   | 9 Employer (See Instructions)<br><b>Self</b>                    |
| Date<br><b>03.07.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Melissa Halka</b>           | Amount of contribution (\$)<br><b>\$200.00</b>                  |
| Contributor address; City; State; Zip Code<br><b>2622 Corti Dr., Amarillo, TX 79109</b>     |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                     |
| Date<br><b>03.07.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Claudette Landess</b>       | Amount of contribution (\$)<br><b>\$200.00</b>                  |
| Contributor address; City; State; Zip Code<br><b>9 Teal Court, Amarillo, TX 79106</b>       |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Investment</b>                    |   | Employer (See Instructions)<br><b>Self</b>                      |
| Date<br><b>03.09.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David &amp; Robin Terry</b> | Amount of contribution (\$)<br><b>\$250.00</b>                  |
| Contributor address; City; State; Zip Code<br><b>3 Pebble Beach Ct., Amarillo, TX 79124</b> |   |   |
| Principal occupation / Job title (See Instructions)<br><b>M &amp; A Advisory Services</b>   |   | Employer (See Instructions)<br><b>TITL Capitol Partners LLC</b> |

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| 4 Date<br><b>03.09.2025</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jack Sisemore</b>               | 7 Amount of contribution (\$)<br><b>\$100.00</b>      |
| 6 Contributor address; City; State; Zip Code<br><b>3003 S. Lipscomb St., Amarillo, TX 79109</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Investments</b>                     |   | 9 Employer (See Instructions)<br><b>Self</b>          |
| Date<br><b>03.09.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Christine O'Connor</b>            | Amount of contribution (\$)<br><b>\$500.00</b>        |
| Contributor address; City; State; Zip Code<br><b>6508 Westwood Dr., Amarillo, TX 79119</b>      |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Optometrist</b>                       |   | Employer (See Instructions)<br><b>Amarillo I Care</b> |
| Date<br><b>03.10.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cindy Rufenacht</b>               | Amount of contribution (\$)<br><b>\$500.00</b>        |
| Contributor address; City; State; Zip Code<br><b>7305 Lynlee Cir., Amarillo, TX 79121</b>       |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                           |
| Date<br><b>03.11.2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mary Jane &amp; David Johnson</b> | Amount of contribution (\$)<br><b>\$100.00</b>        |
| Contributor address; City; State; Zip Code<br><b>810 S. Avondale St. Amarillo, TX 79106</b>     |   |   |
| Principal occupation / Job title (See Instructions)<br><b>General Director</b>                  |   | Employer (See Instructions)<br><b>Amarillo Opera</b>  |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| 2 FILER NAME<br><b>David Prescott</b>  |   | 3 Filer ID (Ethics Commission Filers)                              |
| 4 Date<br><b>03.11.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Andrew Evans</b>          | 7 Amount of contribution (\$)<br><b>\$250.00</b>                   |
| 6 Contributor address; City; State; Zip Code<br><b>701 S. Taylor St., Amarillo, TX 79101</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | 9 Employer (See Instructions)<br><b>Sprouse Shrader Smith PLLC</b> |
| Date<br><b>03.11.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Chuck Kitsman</b>           | Amount of contribution (\$)<br><b>\$50.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>7409 Lynlee Pl., Amarillo, TX 79121</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Financial Advisor</b>  |   | Employer (See Instructions)<br><b>Kitsman Investment MGT</b>       |
| Date<br><b>03.13.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kathy &amp; Stan Morris</b> | Amount of contribution (\$)<br><b>\$100.00</b>                     |
| Contributor address; City; State; Zip Code<br><b>6308 Calumet Rd., Amarillo, TX 79106</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| Date<br><b>03.19.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>James Gaut</b>              | Amount of contribution (\$)<br><b>\$500.00</b>                     |
| Contributor address; City; State; Zip Code<br><b>2802 S. Ong St., Amarillo, TX 79109</b>   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form.                                    |  | 1 Total pages Schedule A1: <b>17</b>                          |
| 2 FILER NAME <b>David Prescott</b>   |  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br><b>03.20.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Eric Zimmerman</b> | 7 Amount of contribution (\$)<br><b>\$100.00</b>              |
| 6 Contributor address; City; State; Zip Code<br><b>1815 SW 28th Ave., Amarillo, TX 79109</b> |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Owner</b>                        |  | 9 Employer (See Instructions)<br><b>Schrader Roofing Inc.</b> |
| Date<br><b>03.20.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Katee Nofsinger</b>  | Amount of contribution (\$)<br><b>\$500.00</b>                |
| Contributor address; City; State; Zip Code<br><b>16130 Shadybank Dr., Dallas, TX 75248</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                   |
| Date<br><b>03.23.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lloyd Brown</b>      | Amount of contribution (\$)<br><b>\$1,000.00</b>              |
| Contributor address; City; State; Zip Code<br><b>3203 Bowie St., Amarillo, TX 79109</b>      |  |   |
| Principal occupation / Job title (See Instructions)<br><b>CEO</b>                            |  | Employer (See Instructions)<br><b>Refined Completions LLC</b> |
| Date<br><b>03.23.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Laci Murray</b>      | Amount of contribution (\$)<br><b>\$100.00</b>                |
| Contributor address; City; State; Zip Code<br><b>6403 Bayberry Ln., Spearman, TX 79081</b>   |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Oil &amp; gas</b>                  |  | Employer (See Instructions)<br><b>Lasater &amp; CO., Inc.</b> |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>17</b>                                   |
| 2 FILER NAME <b>David Prescott</b>   |   | 3 Filer ID (Ethics Commission Filers)                                  |
| 4 Date<br><b>03.23.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Weston Wright</b> | 7 Amount of contribution (\$)<br><b>\$500.00</b>                       |
| 6 Contributor address; City; State; Zip Code<br><b>620 S. Taylor, Amarillo, TX 79101</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Lawyer</b>   |   | 9 Employer (See Instructions)<br><b>Wright Law TX, PLLC</b>            |
| Date<br><b>03.24.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Daniel Bradley</b>  | Amount of contribution (\$)<br><b>\$1,000.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>901 Sfillmore, Amarillo, TX 79101</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>  |   | Employer (See Instructions)<br><b>Auto Inc</b>                         |
| Date<br><b>03.24.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Luke Austin</b>     | Amount of contribution (\$)<br><b>\$1,500.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>8000 Georgetown Dr. Amarillo, TX 79101</b>  |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>   |   | Employer (See Instructions)<br><b>Panhandle Prescott Services, LTD</b> |
| Date<br><b>02.07.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard Ware</b>    | Amount of contribution (\$)<br><b>\$1,000.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 1, Amarillo, TX 79105</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>17</b>               |
| 2 FILER NAME <b>David Prescott</b>   |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>02.10.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Patrick &amp; Blake Ware</b><br>6 Contributor address; City; State; Zip Code<br><b>P.O. Box 1; Amarillo TX 79105</b>      | 7 Amount of contribution (\$)<br><b>\$1,000.00</b> |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                      |
| Date<br><b>02.10.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>William &amp; Shaylee Ware</b><br>Contributor address; City; State; Zip Code<br><b>P.O. Box 1; Amarillo, TX 79105</b>       | Amount of contribution (\$)<br><b>\$1,000.00</b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                        |
| Date<br><b>02.12.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michael &amp; Liz Hughes</b><br>Contributor address; City; State; Zip Code<br><b>2806 Parker St. Amarillo, TX 79109</b>     | Amount of contribution (\$)<br><b>\$5,000.00</b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                        |
| Date<br><b>02.12.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Steve &amp; Selena Smith</b><br>Contributor address; City; State; Zip Code<br><b>7303 Springwood Dr. Amarillo, TX 79119</b> | Amount of contribution (\$)<br><b>\$5,000.00</b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                        |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>17</b>               |
| 2 FILER NAME<br><b>David Prescott</b>  |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>02.12.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Attebury Elevators LLC</b>      | 7 Amount of contribution (\$)<br><b>\$5,000.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. Box 2707, Amarillo, TX 79105</b>         |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                      |
| Date<br><b>02.12.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rockrose Development, LLC</b>     | Amount of contribution (\$)<br><b>\$5,000.00</b>   |
| Contributor address; City; State; Zip Code<br><b>7830 Hillside, Unit 300, Amarillo, TX 79119</b> |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                        |
| Date<br><b>02.28.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Caprock Building Systems, LLC</b> | Amount of contribution (\$)<br><b>\$1,000.00</b>   |
| Contributor address; City; State; Zip Code<br><b>506 S. Bonham St., Amarillo, TX 79106</b>       |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                        |
| Date<br><b>03.03.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>William &amp; Amy Boyce</b>       | Amount of contribution (\$)<br><b>\$100.00</b>     |
| Contributor address; City; State; Zip Code<br><b>2806 Bowie St. Amarillo, TX 79109</b>           |   |  |
| 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>17</b>            |
| 2 FILER NAME<br><b>David Prescott</b>  |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>03.03.2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sandra Billiland</b>               | 7 Amount of contribution (\$) <b>\$5,000.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>500 S. Taylor St., Ste 101, Amarillo, TX 79101</b>  |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                   |
| Date<br><b>03.03.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Stephen Cornett</b>                  | Amount of contribution (\$) <b>\$500.00</b>     |
| Contributor address; City; State; Zip Code<br><b>22 Fairway Dr., Canyon, TX 79015</b>  |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                     |
| Date<br><b>03.03.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Vance Reed</b>                       | Amount of contribution (\$) <b>\$500.00</b>     |
| Contributor address; City; State; Zip Code<br><b>4 Pinecrest Dr., Amarillo, TX 79124</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                     |
| Date<br><b>03.04.2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard &amp; Shirley Constancio</b> | Amount of contribution (\$) <b>\$1,000.00</b>   |
| Contributor address; City; State; Zip Code<br><b>116 Hogan Dr., Amarillo, TX 79124</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: <b>17</b>             |
| 2 FILER NAME: <b>David Prescott</b>   |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>03.04.<br/>2025</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Adair Buckner</b><br>6 Contributor address; City; State; Zip Code<br><b>116 Hunstey Hills Blvd., Canyon, TX 79015</b>                              | 7 Amount of contribution (\$)<br><b>\$500.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                    |
| Date<br><b>03.05.<br/>2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Terry Caviness</b><br>Contributor address; City; State; Zip Code<br><b>3004 S Lipscomb St., Amarillo, TX 79109</b>                                   | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| Date<br><b>02.19.<br/>2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sylvia &amp; Rod Nugent</b><br>Contributor address; City; State; Zip Code<br><b>1410 Nelson Dr. Irving TX 75038</b>                                  | Amount of contribution (\$)<br><b>\$1,000.00</b> |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| Date<br><b>03.07.<br/>2025</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amarillo Association of Realtors, Inc.</b><br>Contributor address; City; State; Zip Code<br><b>5601 Enterprise Cir., Suite D, Amarillo, TX 79106</b> | Amount of contribution (\$)<br><b>\$4,000.00</b> |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>17</b>             |
| 2 FILER NAME<br><b>David Prescott</b>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>03.11. 2025</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Barry &amp; Suzanne Willis</b><br>6 Contributor address; City; State; Zip Code<br><b>PO Box 1046, Perryton TX, 79070</b>   | 7 Amount of contribution (\$)<br><b>\$50.00</b>  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                    |
| Date<br><b>03.12. 2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard Ford or Holly Coats</b><br>Contributor address; City; State; Zip Code<br><b>P.O. Box 1368, Amarillo, TX 79105</b>    | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>03.12. 2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Andrew Hall</b><br>Contributor address; City; State; Zip Code<br><b>500 S. Taylor St. STE 101 LB 249, Amarillo, TX 79101</b> | Amount of contribution (\$)<br><b>\$1,000.00</b> |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>03.13. 2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mary Kaye Shawgo</b><br>Contributor address; City; State; Zip Code<br><b>3239 S Milam St. Amarillo, TX 79109</b>             | Amount of contribution (\$)<br><b>\$100.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>17</b>          |
| 2 FILER NAME <b>David Prescott</b>   |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>03.13. 2025</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Thomas C. Riney Special</b>   | 7 Amount of contribution (\$) <b>\$500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>6900 Calumet Rd., Amarillo, TX 79106</b>  |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                 |
| Date<br><b>03.13. 2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jane Roberts</b>                | Amount of contribution (\$) <b>\$5,000.00</b> |
| Contributor address; City; State; Zip Code<br><b>1613 S Milam St. Amarillo, TX 79102</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| Date<br><b>03.13. 2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Edward W. Bradley</b>           | Amount of contribution (\$) <b>\$3,000.00</b> |
| Contributor address; City; State; Zip Code<br><b>3002 S. Lipscomb St. Amarillo, TX 79109</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| Date<br><b>03.17. 2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michael &amp; Hannah Haring</b> | Amount of contribution (\$) <b>\$500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>6251 Bigfalks Trl., Amarillo, TX 79118</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>17</b>             |
| 2 FILER NAME<br><b>David Prescott</b>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>03.17.<br/>2025</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Gary &amp; Sally Jennings</b><br>6 Contributor address; City; State; Zip Code<br><b>4503 Greenwich Pl. Amarillo, TX 79119</b>          | 7 Amount of contribution (\$)<br><b>\$250.00</b> |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                    |
| Date<br><b>03.20.<br/>2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>William E. Harris &amp; Bev. Harris</b><br>Contributor address; City; State; Zip Code<br><b>7802 Stuyvesant Ave., Amarillo, TX 79121</b> | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>03.20.<br/>2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard Prescott</b><br>Contributor address; City; State; Zip Code<br><b>1804 Achieve Dr. Amarillo, TX 79119</b>                         | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>03.21.<br/>2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sandra Watts</b><br>Contributor address; City; State; Zip Code<br><b>5 Willow Bridge Dr., Amarillo, TX 79106</b>                         | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1: 17               |
| 2 FILER NAME<br>David Prescott  |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>03.21.<br>2025  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ralph D. Ellis<br>6 Contributor address; City; State; Zip Code<br>113 SW 8th Ave., Amarillo, TX 79101 | 7 Amount of contribution (\$)<br>\$1,000.00 |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)               |
| Date<br>03.24.<br>2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mary Emery<br>Contributor address; City; State; Zip Code<br>P.O. Box 1230, Amarillo, TX 79105           | Amount of contribution (\$)<br>\$100        |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Intentionally Left Blank<br>Contributor address; City; State; Zip Code                                  | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Intentionally Left Blank<br>Contributor address; City; State; Zip Code                                  | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>   |  |
| 2 FILER NAME   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <u>14,840.00</u>   |  |
| 5 Date<br><u>03.20.2025</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Rock Rose Amarillo Development, LLC</u>        | 8 Amount of Contribution \$<br><u>14,840.00</u>                                 | 9 In-kind contribution description<br><u>Billboard Advertising</u> |
| 7 Contributor address; City; State; Zip Code<br><u>7830 Hillside, Unit 300, Amarillo, TX 79119</u>   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code | Amount of Contribution \$   | In-kind contribution description                                   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |  |
| Contributor's principal occupation (FOR JUDICIAL)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |  |

# 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:<br><b>5</b> | 2 FILER NAME<br><b>David Prescott</b>   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>03.20.25</b>              | 5 Payee name<br><b>Nobox Creative</b>   |  |
| 6 Amount (\$)<br><b>\$45,805.00</b>    | 7 Payee address; City; State; Zip Code<br><b>4211 I-40 West, Suite 201, Amarillo, TX 79106</b>  |  |
| 8 PURPOSE OF EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | (b) Description<br><b>Signs, Advertising, Consulting</b> |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

|                               |   |   |  |
|-------------------------------|---|---|--|
| Date<br><b>02/11/25</b>       | Payee name<br><b>Anedot</b>   |   |  |
| Amount (\$)<br><b>\$20.30</b> | Payee address; City; State; Zip Code<br><b>1340 Poydras St, #1770, New Orleans, LA 70112</b>  |   |  |
| PURPOSE OF EXPENDITURE        | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Political Contribution Online Fee</b> |  |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |

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

|                               |   |   |  |
|-------------------------------|---|---|--|
| Date<br><b>02.23.25</b>       | Payee name<br><b>Anedot</b>   |   |  |
| Amount (\$)<br><b>\$12.30</b> | Payee address; City; State; Zip Code<br><b>1340 Poydras St, #1770, New Orleans, LA 70112</b>  |   |  |
| PURPOSE OF EXPENDITURE        | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Political Contribution Online Fee</b> |  |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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:<br>5 | 2 FILER NAME<br>David Prescott | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|--------------------------------|---------------------------------------|

|                    |                        |
|--------------------|------------------------|
| 4 Date<br>03.02.25 | 5 Payee name<br>Anedot |
|--------------------|------------------------|

|                          |   |
|--------------------------|---|
| 6 Amount (\$)<br>\$20.30 | 7 Payee address; City; State; Zip Code<br>1340 Paydras St, #1770, New Orleans, LA 70112 |
|--------------------------|---|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br>Political Contribution Online fee |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

|                  |                      |
|------------------|----------------------|
| Date<br>03.02.25 | Payee name<br>Anedot |
|------------------|----------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>\$4.30 | Payee address; City; State; Zip Code<br>1340 Paydras St, #1770, New Orleans, LA 70112 |
|-----------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Political Contribution Online fee |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

|                  |                      |
|------------------|----------------------|
| Date<br>03.03.25 | Payee name<br>Anedot |
|------------------|----------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$10.30 | Payee address; City; State; Zip Code<br>1340 Paydras St, #1770, New Orleans, LA 70112 |
|------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Political Contribution Online fee |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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.

|                                 |                                |                                       |
|---------------------------------|--------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>5 | 2 FILER NAME<br>David Prescott | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|--------------------------------|---------------------------------------|

|                    |                         |
|--------------------|-------------------------|
| 4 Date<br>03.05.25 | 5 Payee name<br>Ane-dot |
|--------------------|-------------------------|

|                           |  |
|---------------------------|--|
| 6 Amount (\$)<br>\$100.30 | 7 Payee address; City; State; Zip Code<br>1340 Paydras St., #1770, New Orleans, LA 70112 |
|---------------------------|--|

|                             |   |  |
|-----------------------------|---|--|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br>Political Contribution Online Fee |
|                             | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

|                  |                       |
|------------------|-----------------------|
| Date<br>03.05.25 | Payee name<br>Ane-dot |
|------------------|-----------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$10.30 | Payee address; City; State; Zip Code<br>1340 Paydras St., #1770, New Orleans, LA 70112 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Political Contribution Online Fee |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

|                  |                       |
|------------------|-----------------------|
| Date<br>03.07.25 | Payee name<br>Ane-dot |
|------------------|-----------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$8.30 | Payee address; City; State; Zip Code<br>1340 Paydras St., #1770, New Orleans, LA 70112 |
|-----------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Political Contribution Online Fee |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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:<br>5 | <b>2</b> FILER NAME<br>David Prescott | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|--|

|                           |                               |
|---------------------------|-------------------------------|
| <b>4</b> Date<br>03.07.25 | <b>5</b> Payee name<br>Anedot |
|---------------------------|-------------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>\$8.30 | <b>7</b> Payee address; City; State; Zip Code<br>1340 Paydras St., #1770, New Orleans, LA 70112 |
|--------------------------------|---|

|                                    |  |  |
|------------------------------------|--|--|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br>Political Contributions Online Fee |
|                                    | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

|                  |                      |
|------------------|----------------------|
| Date<br>03.10.25 | Payee name<br>Anedot |
|------------------|----------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$20.30 | Payee address; City; State; Zip Code<br>1340 Paydras St, #1770, New Orleans, LA 70112 |
|------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Political Contributions Online Fee |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |

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

|                  |                      |
|------------------|----------------------|
| Date<br>03.19.25 | Payee name<br>Anedot |
|------------------|----------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$20.30 | Payee address; City; State; Zip Code<br>1340 Paydras St, #1770, New Orleans, LA 70112 |
|------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Political Contributions Online Fee |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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.

|  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>5</b> | 2 FILER NAME<br><b>David Prescott</b> | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

|                           |                               |
|---------------------------|-------------------------------|
| 4 Date<br><b>03.23.25</b> | 5 Payee name<br><b>Anedot</b> |
|---------------------------|-------------------------------|

|                                |  |                    |                     |                          |
|--------------------------------|--|--------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><b>\$4.30</b> | 7 Payee address;<br><b>1340 Paypras St, #1770, New Orleans, LA</b> | City;<br><b>LA</b> | State;<br><b>LA</b> | Zip Code<br><b>70112</b> |
|--------------------------------|--|--------------------|---------------------|--------------------------|

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

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

|                         |                             |
|-------------------------|-----------------------------|
| Date<br><b>03.23.25</b> | Payee name<br><b>Anedot</b> |
|-------------------------|-----------------------------|

|                               |  |                    |                     |                          |
|-------------------------------|--|--------------------|---------------------|--------------------------|
| Amount (\$)<br><b>\$20.30</b> | Payee address;<br><b>1340 Paypras St, #1770, New Orleans, LA</b> | City;<br><b>LA</b> | State;<br><b>LA</b> | Zip Code<br><b>70112</b> |
|-------------------------------|--|--------------------|---------------------|--------------------------|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Political Contribution Online Fees.</b> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |

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

|      |   |
|------|---|
| Date | Payee name<br><b>Intentionally Left Blank</b> |
|------|---|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

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

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

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