	N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how to complete this form.	2 Total pages filed: 19
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI  Mr. Les  NICKNAME LAST SLIFFLY  Simpson	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE #. CITY. STATE ZIP CODE PO Box 21216 Amarillo Texas 79114	RECEIVED APR 02 2025 City Secretary
Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806 ) 681-9452	Date Hand delivered or Date Postcarked  Receipt # Amount 5
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI  Mr. Ken  NICKNAME LAST SUFFIX  Copheranham	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY.  5811 S. Western Amarillo	STATE. ZIP CODE Texas 79110
Residence or Business)  8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 236-4968	
9 REPORT TYPE	January 15  30th day before election  Runoff  Fixceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Mont 01 / 01 / 25 THROUGH 03	Day Year 25
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  05 / 03 / 25  General Special	
12 OFFICE	OFFICE HELD (# any)  Amarillo City Council Place 4  13 OFFICE SOUGHT (# km Amarillo City Co	57
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE NAME  COMMITTEE ADDRESS	
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	
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#### CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Les Simpson TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 28.170.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ TOTALS **TOTAL POLITICAL EXPENDITURES** \$ 93.50 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 28,904.85 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00 LOAN TOTALS 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. Signature of Candidate or Officeholder Please complete either option below: STEPHANIE COGGINS Notary Public, State of Texas (1) Affidavit Notary ID #12500548-4 My Commission Expires 09-20-2025 NOTARY STAMP/SEAL Les Simpson this the 2nd day of Apr Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Printed name of officer administering outh Signature of officer administering oath (2) Unsworn Declaration My name is \_\_\_ \_\_, and my date of birth is My address is \_\_\_\_ (city) (state) (zip code) (country) (street) \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_(month) Signature of Candidate/Officeholder (Declarant)

sta

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILE	R NAME Simpson	20 Filer ID (Ethics Com	missig	on Filers)
	NEDULE SUBTOTALS NE OF SCHEDULE			SUBTOTAL AMOUNT
1	SCHEDULEA1. MONETARY POLITICAL CONTRIBUTIONS		3	28,170,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1919
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	9. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	5	
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

If the reques	sted information	is not applical	ole, DO NOT ir	clude this	s page in the	report.	-
The	Instruction Guide	explains how	to complete thi	s form.		1 Tota	I pages Schedule A1 13
2 FILER NAME Les Simpso	on			<u> </u>		3 Filer	ID (Ethics Commission Filers)
4 Date	5 Full name of o Donald & Tv		out-of-state PA			7 Arre	ount of contribution (S)
1/15/25	6 Contributor ad	ldress;	City;	State;	Zip Code		1,000.00
	PO Box 468		Amarillo	Texas	79105		
8 Principal occu	pation / Job title (S	ee Instructions)		9 Emplo	yer (See Instruc	tions)	
Date	Full name of c		out-of-state PA	C (ID#		Amo	ount of contribution (\$)
1/21/25	Contributor as		City;		Zip Code		250.00
	2102 S. Juli	an Bl <b>vd</b> .	Amarillo	Texas	79102		
Principal occup	Dation / Job title (Se	e Instructions)		Emplo	yer (See Instruct	tions)	
Date 1/23/25	Full name of c		out-of-state PA	C (ID#		Ame	ount of contribution (\$)
1/20/20	Contributor ac	•	City;	State;	Zip Code		250.00
	4131 Julie I	Or.	Amarillo	Texas	79109		
Principal occup	oation / Job title (Se	e Instructions)		Emplo	yer (See Instruc	tions)	
Date	Full name of d		out-of-state PA	C (1D#		Am	ount of contribution (\$)
1/24/25	Contributor a	ddress;	City;	State;	Zip Code	,	250.00
	8009 Clean	neadow	Amarillo	Texas	79119		
Principal occur	pation / Job title (Se	e Instructions)		Emplo	yer (See Instruc	tions)	
			IONAL COPIES , please see inst				requirements.
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### SCHEDULE A1

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The	Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1 13	
2 FILER NAME Les Simps				3 Filor ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor John Marmaduke	out-of-state PA	C (ID#)	7 Amount of contribution (\$)	
2/03/25	6 Contributor address;	City;	State; Zip Code	250.00	
	PO Box 33251	Amarillo	Texas 79120		
8 Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instruc	ctions)	
Date "	Full name of contributor Tony Freeman	out-of-state PA	C (ID#)	Amount of contribution (\$)	
2/03/25	Contributor address;	City;	State; Zip Code	100.00	
	3916 Linda Dr.	Amarillo	Texas 79109		
Principal occu	nation / Job title (See Instructions)	)	Employer (See Instruc	etions)	
Date	Full name of contributor Sharon Oeschger	out-of-state PA	C (ID#)	Amount of contribution (\$)	
2/04/25	Contributor address:	City;	State; Zip Code	250.00	
	PO Box 5116	Amarillo	Texas 79159		
Principal occu	 pation / Job title (See Instructions)	· )	Employer (See Instruc	otions)	
Date	Full name of contributor Brian & Susie Heinrich		c (iD#)	Amount of contribution (\$)	
2/05/25	Contributor address;	City;	State; Zip Code	250.00	
	3425 Danbury	Amarillo	Texas 79109		
Principal occuj	pation / Job title (See Instructions)	)	Employer (See Instruc	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1 13			
2 FILER NAME Les Simpso		3 Filer ID (Ethics Commission Filers)			
4 Date	6 Full name of contributor out-of-state PAC (ID#) Thomas Karr	7 Amount of contribution (\$)			
2/05/25	6 Contributor address; City; State; Zip Code 7902 Benningron Dr. Amarillo Texas 79119	100.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#)  Carol Bruckner	Amount of contribution (\$)			
2/08/25	Contributor address; City; State; Zip Code 2618 S. Hayden Amarillo Texas 79109	250,00			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#)  Richard Ware	Amount of contribution (\$)			
2/08/25	Contributor address; City; State; Zip Code PO Box 1 Amarillo Texas 79101	2,000.00			
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#)  Laura Street	Amount of contribution (\$)			
2/10/25	Contributor address: City: State; Zip Code 7800 New England Pkwy. Amarillo Texas 79119	500.00			
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS It contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.			
L		Revised 1/1/2025			

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Th	e Instruction Guide e	oplains how to complete th	ils form.	1	Total pages Schedule A1 13
2 FILER NAM Les Simps				3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of cont Timothy Ingall		PAC (ID#		Amount of contribution (\$)
2/12/25	6 Contributor addre	ess; City;	State;	Zip Code	100.00
	1932 Harrison	St. Amarillo	Texas	79109	
8 Principal oc	cupation / Job title (See	Instructions)	9 Emple	oyer (See Instructions	.)
Date	Full name of cont		PAC (ID#		Amount of contribution (3)
2/19/25	Contributor addr	ess; City;	State;	Zip Code	2,000.00
	PO Box 51149	9 Amarillo	Texas	79159	
Principal occ	supation / Job title (See	Instructions)	Empk	oyer (See Instructions	)
Date	Full name of cont		PAC (ID#		Amount of contribution (\$)
2/19/25	Contributor addr	ess; City;	State;	Zip Code	1,000.00
	11508 Royals	hire Dr. Dallas	Texas	75230	
Principal occ	cupation / Job title (See	Instructions)	Empl	oyer (See Instructions	»)
Date	Full name of con		PAC (ID#		Amount of contribution (5)
2/23/25	Contributor addi	ess; City;	State;	Zip Code	300.00
	2817 Crocket	t Amarillo	Texas	79109	
Principal oc	cupation / Job title (See	Instructions)	Empl	oyer (See Instructions	s)
		FACH ADDITIONAL COPIE t-of-state PAC, please see in			
Forms provided t	oy Texas Ethics Comm	Reset Form	s.sta	Reset Page	Revised 1/1/2025

if the reques	ited information is not a	applicable, DO NOT i	nclude this	page in the r	report.	
The	Instruction Guide explai	ns how to complete thi	is form.		1 Total pages S	chedule A1 13
2 FILER NAME Les Simpso	on				3 Filer ID (Ether	s Commission Filers)
4 Date	5 Full name of contribute Leonard Sadler	or out-of-state P/	/C (ID#		7 Amount of co	ntribution (S)
2/23/25	6 Contributor address; PO Box 8467	city; Amarillo		ip Code <b>79114</b>		500.00
8 Principal occu	pation / Job title (See Instr	uctions)	9 Employe	er (See Instructi	ions)	
Date	Full name of contribut Paul & Jenny Ha		AC (ID#		Amount of co	entribution (S)
2/27/25	Contributor address; 7303 Pebblebroo	• •	State; Z	79119		250.00
Principal occup	pation / Job title (See Instru	uctions)	Employe	er (See Instruction	ons)	
Date 2/28/25	Full name of contribut Mark Wingate	Or out-of-state PA	AC (ID#		Amount of co	ntribution (\$)
2120123	Contributor address; 2417 Crockett	c <sub>ity:</sub> Amarillo	state; z Texas	79109		500.00
Principal occup	l pation / Job title (See Instri	uctions)	Employe	er (See Instruction	ons)	•
Date	Full name of contribut Richard Brown	out-of-state PA	AC {ID#	)	Amount of co	ntribution (\$)
3/01/25	Contributor address; 3004 S. Hayden	city: St. Amarillo	State; Zi	79109		1,000.00
Principal occup	pation / Job title (See Instru	uctions)	Employe	er (See Instruction	ons)	
	17ATTA	ADDITIONAL COPIES	OF THIS SCI	HEDULE AS N	EEDED	
Forms provided by	If contributor is out-of-s	tate PAC, please see Inst	truction guide	for additional re	eporting requirem	Revised 1/1/2025

#### SCHEDULE A1

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The	Instruction Guide explains how to co	omplete this	s form,		1 Total pages Schedule A1 13
2 FILER NAME Les Simpso	on				3 Filer JD (Ethics Commission Filers)
4 Date	5 Full name of contributor o Scott Bentley	out-of-state PAC	C (ID#	J	7 Amount of contribution (\$)
3/01/25		city; tarillo	State; Texas	Zíp Code 79119	1,000.00
8 Principal occu	pation / Job title (See Instructions)			yer (See Instruct	ions)
Date	Full name of contributor o	out-of-state PAC	C (ÍÐ#		Amount of contribution (\$)
3/01/25	Contributor address;	city: marillo	State; Texas	Zip Code 79109	500.00
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
Date	Full name of contributor of Sunny Hodge Campbell	out-of-state PAC	C (ID#:		Amount of contribution (\$)
3/01/25		c <sub>ity;</sub> )alias	State; Texas	Zíp Code 75026	200.00
Principal occu	ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
Date	Full name of contributor .  Jon Mark & Sandy Beilue	out-of-state PAC	; (ID#		Amount of contribution (\$)
3/03/25	·	city: Amarillo	State; Texas	Zip Code 79106	250.00
Principal occu	pation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
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The	Instruction Guide explains how to co	omplete this	form.		1 Total pages Schedule AT 13
2 FILER NAME Les Simpso	n				3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#			7 Amount of contribution (\$)	
3/05/25	6 Contributor address;	city; marillo	state; Texas	Zip Code <b>79109</b>	250.00
8 Principal occu	pation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	9 Emplo	yer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#		Amount of contribution (\$)
3/05/25		city;	State; Texas	Zip Code <b>79106</b>	500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor condi Bulla	out-of-state PAC	: (ID#:		Amount of contribution (\$)
3/07/25	·	city; marillo	State; <b>Texas</b>	Zip Code <b>79124</b>	100.00
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instructi	ions)
Date	Full name of contributor Claudette L. Landess	out-of-state PAC	: (ID#		Amount of contribution (\$)
3/07/25	Contributor address;	city:	State; Texas	Zip Code 79106	200.00
Principal occup	ation / Job title (See Instructions)			yer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1. 13			
2 FILER NAME Les Simpso	on	3 Filer ID (Ethics Commission Filers)			
4 Date	Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)			
3/08/25	6 Contributor address: City; State; Zip Code	500.00			
8 Principal occu	4 Pinecrest Dr. Amarillo Texas 79124  pation / Job title (See Instructions) 9 Employer (See In				
Date 3/08/25	Full name of contributor out-of-state_PAC (ID#	Amount of contribution (\$)			
0/00/20	Contributor address; City; State; Zip Code 5601 Enterprise Cir. Amarillo Texas 79106	4,000.00			
Principal occup	cation / Job title (See Instructions) Employer (See In	estructions)			
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)			
3/08/25	Contributor address: City: State; Zip Code 2809 S. Hayden Amarillo Texas 79109	200.00			
Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)			
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)			
3/09/25	Contributor address; City; State; Zip Code 3 Pebble Beach Ct. Amarillo Texas 79124	250.00			
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)			
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### SCHEDULE A1

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Th	e Instruction Guide explains how to comp	lete this form.	-,-,-	1 Total pages Schedule A1 13
2 FILER NAM Les Simps				3 Filer ID (Ethics Commission Filers)
4 Date	Mark Ellis	-state PAC (ID#	1	7 Amount of contribution (\$)
3/10/25	6 Contributor address; City. 8212 Victory Dr. Ama	State;	Zip Code <b>79119</b>	50.00
8 Principal occ	upation / Job title (See Instructions)	9 Emplo	yer (See Instruc	tions)
Date 3/10/25	Full name of contributor out-of Brian Moore	state PAC (ID#:	)	Amount of contribution (\$)
3/10/23	Contributor address; City 3333 S. Coulter, C-2 Ama	•	Zip Code 79106	250.00
Principal occ	pation / Job title (See Instructions)	Emplo	yer (See Instruct	tions)
Date	Full name of contributor out-of	state PAC (ID#		Amount of contribution (\$)
3/11/25	Contributor address; City: 6302 Hyde Parkway Amar		Zip Code <b>79109</b>	70.00
Principal occ	pation / Job title (See Instructions)	Emplo	yer (See Instruc	tions)
Date	Full name of contributor out-of	state PAC (ID#	)	Amount of contribution (\$)
3/11/25	Contributor address; City: 701 S. Taylor St. Ama	•	Zip Code <b>79101</b>	250.00
Principal occi	pation / Job title (See Instructions)	Emplo	yer (See Instruc	tions)
	ATTACH ADDITIONAL C			
	If contributor is out-of-state PAC, please s	ee Instruction guid	e for additional i	reporting requirements.

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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 13		
2 FILER NAME Les Simpso	on	3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor out-of-state PAC (ID#  Perry & Cindi Graham	) 7 Amount of contribution (\$)		
3/12/25	6 Contributor address; City; State; Zip Code PO Box 9314 Amarillo Texas 79105	500.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	structions)		
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
3/13/25	Contributor address; City; State; Zip Code 301 S. Polk Amarillo Texas 79105	150.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
3/14/25	Contributor address; City; State: Zip Code 3302 S. Lipscomb Amarillo Texas 79109	3,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)		
Date	Full name of contributor out-of-state PAC (ID#			
3/16/25	Contributor address; City; State; Zip Code 6800 Kingsbury Amarillo Texas 79109	250.00		
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	structions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE. If contributor is out-of-state PAG, please see Instruction guide for addition	onal reporting requirements.		
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### SCHEDULE A1

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The	Instruction Guide explains how	lo complete this	s form.		1 Total pages Schedule A1 13
2 FILER NAME Les Simpso	on				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Gary & Sally Jennings		7 Amount of contribution (\$)		
3/17/25	6 Contributor address; 4503 Greenwich PI.	city;	State; Texas	Zip Code 79119	250.00
8 Principal occup	pation / Job title (See Instructions)		,	yer (See Instruct	tions)
Date	Full name of contributor Bonnie Dugie	out-of-state PA	C (ID#		Amount of contribution (\$)
3/15/25	Contributor address; 19269 Mendocino Dr.	city: Canyon	State; Texas	Zip Code 79015	1,000.00
Principal occup	ation / Job title (See Instructions)	yer (See Instruct	tions)		
Date	Full name of contributor Shelley Chaloupka	out-of-state PA	C (ID#:		Amount of contribution (\$)
3/17/25	Contributor address; 6 Teal Ct.	city; Amarillo	State; Texas	Zip Code 79106	500.00
Principal occup	pation / Job title (See Instructions)		Emplo	yer (See Instruct	tions)
Date	Full name of contributor  Eric Zimmerman	out-of-state PA	C (ID#:		Amount of contribution (5)
3/20/25	Contributor address; 1815 SW 28th Ave.	city: Amarillo	state; Texas	Zip Code 79109	100.00
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
	ATTACH ADDITI	ONAL COPIES , please see Inst	OF THIS S	CHEDULE AS N le for additional	reporting requirements.
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2 FILER NAME Les Simps					3 Filer ID (Et	bios Commission Filers)
4 Date	5 Full name of contributor Thomas C. Riney	7 Amount of	contribution (\$)			
3/20/25	6 Contributor address; 6900 Calumet	city; Amarillo	State; Texas	Zip Code <b>79106</b>		200.00
8 Principal occ	cupation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	tions)	
Date	Full name of contributor Jim Allen		C (ID#		Amount of	contribution (\$)
3/20/25	Contributor address; 3511 Plum Lane	city: Amarillo	State; Texas	Zip Code 79121		500.00
Principal occ	upation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)	
Date	Full name of contributor  Douglas Woodburn Car	Amount of	contribution (\$)			
3/20/25	Contributor address; 500 S. Taylor, LB 264	city: Amarillo	state; <b>Texas</b>	Zip Code <b>79101</b>		200.00
Principal occ	upation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)	
Date	Full name of contributor Greg & Juie Mitchell	out-of-state PA	AC (ID#		Amount of	contribution (\$)
3/20/25	Contributor address; 3005 S. Ong St.	city; <b>Amarillo</b>	State; Texas	Zip Code 79109		1,000.00
Principal occ	upation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)	
		***				
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The	Instruction Guide e	xplains how to	complete this	form.			1 Total	pages Schedule A1 13,
2 FILER NAME Les Simpso	าก		<u> </u>				3 Filor	ID (Ethics Commission Filers)
4 Date	Billy & Cynthia Hawkins					7 Arno	unt of contribution (\$)	
3/22/25	6 Contributor add	ress;	City;	State		Zip Cade		250.00
	3518 Kensingt	on Pl.	Amarillo	Texa	S	79121		
8 Principal occur	pation / Job title (See	Instructions)		<b>9</b> Em	ploy	er (See Instruc	tions)	
Date	Full name of cor		out-of-state PAG	C (ID#			Amo	unt of contribution (\$)
3/24/25	Contributor address; City; State; Zip Code					Zip Code		250.00
	2609 Henning	St.	Amarillo	Texas	S	79106		
Principal occup	t pation / Job title (See	Instructions)		Em	ploy	er (See Instruct	ions)	
Date	Full name of ∞i Darla White	ntributor	out-of-state PA	C (ID#		]	Amo	ount of contribution (\$)
3/24/25	Contributor add	ress;	City;	State	; 2	Zip Code		350.00
	4609 Chesar	eake Pl.	Amarillo	Texa	IS	79119		
Principat occu	pation / Job title (See	Instructions)		Em	ploy	rer (See Instruc	tions)	
Date	Full name of ∞	ntributor ntentionally					Amo	ount of contribution (\$)
	Contributor add	łress;	City;	State	; Z	Zip Code		
Principal occu	pation / Job title (See	Instructions)		Em	ploy	ver (See Instruc	tions)	
	All if contributor is o	TACH ADDITIO	ONAL COPIES please see inst	OF THIS	S SC gulda	CHEDULE AS I e for additional	NEEDED reporting	requirements.
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### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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#### SCHEDULE F1

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

		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)			
Candidate/Officeholder/Politica		EventExpense Fees Foot/GevenageExpense Gft/Awards/MemonalsExpense LegalServices	Office Ove Polling Exp Printing Ex Salaties/W	thead/literial Expense pense quense /ages/Contract Labor	Transpodation Travelin Ost Travel Out Of	n Equipme rict (District	mt & Related Expense
Accounting Banking Fees Office Overhead/Rental Expense Transportation Expense Expense Polling Expense Polling Expense Contributions/Donations Made By Git/Awards/Memorials Expense Printing Expense Travel Or District Travel Or Of District							
					3 Filer ID	(Ethics C	ommission Filers)
	<del></del>	<del></del>					
		-					
6 Amount (\$)	7 Payee a	ddress;		City;	Sta	le:	Zip Code
4.30	1340 Po	oydras Sreet, Suite 17	70	New Orlean	s L	A	70112
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
OF	Fees			Political Contri	ibution O	nline l	Fee
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Austir	n, TX, officeholds	er living ex	pense
		date / Officeholder name		Office sought		O	ffice held
Date	Payee n	ame					
2/23/25	Anedot						
Amount (\$)	Payee a	ddress;		City;	Stat	e;	Zip Code
12.30	1340 P	oydras Sreet, Suite 17	70	New Orlean	s L	4	70112
	Categor	y (See Categories listed at the top of this s	schedule)	Description			
OF	Fees			Political Contribution Online Fee			
<b></b>		Check if travel outside of Texas. Complete S	ichedule T	Check if Austr	n, TX, officeholds	er living ex	pense
		late / Officeholder name	1 11-11-11-11-11-11-11-11-11-11-11-11	Office sought		O	ffice held
Date	Payee n	ame		<del></del>		<del></del>	
3/05/25	Anedot						
Amount (\$)	Payee a	ddress;		City;	Sta	te;	Zip Code
20.30	1340 Po	ydras Sreet, Suite 17	70	New Orlean	s L	4	70112
	Category	/ (See Categories listed at the top of this :	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees			Political Contri	bution O	Online Fee	
		Check ditravel outside of Texas Complete S	ichedule T	Check if Austr	n, TX, othcebold	er living ex	pense
Complete ONLY if direct expenditure to benefit C/Oi	= :	tate / Officeholder name		Office sought			Office held
	ΑT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		
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#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting/Expense Contributions/Donations/Made By Candidate/Officeholder/Political Committee **Event Expense** Fees
Food/Beverage Expense
Gn/Awards/Memonals Expense Legal Services

LoanRepayment/Remiliarsement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicidation/Eurofrancing Expense Transportation Equipment & Polated Expense Travel in District Travel Out Off District Other (order a sategory not bated above)

within within the second secon		The Instruction Guide e	xplains how to	complete this form.				
1 Total pages Schedule F1	2 FILER NAME Les Simpson					a Commission Filers)		
4 Date 3/07/25	5 Payed							
\$ Amount (\$)		address;		City;	State;	Zip Code		
8.30	1	Poydras Sreet, Suite	<b>∋</b> 1770	New Orleans	s LA	70112		
8	(a) Cate	gory {See Categories listed at the top						
PURPOSE OF EXPENDITURE	Fees	•		Political Contribution Online Fee				
	(C) Checkif traveloutside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder name		Office sought		Office held		
Date	Paye	e name	<del> </del>					
3/10/25	Aned	ot						
Amount (\$)	Paye	e address;		City;	State:	Zip Code		
2.30	1340	Poydras Sreet, Suite	e 1770	New Orleans	s LA	70112		
	Cate	gory (See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fee	S		Political Contri	bution Onlin	e Fee		
		Check if travel outside of Texas. Co	mplete Schedule T.	Check of Austin	TX, officeholder livin	g expense		
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Date	Paye	e name						
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Amount (\$)	Paye	e address;	·	City:	State;	Zip Code		
3.10	1340	Poydras Sreet, Suite	e 17 <b>7</b> 0	New Orleans	s LA	70112		
	Cate	gory (See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fees			Political Contribution Online Fee				
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Complete <u>ONLY</u> if direct expenditure to benefit C/C		ndidate / Officeholder name		Office sought		Office held		
		ATTACH ADDITIONAL CO	PIES OF TH	IS SCHEDULE AS NEE	DED			
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### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memonals Expense LegalServices

LoopRepayment/Reinbursement Office Overhead/Rental Expense

PollingExpense
PrintingExpense
SalatiesWages/ContractLater

Solicitation/Fundraining Expense 

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1,	2 FILER NAME Les Simpson	3 1	Filer IO (Ethio	s Commission Filers)		
4 Date 3/20/25	5 Payee name Anedot		<u>.</u>			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
8.30	1340 Poydras Sreet, Suite 1770	New Orleans	LA	70112		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-			
PURPOSE OF EXPENDITURE	Fees Political Contribution Online Fee					
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX	officeholder living	j expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Рауее пагле		***			
3/20/25	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
20.30	1340 Poydras Sreet, Suite 1770	New Orleans	LA	70112		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Political Contribu	ition Onlin	e Fee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name	<u></u>				
3/24/25	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
14.30	1340 Poydras Sreet, Suite 1770	New Orleans	LA	70112		
-	Category (See Categories tisted at the top of this schedule)	Description				
PURPOSE Fees Political Contribution (				Online Fee		
	Check if travel outside of Texas Complete Schedule T	Check if Austin, T	C officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDE	D			
L				D		

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