# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	3uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR Mr.	FIRST David	МІ	OFFICE USE ONLY
NAME	NICKNAME	Prescott	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 601 SW 9th	APT / SUITE #; Ave. Amarillo, TX	CITY; STATE; ZIP CODE 79101	APR 25 2025 SIV
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 674-6062	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Michael	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed .  Date Imaged
		Haning		
7 CAMPAIGN TREASURER ADDRESS	The state of the s	(NO PO BOX PLEASE); APT / S St., Suite 900, Am		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 806 )	543-9955	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD	Manue	Day Many	Reporting Limit  Month	Day Year
COVERED	Month 3	/ 25 / 25	THROUGH 4	Day Year  / 23 / 25
11 ELECTION	Month Day 5 / 3	Year Primary  25 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known City Counsel Pla	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

David Prescott		TO FIRE ID (Etnics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 129,247.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,616.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
160	quired to be reported by me under Title 15, Election Code.	ndidate or Officeholder
	Please complete either option below	r:
(1) Affidavit	JENNIE LOU CLARK Notary ID #134444207 My Commission Expires July 10, 2027	
NOTARY STAMP/SEA Sworn to and subscribed	before me by W. David Prescott this the which, witness my hand and seal of office.  Dough Jenniel. Clark	35th day of April.
20 <u>35</u> , to certify	which, witness my hand and seal of office.  Deu K Jennie L. Clark	Notary
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati		
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (s County, State of, on the day of (monti	state) (zip code) (country)
		date/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Co	mmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	104,255.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	24,992.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	50,616.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

#### SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1: 15	
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)	
4 Date	Kyle Sparkman	AC (ID#:)	7 Amount of contribution (\$)	
03/25/2025	6 Contributor address; City; 7901 Continental Pkwy., Ama	State; Zip Code Arillo, TX 79119	750.00	
8 Principal occup Orthodontist	pation / Job title (See Instructions)	9 Employer (See Instruct Sparkman Orthodor	·	
Date	Mark Bivins	AC (ID#:)	Amount of contribution (\$)	
03/26/2025	Contributor address; City; PO Box 708, Amarillo,	State; Zip Code	2,000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Alfonso Zambrano	AC (ID#:)	Amount of contribution (\$)	
)3/ <i>29/2</i> 025	Contributor address; City; 14 Valhalla Lane, Amarill	State; Zip Code	500.00	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct Brown & Fortunato	lions)	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
03/29/2025	Contributor address; City;	State; Zip Code	500.00	
	7803 Continental Pkwy, Ama	rillo, TX 79119		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct Western Equipment	•	
	•			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1: 15
2 FILER NAME David Pres	scott	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (	
3/30/2025	6 Contributor address; City; 1400 Reagan Court, Amarill	State; Zip Code D, TX 79124
B Principal occu Realtor Broke		Employer (See Instructions) Realty Central Services
Date	Full name of contributor out-of-state PAC (	Amount of contribution (\$)
3/30/2025	Contributor address; City; 3523 Plum In, Amarillo,	State; Zip Code TX 79121 100.00
Principal occup Appraiser	ation / Job title (See Instructions)	Employer (See Instructions) Ault Appraisal Service
Date	Full name of contributor out-of-state PAC (	D#: Amount of contribution (\$)
3/30/2025	Contributor address; City; 670" Foothill Dr, Amarillo	State; Zip Code , TX 79124
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (I	D#:) Amount of contribution (\$)
3/30/2025	Contributor address; City; 3501 Carlton Dr, Amarillo	State; Zip Code 15.00
Principal occup Realtor	ation / Job title (See Instructions)	Employer (See Instructions)

#### SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include this	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	scott	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/31/2025	6 Contributor address; City; State; 800 Cardinal Canyon Dr, Canyon, TX	
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/31/2025	Contributor address; City; State; 25001 S Soncy Rd, Canyon, TX	Zip Code 79015
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/31/2025	• • • • • • • • • • • • • • • • • • • •	79119 1,000.00
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/03/2025	Cindy Allen  Contributor address; City; State; 20050 Arrowhead Rd, Canyon, TX	79015 500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		

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 $if \ contributor \ is \ out-of-state \ PAC, \ please \ see \ Instruction \ guide \ for \ additional \ reporting \ requirements.$ 

## SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAI Eddie Henderson	C (ID#:)	7 Amount of contribution (\$)
14/04/2025	6 Contributor address; City; 3211 S Hayden St, Amaril	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi WTAMU	ons)
Date		C (ID#:)	Amount of contribution (\$)
14/00/2025	Liz Bentley  Contributor address; City;  4002 Pinehurst Dr, Amarill	State; Zip Code	50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Cherie and Patrick Sanders	C (ID#:)	Amount of contribution (\$)
)4/07/2025 	Contributor address; City; 7410 New England Pkwy, Ama	State; Zip Code rillo, TX 79119	150.00
Principal occup President	ation / Job title (See Instructions)	Employer (See Instructi IMS-Patrick	ons)
Date	Full name of contributor  out-of-state PAI  Laura Street + Joe Skeet	C (ID#:)	Amount of contribution (\$)
04/07/2025	Contributor address; City: 7800 New England Pkwy, Ama	State; Zip Code	5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	nclude this page in the	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)
4 Date	Dan Lokey	C (ID#:)	7 Amount of contribution (\$)
y4/08/2025	6 Contributor address; City; 5 Woodstone St, Amarillo	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct Eurofins	ions)
Date	Full name of contributor out-of-state PAGE  Braden Black	C (ID#:)	Amount of contribution (\$)
)410812025	Contributor address; City; 7815 Cervin Dr, Amarillo	State; Zip Code D, TX 79121	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAG Virginia Dowdy	C (ID#:)	Amount of contribution (\$)
4/09/2025	Contributor address; City; 2204 S Travis St, Amarille	State; Zlp Code O, TX 79101	100.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
14/09/2025	Contributor address; City; 4804 Lexington Square, Amai	State; Zip Code	500.00
Principal occup Builder	pation / Job title (See Instructions)	Employer (See Instruct	

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SCHEDULE A1

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The	Instruction Guide explains how to complete ti	nis form.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	cott		3 Filer ID (Ethics Commission Filers)
4 Date	Jason Burr	PAC (ID#:)	7 Amount of contribution (\$)
14/09/2025	6 Contributor address; City; 7802 Continental Pkwy, Ama	State; Zip Code	200.00
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruction NCW Risk Manage	
Date	Full name of contributor out-of-state to David Norris	PAC (ID#:)	Amount of contribution (\$)
04/09/2025	Contributor address; City: 4507 Aberdeen Dr, Amar	State; Zip Code illo, TX 79119	100.00
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Date	Full name of contributor out-of-state   J.D. Smith	PAC (ID#:)	Amount of contribution (\$)
(4/10/ <i>a</i> 025	Contributor address; City; 1496 County Road 466, Herm	State; Zip Code nleigh, TX 79526	1,000.00
Principal occup Oilman	ation / Job title (See Instructions)	Employer (See Instruc PetroLima	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
OH/10/2025	Tina Connally  Contributor address; City;	State; Zip Code	500.00
9418 Stonecrest Dr., Amarillo, TX 79118			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)

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SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Joseph DeWoody	: (ID#:)	7 Amount of contribution (\$)
14/17/2025	6 Contributor address; City; PO box 471288, Fort Wort	State; Zip Code h, TX 76147	500.00
8 Principal occu Investments	pation / Job title (See Instructions)	9 Employer (See Instruct Self Employed	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Y1/17/2025	Melissa Atchley  Contributor address; City;  15161 W County Road 58, Ama	State; Zip Code rillo, TX 79119	100.00
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Instruct Self-Employed	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
)4/19 <i>1</i> 8025	Dan & Kathy Dowdy  Contributor address; City;  2501 S Van Buren St, Amari	State: Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/22/2025	Contributor address; City; PO Box 708, Amarillo, T	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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The	The Instruction Guide explains how to complete this form.				
2 FILER NAME David Pres	scott	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Donald E. or Twanna M Powell	7 Amount of contribution (\$)			
13/25/2025	6 Contributor address; City; State; Zip Code PO Box 468 Amarillo, TX 79105	2,500.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Bobby Hall	Amount of contribution (\$)			
)3/ <i>25/2</i> 025	Contributor address; City; State; Zip Code 411 S Fillmore Amarillo TX 79101	300.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/25/2025	John Kritser  Contributor address; City; State; Zlp Code  PO Box 31388 Amarillo TX 79120	5,000.00			
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Helen H. Benton	Amount of contribution (\$)			
03/29/2025	Contributor address; City; State; Zip Code	100.00			
	2410 Hawthorne Dr. Amarillo TX 79109				
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)			
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#### SCHEDULE A1

ii die reques	ted information is not applicable, DO NOT include this	
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	scott	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Steve Rogers, MAI	7 Amount of contribution (\$)
y4/01/a0a5	6 Contributor address; City; State; 5304 Tawney Amarillo TX 791	Zip Code 500.00
8 Principal occu	pation / Job title (See Instructions)  9 Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
)4/04/2025	Contributor address; City; State; 8007 Patriot Drive, Amarillo, TX	79119 1,000.00
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
y4/03/a025		79109 300.00
Principal occup	ation / Job title (See Instructions) Empio	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Y1/03/2025		79106 1,000.00
Principal occup		yer (See Instructions)

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#### SCHEDULE A1

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if the requested information is not applicable, bo NOT include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15			
2 FILER NAME David Pres	scott	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Richard Ware	7 Amount of contribution (\$)			
04/04/2025	6 Contributor address; City; State; Zip Code P.O. Box 1, Amarillo, TX 79105	20,000.00			
8 Principal occu	oation / Job title (See Instructions)  9 Employer (See Instruc	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Matt Griffith	Amount of contribution (\$)			
OH/07/2025		5,000.00			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Matt Griffith & Jill Griffith	Amount of contribution (\$)			
04/09/2025		5,000.00			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	rtions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
04/09/2025	Blake Smith OD PA  Contributor address; City; State; Zip Code  2310 Harmony St., Amarillo, TX 79106	1,000.00			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)			

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SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 15
2 FILER NAME David Pres	cott		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID: David T. Hudson		7 Amount of contribution (\$)
04/09/2025	6 Contributor address; City; 57413 Park Ridge Dr., Amarillo	State; Zip Code	250.00
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
04/12/2025		State; Zip Code TX 79106	100.00
Principal occup	ation / Job title (See instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
04/02/2025	Taylor or Anette Carlisle  Contributor address; City;  1216 S. Lamar Amarillo, 7		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
04/10/2025	Mary Emeny  Contributor address; City;  203 W. 18th, STE 530, Amarillo	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	•		
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15		
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)		
4 Date	Stanley Schaeffer	(ID#:)	7 Amount of contribution (\$)		
04/09/2025	6 Contributor address; City; 8417 English Bay PKWY ,Ama	State; Zip Code	3,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/09/20AS	Contributor address; City; 7751 Aspen Way Dr., Cany	State; Zip Code on TX 79015	300.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
94/10/2025	Roger S. or Susan Cox  Contributor address; City; State; Zip Code  7702 New England PKWY, Amarillo, TX 79119		150.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
)4/07/2025	Contributor address; City;  24 Edgewater Amarillo,	State; Zip Code	340.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		

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#### 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: \5		
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Mr. or Mrs. Edward W. Bradley	(ID#:)	7 Amount of contribution (\$)		
941 101a0a5	6 Contributor address; City; 3002 S. Lipscomb, Amarillo	State; Zip Code D, TX 79109	25,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
Date 14/17/2025	Full name of contributor out-of-state PAC Pat & Blake Ware	(ID#:)	Amount of contribution (\$) 9,000.00		
JANNAONS	Contributor address; City;				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
)4/17/2025	Contributor address; City; P.O. Box 1, Amarillo, TX	State; Zip Code 79106	1,000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date VIIII	Full name of contributor out-of-state PAC (ID#:) William J. Ware & Shaylee J. Ware		Amount of contribution (\$)		
H/17/2025	Contributor address; City; P.O. Box 1, Amarillo, TX	State; Zip Code	4,000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		

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#### SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	lude this page in the I	•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: \5
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Merritt R. Vaughn	(ID#:)	7 Amount of contribution (\$)
H/22/2025	6 Contributor address; City; 8001 SW 34th Ave. Ste. 100 Ama	State; Zip Code rillo, TX 79121	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
YH10812C225	Don Nixon or Kimberly Dryden  Contributor address; City; State; Zip Code  6110 Tuscany Village, Amarillo, TX 79119		500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date )4/17/2025	Full name of contributor out-of-state PAC ( William Tod Mayfield & Amanda I  Contributor address; City;  4314 Charles St., Amarillo	Mayfield State; Zip Code	Amount of contribution (\$)  200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date )4/17/2025	Full name of contributor out-of-state PAC ( Charles E. Bulla & Cindi D. Bulla  Contributor address; City;  1400 Reagan Ct., Amarillo	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

ii the requested information is not applicable, <b>50 NOT include this page in the report.</b>					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15		
2 FILER NAME David Pres	scott		3 Filer ID (Ethics Commission Filers)		
4 Date	James A. Besselman	(ID#:)	7 Amount of contribution (\$)		
0410912025	6 Contributor address; City; 301 S. Polk, Ste 640N, Amaril	State; Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC Vance Reed	(ID#:)	Amount of contribution (\$)		
)4/10/2025	Contributor address; City; 4 Pinecrest Dr. Amarillo		500.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)			
Date	Full name of contributor  Christine D. Garner & Matthew R. Garner  Contributor address;  City;  State;  Zip Code  2810 S Hayden St. Amarillo, TX 79109		Amount of contribution (\$)		
04/01/2025			1,000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC  Left Intentionally Blank  Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)		

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Т:	he Instruction Guide explains how to complete this for	1 Total pages Sched	lule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)		
David Pr	rescott			·		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 24,992	.00		
5 Date	6 Full name of contributor	)	8 Amount of	9 In-kind contribution		
1	Growing Amarillo Jobs PAC		Contribution \$	t accompany		
14.08.25		• • • • • • • • • • • • • • • • • • • •	6,280.00 Television			
01.00.00	7 Contributor address; City; State;	Zip Code		Advertising		
	959 W. Glade Rd., Hurst, TX 760	54	Check if travel outsi	ide of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI			
	•		·	.,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itar's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm		of contributor's spou	se (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		· , ·			
Date	Full name of contributor		Amount of			
Date	Growing Amarillo Jobs PAC		Amount of Contribution \$	In-kind contribution description		
MINS 25			10.670.00	Television		
04.08.25	Contributor address; City; State;	Zip Code	10,670.0(	Advertising		
	959 W. Glade Rd., Hurst, TX 7	76054	Check if travel outside	 de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)		
Davidii	escott			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 24992.00		
5 Date	····   _   -   -   -   -   -   -   -   -   -		8 Amount of 9 In-kind contribution	
04.08.25	Growing Amarillo Jobs PAC		Contribution \$   description   5,520.00   Television	
CA,00.FU	7 Contributor address; City; State;	Zip Code	0,020.00	Advertising
	959 W. Glade Rd., Hurst, TX 760	54	Check if travel outs	I ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law fi		15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Fuil name of contributor	)	Amount of	In-kind contribution
	Growing Amarillo Jobs PAC		Contribution \$	description Television
04.08.25	Contributor address; Clty; State;	Zip Code	2,522.00	Advertising
	959 W. Glade Rd., Hurst, TX 7	76054	Check if travel outs	I ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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 spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			• .	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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 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/Fundralsing 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 c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME David Prescott		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/29/2025	5 Payee name Anedot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.30	1340 Paydras St., #1770, New Orlea	ns, LA 70112		•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Political Contri	ibution Online	e Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/30/2025	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Paydras St., #1770, New Orlea	ns, LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Political Contri	ibution Online	e Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/31/2025	Anedot			
Amount (\$) 1.30	Payee address; 1340 Paydras St., #1770, New Orlean	city; ns, LA 70112	State;	Zip Code
-	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Political Contrib	oution Online	Fee
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exper				
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 NEE	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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/Fundralsing 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 c	complete this form.	:
1 Total pages Schedule F1:	2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2025	5 Payee name Anedot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
20.30	1340 Paydras St., #1770, New Orlea	ns, LA 70112	·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Political Contr	ibution Online Fee
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/06/2025	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
2.30	1340 Paydras St., #1770, New Orlea	ns, LA 70112	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	Political Contr	ibution Online Fee
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<u> </u>	
04/17/2025	Anedot		
Amount (\$)	Payee address;	City;	State; Zlp Code
20.30	1340 Paydras St., #1770, New Orlean	ns, LA 70112	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Political Contri	bution Online Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCREDIII E VS MEE	inen ———————————————————————————————————

## 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
Condit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Calli Payment	The instruction Guide explains how to o	complete this form.	·
1 Total pages Schedule F1:	2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2025	5 Payee name Anedot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
6.30	1340 Paydras St., #1770, New Orlea	ns, LA 70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PURPOSE OF EXPENDITURE	Fees	Political Contri	ibution Online Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/16/2025	Nobox Creative		
Amount (\$)	Payee address;	City;	State; Zip Code
50,541.00	4211 I-40 West, Suite 201, Amarillo,	TX 79106	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense	Signs, Adverti	sing, Consulting
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Left Intentionally Bl	ank	
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED