

# 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 (If this Commission Filer)                        | 2 Total pages filed <b>11</b> ✓  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Mr. Les<br>NICKNAME LAST SUFFIX<br>Simpson  |  | <div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="color: red; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 0;">APR 25 2025</p> <p style="color: red; font-weight: bold; margin: 0;">City Secretary</p> <p style="color: blue; font-size: 1.5em; margin: 0;">SC</p> </div> |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small>   | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE<br>PO Box 21216 Amarillo Texas 79114   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 806 ) 681-9452  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. Ken<br>NICKNAME LAST SUFFIX<br>Copheranham  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>   | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE<br>5811 S. Western Amarillo Texas 79110  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 806 ) 236-4968  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach CCH - FR)</div> </div> |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED  | Month Day Year Month Day Year<br>03 / 25 / 25 THROUGH 04 / 23 / 25  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION  | <div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE<br/>           Month Day Year<br/>           05 / 03 / 25         </div> <div style="flex: 2;">           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         </div> </div>  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>Amarillo City Council Place 4   | 13 OFFICE SOUGHT (if known)<br>Amarillo City Council Place 4 |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><br><br><br><br><br><br><br><br>Additional Pages  | 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.   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |   |  |  | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE   | COMMITTEE NAME  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Les Simpson

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5,900.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6,446.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

28,358.85

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 SIGNATURE

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

*[Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Les Simpson this the 25<sup>th</sup> day of April

20 25, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Stephanie Coggins  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Les Simpson

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 5,900.00 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   | \$          |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$          |
| 4.  | SCHEDULE E: LOANS   | \$          |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 6,446.00 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$          |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$          |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$          |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS   | \$          |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                               | \$          |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                  | \$          |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                        | \$          |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1<br><b>5</b>       |
| 2 FILER NAME<br><b>Les Simpson</b>   |   | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><b>3/25/25</b>   | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Jake Lennard</b><br>6 Contributor address; City; State; Zip Code<br><b>20 Cypress Point Amarillo Texas 79124</b>    | 7 Amount of contribution (\$) <b>200.00</b> |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)               |
| Date<br><b>3/26/25</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Mark Bivins</b><br>Contributor address; City; State; Zip Code<br><b>PO Box 708 Amarillo Texas 79105</b>               | Amount of contribution (\$) <b>500.00</b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                 |
| Date<br><b>3/27/25</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Mike &amp; Jana Smiley</b><br>Contributor address; City; State; Zip Code<br><b>7406 Woodmont Amarillo Texas 79119</b> | Amount of contribution (\$) <b>100.00</b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                 |
| Date<br><b>3/27/25</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Patrick Callahan</b><br>Contributor address; City; State; Zip Code<br><b>146 N. Timberwood Amarillo Texas 79118</b>   | Amount of contribution (\$) <b>100.00</b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                 |
|  |   |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

|  |  |                                       |
|--|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1 5           |
| 2 FILER NAME<br>Les Simpson  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>3/27/25  | 5 Full name of contributor out-of-state PAC (ID# _____)<br>Howie & Lisa Batson<br>6 Contributor address; City; State; Zip Code<br>9110 Lundy Lane Amarillo Texas 79119 | 7 Amount of contribution (\$) 300.00  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)         |
| Date<br>3/27/25  | Full name of contributor out-of-state PAC (ID# _____)<br>Brandt & Carol Capps<br>Contributor address; City; State; Zip Code<br>23 Sandhills Lane Amarillo Texas 79124  | Amount of contribution (\$) 250.00    |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
| Date<br>3/27/25  | Full name of contributor out-of-state PAC (ID# _____)<br>Bobby Hall<br>Contributor address; City; State; Zip Code<br>411 S. Fillmore Amarillo Texas 79101              | Amount of contribution (\$) 100.00    |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
| Date<br>3/27/25  | Full name of contributor out-of-state PAC (ID# _____)<br>Margaret Hodge<br>Contributor address; City; State; Zip Code<br>36 Oldham Circle Amarillo Texas 79109         | Amount of contribution (\$) 1,000.00  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
|  |  |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                                       |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1<br><b>5</b>       |
| 2 FILER NAME<br><b>Les Simpson</b>   |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><b>3/28/25</b>   | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Mike &amp; Kathy Conner</b><br>6 Contributor address; City; State; Zip Code<br><b>6303 Watford Circle Amarillo Texas 79109</b> | 7 Amount of contribution (\$) <b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)               |
| Date<br><b>3/28/25</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>David Elizalde</b><br>Contributor address; City; State; Zip Code<br><b>13680 Roadrunner Amarillo Texas 79118</b>                 | Amount of contribution (\$) <b>1,500.00</b> |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                 |
| Date<br><b>4/01/25</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Daniel Smith</b><br>Contributor address; City; State; Zip Code<br><b>1916 S. Bonham St. Amarillo Texas 79109</b>                 | Amount of contribution (\$) <b>250.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                 |
| Date<br><b>4/03/25</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Randy &amp; Debbie Jeffers</b><br>Contributor address; City; State; Zip Code<br><b>1615 Bryan St. #15A Amarillo Texas 79102</b>  | Amount of contribution (\$) <b>250.00</b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                 |
|  |  |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1<br><b>5</b>       |
| 2 FILER NAME<br><b>Les Simpson</b>                        |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><b>4/04/25</b>                                  | 5 Full name of contributor<br><b>Becky Zenor</b><br>out-of-state PAC (ID# _____)<br>6 Contributor address; City; State; Zip Code<br><b>2210 S. Bonham Amarillo Texas 79109</b> | 7 Amount of contribution (\$) <b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)               |

|   |  |   |
|---|--|---|
| Date<br><b>4/07/25</b>                              | Full name of contributor<br><b>Patrick &amp; Cherie Sanders</b><br>out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code<br><b>7410 New England Pkwy Amarillo Texas 79119</b> | Amount of contribution (\$) <b>350.00</b> |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)               |

|   |   |   |
|---|---|---|
| Date<br><b>4/09/25</b>                              | Full name of contributor<br><b>Trevor Caviness</b><br>out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code<br><b>3001 S. Ong St. Amarillo Texas 79109</b> | Amount of contribution (\$) <b>500.00</b> |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)               |

|   |  |  |
|---|--|--|
| Date<br><b>4/21/25</b>                              | Full name of contributor<br><b>David Brewer</b><br>out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code<br><b>4806 Caroline Ln. Amarillo Texas 79110</b> | Amount of contribution (\$) <b>50.00</b> |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)              |

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|  |  |   |                               |   |  |
|--|--|---|-------------------------------|---|--|
| The Instruction Guide explains how to complete this form.  |  |   |                               | 1 Total pages Schedule A1 <b>5</b>          |  |
| 2 FILER NAME<br><b>Les Simpson</b>   |  |   |                               | 3 Filer ID (Ethics Commission Filers)       |  |
| 4 Date<br><b>4/22/25</b>   |  | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Greg Smith</b>                |                               | 7 Amount of contribution (\$) <b>200.00</b> |  |
|  |  | 6 Contributor address; City; State; Zip Code<br><b>4702 Easely Pl. Amarillo Texas 79119</b> |                               |   |  |
| 8 Principal occupation / Job title (See Instructions)  |  |   | 9 Employer (See Instructions) |   |  |
| Date<br><b>4/22/25</b>   |  | Full name of contributor out-of-state PAC (ID# _____)<br><b>David Brewer</b>                |                               | Amount of contribution (\$) <b>50.00</b>    |  |
|  |  | Contributor address; City; State; Zip Code<br><b>4806 Caroline Ln. Amarillo Texas 79110</b> |                               |   |  |
| Principal occupation / Job title (See Instructions)  |  |   | Employer (See Instructions)   |   |  |
| Date   |  | Full name of contributor out-of-state PAC (ID# _____)<br><b>Intentionally Left Blank</b>    |                               | Amount of contribution (\$)                 |  |
|  |  | Contributor address; City; State; Zip Code  |                               |   |  |
| Principal occupation / Job title (See Instructions)  |  |   | Employer (See Instructions)   |   |  |
| Date   |  | Full name of contributor out-of-state PAC (ID# _____)<br><b>Intentionally Left Blank</b>    |                               | Amount of contribution (\$)                 |  |
|  |  | Contributor address; City; State; Zip Code  |                               |   |  |
| Principal occupation / Job title (See Instructions)  |  |   | Employer (See Instructions)   |   |  |
|  |  |   |                               |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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/Retardal Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <b>1</b> Total pages Schedule F1<br>3 | <b>2</b> FILER NAME<br>Les Simpson | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|--|

|                          |                               |
|--------------------------|-------------------------------|
| <b>4</b> Date<br>3/25/25 | <b>5</b> Payee name<br>Anedot |
|--------------------------|-------------------------------|

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

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

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

|                 |                      |
|-----------------|----------------------|
| Date<br>3/28/25 | Payee name<br>Anedot |
|-----------------|----------------------|

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

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

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

|                 |                              |
|-----------------|------------------------------|
| Date<br>4/01/25 | Payee name<br>NoBox Creative |
|-----------------|------------------------------|

|                          |                                       |                   |                 |                   |
|--------------------------|---------------------------------------|-------------------|-----------------|-------------------|
| Amount, (\$)<br>6,347.50 | Payee address;<br>4211 I-40 Suite 201 | City;<br>Amarillo | State;<br>Texas | Zip Code<br>79106 |
|--------------------------|---------------------------------------|-------------------|-----------------|-------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

|                   |                      |
|-------------------|----------------------|
| 4 Date<br>4/02/25 | 5 Payee name<br>USPS |
|-------------------|----------------------|

|                        |   |                   |                 |                   |
|------------------------|---|-------------------|-----------------|-------------------|
| 6 Amount (\$)<br>73.00 | 7 Payee address;<br>5000 S. Western St. | City;<br>Amarillo | State;<br>Texas | Zip Code<br>79109 |
|------------------------|---|-------------------|-----------------|-------------------|

|                                       |   |                            |
|---------------------------------------|---|----------------------------|
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising                               | (b) Description<br>Postage |
|                                       | (c) Check if travel outside of Texas. Complete Schedule T<br>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>4/21/25 | Payee name<br>Anedot |
|-----------------|----------------------|

|                     |  |                      |              |                   |
|---------------------|--|----------------------|--------------|-------------------|
| Amount (\$)<br>2.30 | Payee address;<br>1340 Poydras Sreet, Suite 1770 | City;<br>New Orleans | State;<br>LA | Zip Code<br>70112 |
|---------------------|--|----------------------|--------------|-------------------|

|                              |   |  |
|------------------------------|---|--|
| PURPOSE<br>OF<br>EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees                                      | Description<br>Political Contribution Online Fee |
|                              | Check if travel outside of Texas. Complete Schedule T<br>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>4/22/25 | Payee name<br>Anedot |
|-----------------|----------------------|

|                     |  |                      |              |                   |
|---------------------|--|----------------------|--------------|-------------------|
| Amount (\$)<br>8.30 | Payee address;<br>1340 Poydras Sreet, Suite 1770 | City;<br>New Orleans | State;<br>LA | Zip Code<br>70112 |
|---------------------|--|----------------------|--------------|-------------------|

|                              |   |  |
|------------------------------|---|--|
| PURPOSE<br>OF<br>EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Fees                                      | Description<br>Political Contribution Online Fee |
|                              | Check if travel outside of Texas. Complete Schedule T<br>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  
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

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

The Instruction Guide explains how to complete this form.

|   |   |  |   |                                   |
|---|---|--|---|-----------------------------------|
| <b>1</b> Total pages Schedule F1:<br>3                                    | <b>2</b> FILER NAME<br>Les Simpson  |  | <b>3</b> Filer ID (Ethics Commission Filers)                |                                   |
| <b>4</b> Date<br>4/22/25  | <b>5</b> Payee name<br>Anedot   |  |   |                                   |
| <b>6</b> Amount (\$)<br>2.30  | <b>7</b> Payee address;<br>1340 Poydras Sreet, Suite 1770   |  | City;<br>New Orleans  | State;<br>LA<br>Zip Code<br>70112 |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   |  | <b>(b)</b> Description<br>Political Contribution Online Fee |                                   |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |   |                                   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH       |   |  |   |                                   |
| Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |  |   |                                   |
| Date  | Payee name<br><br>Intentionally Left Blank  |  |   |                                   |
| Amount (\$)   | Payee address;  |  | City;   | State; Zip Code                   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  |  | Description   |                                   |
|   | Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |   |                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |   |  |   |                                   |
| Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |  |   |                                   |
| Date  | Payee name<br><br>Intentionally Left Blank  |  |   |                                   |
| Amount (\$)   | Payee address;  |  | City;   | State; Zip Code                   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  |  | Description   |                                   |
|   | Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |   |                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                |   |  |   |                                   |
| Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |  |   |                                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED