

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____			Receipt # _____ Amount \$ _____	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	01	01	2025	03	24
THROUGH			03	24	2025
			Date Processed		
			Date Imaged		

OFFICE USE ONLY

Date Received

APR 14 2025

CITY SECRETARY'S
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

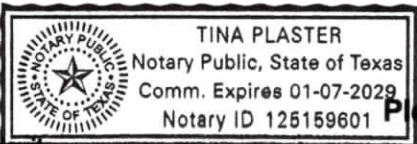
6 EXPLANATION OF CORRECTION

After the 30-day report, the campaign learned an in-kind billboard contribution from an LLC was not permissible and rejected it. The campaign paid Lamar Advertising \$11,420, reported as an expenditure. Two \$5,000 LLC contributions were also not permissible and returned. One name correction for donation from Amarillo Association of Realtors, Inc PAC - Non Corporate for the amount of \$4,000.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by W. David Prescott this the 11th day of April

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

Tina Plaster

Tina Plaster

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr. David

NICKNAME

LAST

SUFFIX

Prescott

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

601 SW 9th Ave. Amarillo, TX 79101

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 674-6062

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr. Michael

NICKNAME

LAST

SUFFIX

Haning

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

600 S. Tyler St. Suite 900, Amarillo, TX 79101

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 543-9955

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 25

THROUGH

Month

Day

Year

03 / 24 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (If any)

13 OFFICE SOUGHT (If known)

City Counsel Place 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ 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
David Prescott

16 Filer ID (Ethics Commission Filers)

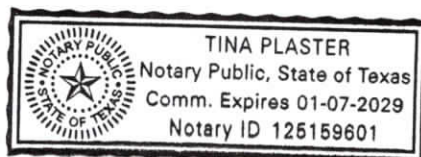
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 56,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,484.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by W. David Prescott this the 11th day of April

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

Tina Plaster

Tina Plaster

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****David Prescott****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$56,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$57,484.90
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

David Prescott

3 Filer ID (Ethics Commission Filers)

4 Date

02.21.2025

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bregg Bynum

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

8607 Dallington Dr, Amarillo, TX 79119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02.22.2025

Full name of contributor

☐ out-of-state PAC (ID#:

Becky Zenor

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2210 S. Bonham, Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02.22.2025

Full name of contributor

☐ out-of-state PAC (ID#:

James Whitton

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

PO Box 7844, Amarillo, TX 79114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02.23.2025

Full name of contributor

☐ out-of-state PAC (ID#:

Samuel Lovelady

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

2817 Crockett St. Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CPA

Lovelady CPA PLLC

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

2 FILER NAME David Prescott

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

03.05.2025

Trevor Caviness

6 Contributor address;

City;

State;

Zip Code

PO Box 3117

Amarillo, TX

79120

\$2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Caviness Beef Packers

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

03.05.2025

Michele Fortunato

Contributor address;

City;

State;

Zip Code

1710 S. Harrison St., Amarillo, TX

79102

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

03.06.2025

Brian Bruckner

Contributor address;

City;

State;

Zip Code

2018 S. Hayden St. Amarillo, TX

79109

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Bruckner's

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

03.06.2025

Regan Caviness

Contributor address;

City;

State;

Zip Code

3006 S. Hughes St. Amarillo, TX

79109

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Vice President

Caviness Beef Packers

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: 17

2 FILER NAME

David Prescott

3 Filer ID (Ethics Commission Filers)

4 Date

03.07.2025

5 Full name of contributor

Steve Barrett

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

PO Box 9274 Amarillo, TX 79105

8 Principal occupation / Job title (See Instructions)

Life Insurance

9 Employer (See Instructions)

Self

Date

03.07.2025

Full name of contributor

Melissa Kalka

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

2622 Corti Dr., Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03.07.2025

Full name of contributor

Claudette Landess

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

9 Teal Court, Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Investment

Self

Date

03.09.2025

Full name of contributor

David & Robin Terry

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

3 Pebble Beach Ct., Amarillo, TX 79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

M & A Advisory Services

TITL Capital Partners LLC

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: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.09.2025	5 Full name of contributor Jack Sisemore <input type="checkbox"/> out-of-state PAC (ID#):	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3003 S. Lipscomb St., Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) Self
Date 03.09.2025	Full name of contributor Christine O'Connor <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 16508 Westwood Dr., Amarillo, TX 79119		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Amarillo I Care
Date 03.10.2025	Full name of contributor Cindy Rufenacht <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7305 Lynlee Cir., Amarillo, TX 79121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.11.2025	Full name of contributor Mary Jane & David Johnson <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 810 S Avondale St. Amarillo, TX 79106		
Principal occupation / Job title (See Instructions) General Director		Employer (See Instructions) Amarillo Opera
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.11.2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Andrew Evans 6 Contributor address; City; State; Zip Code 701 S. Taylor St., Amarillo, TX 79101	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sprouse Shrader Smith PLLC
Date 03.11.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Chuck Kitsman Contributor address; City; State; Zip Code 7409 Lynlee Pl., Amarillo, TX 79121	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Kitsman Investment MGT
Date 03.13.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Kathy & Stan Morris Contributor address; City; State; Zip Code 6308 Calumet Rd., Amarillo, TX 79106	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.19.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): James baut Contributor address; City; State; Zip Code 2802 S. Ong St., Amarillo, TX 79109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.20.2025	5 Full name of contributor Eric Zimmerman Contributor address; 1815 SW 28th Ave., Amarillo, TX 79109 City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Schrader Roofing Inc.
Date 03.20.2025	Full name of contributor Kalee Nofsinger Contributor address; 16130 Shadybank Dr., Dallas, TX 75248 City; State; Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.23.2025	Full name of contributor Lloyd Brown Contributor address; 3203 Bowie St., Amarillo, TX 79109 City; State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Refined Completions LLC
Date 03.23.2025	Full name of contributor Laci Murray Contributor address; 6403 Bayberry Ln., Spearman, TX 79031 City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Lasater & Co., Inc.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME David Prescott

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

03.23.2025

Weston Wright

6 Contributor address;

City;

State;

Zip Code

620 S. Taylor, Amarillo, TX 79101

\$500.00

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Wright Law TX, PLLC

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

03.24.2025

Daniel Bradley

Contributor address;

City;

State;

Zip Code

901 Sfillmore, Amarillo, TX 79101

\$1,000.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Auto Inc

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

03.24.2025

Luke Austin

Contributor address;

City;

State;

Zip Code

8000 Georgetown Dr. Amarillo, TX 79101

\$1,500.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Pannhandle Resort Services, LTD

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

02.07.2025

Richard Ware

Contributor address;

City;

State;

Zip Code

P.O. Box 1, Amarillo, TX 79105

\$1,000.00

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 02.28.2025	5 Full name of contributor out-of-state PAC (ID#: Caprock Building Systems, LLC - not a corporation 6 Contributor address; City; State; Zip Code 500 S. Bonham St., Amarillo, TX 79106	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03.03.2025	Full name of contributor out-of-state PAC (ID#: William & Amy Boyce Contributor address; City; State; Zip Code 2800 Bowie St., Amarillo, TX 79109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Intentionally left Blank Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Intentionally left Blank Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.03.2025	5 Full name of contributor Sandra Gilliland 6 Contributor address; City; State; Zip Code 500 S. Taylor St., Ste. 101, Amarillo, TX 79101	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03.03.2025	Full name of contributor Stephen Cornett Contributor address; City; State; Zip Code 22 Fairway Dr., Canyon, TX 79015	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.03.2025	Full name of contributor Vance Reed Contributor address; City; State; Zip Code 4 Pinecrest Dr., Amarillo, TX 79124	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.04.2025	Full name of contributor Richard & Shirley Constancio Contributor address; City; State; Zip Code 162 Hogan Dr., Amarillo, TX 79124	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME David Prescott

3 Filer ID (Ethics Commission Filers)

4 Date
03.04.
2025

5 Full name of contributor out-of-state PAC (ID#:

Adair Buckner

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

160 Hunsley Hills Blvd. Canyon, TX 79015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03.05.
2025

Full name of contributor out-of-state PAC (ID#:

Terry Caviness

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

3004 S. Lipscomb St. Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02.19.
2025

Full name of contributor out-of-state PAC (ID#:

Sylvia & Rod Nugent

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

1410 Nelson Dr., Irving, TX 75038

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03.07.
2025

Full name of contributor out-of-state PAC (ID#:

Amarillo Association of Realtors, PAC - non corporate \$4,000.00

Contributor address; City; State; Zip Code

5601 Enterprise Cir., Suite D. Amarillo, TX 79106

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: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.11.2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barry & Suzanne Willis 6 Contributor address; City; State; Zip Code PO Box 1046, Perryton TX, 79070	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03.12.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Ford or Holly Corts Contributor address; City; State; Zip Code P.O. Box 1368, Amarillo, TX 79105	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.12.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Hall Contributor address; City; State; Zip Code 500 S. Taylor St. STE 101 LB 249, Amarillo, TX 79101	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.13.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Kaye Shawgo Contributor address; City; State; Zip Code 3239 S Milam St. Amarillo, TX 79109	Amount of contribution (\$) \$100.00
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: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.13. 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas C. Hiney Special 6 Contributor address; City; State; Zip Code 6900 Calumet Rd., Amarillo, TX 79106	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03.13. 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jane Roberts Contributor address; City; State; Zip Code 1613 S Mikam St. Amarillo, TX 79102	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.13. 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward W. Bradley Contributor address; City; State; Zip Code 3002 S. Lipscomb St. Amarillo, TX 79109	Amount of contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.17. 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael & Hannah Haring Contributor address; City; State; Zip Code 6251 Big Falls Trl., Amarillo, TX 79118	Amount of contribution (\$) \$500.00
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: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.17. 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary & Sally Jennings 6 Contributor address; City; State; Zip Code 4503 Greenwich Pl., Amarillo, TX 79119	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03.20. 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William E. Harris & Bev. Harris Contributor address; City; State; Zip Code 7802 Stuyvesant Ave., Amarillo, TX 79121	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.20. 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Prescott Contributor address; City; State; Zip Code 6304 Achieve Dr. Amarillo, TX 79119	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03.21. 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra Watts Contributor address; City; State; Zip Code 5 Willow Bridge Dr., Amarillo, TX 79106	Amount of contribution (\$) \$500.00
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: 17
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 03.21.2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph D. Ellis 6 Contributor address; City; State; Zip Code 113 SW 8th Ave., Amarillo, TX 79101	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03.24.2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Emery Contributor address; City; State; Zip Code P.O. Box 1230, Amarillo, TX 79105	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Intentionally Left Blank Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Intentionally Left Blank Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 5	2 FILER NAME David Prescott	3 Filer ID (Ethics Commission Filers)
4 Date 03.20.25	5 Payee name Nobox Creative	
6 Amount (\$) \$45,805.00	7 Payee address; City; State; Zip Code 4211 1-40 West, Suite 201, Amarillo, TX 79106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs, Advertising, Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/11/25	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St, #1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Political Contribution Online Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02.23.25	Payee name Anedot	
Amount (\$) \$12.30	Payee address; City; State; Zip Code 1340 Poydras St, #1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Political Contribution Online Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 5		2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 03.02.25		5 Payee name Anedot			
6 Amount (\$) \$20.30		7 Payee address; City; State; Zip Code 1340 Paydras St, #1770, New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Political Contribution Online fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03.02.25		Payee name Anedot			
Amount (\$) \$4.30		Payee address; City; State; Zip Code 1340 Paydras St, #1770, New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03.03.25		Payee name Anedot			
Amount (\$) \$10.30		Payee address; City; State; Zip Code 1340 Paydras St, #1770, New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 5		2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 03.05.25		5 Payee name Ane-dot			
6 Amount (\$) \$100.30		7 Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Political Contribution Online Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03.05.25		Payee name Ane-dot			
Amount (\$) \$10.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03.07.25		Payee name Ane-dot			
Amount (\$) \$8.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

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
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: **5** 2 FILER NAME **David Prescott** 3 Filer ID (Ethics Commission Filers)

4 Date **03.07.25** 5 Payee name **Anedot**

6 Amount (\$) **\$8.30** 7 Payee address; City; State; Zip Code
1340 Paydoras St., #1770, New Orleans, LA 70112

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Fees** (b) Description **Political Contributions Online Fee**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 **03.10.25** Payee name **Anedot**

Amount (\$) **\$20.30** Payee address; City; State; Zip Code
1340 Paydoras St., #1770, New Orleans, LA 70112

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fees** Description **Political Contributions Online 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/OH Candidate / Officeholder name Office sought Office held

Date **03.19.25** Payee name **Anedot**

Amount (\$) **\$20.30** Payee address; City; State; Zip Code
1340 Paydoras St., #1770, New Orleans, LA 70112

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fees** Description **Political Contributions Online 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/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME David Prescott	3 Filer ID (Ethics Commission Filers)
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4 Date 03.23.25	5 Payee name Airedot
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6 Amount (\$) \$4.30	7 Payee address: 1340 Paypras St, #1770, New Orleans, LA	City; LA	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Political Contribution Online Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03.23.25	Payee name Airedot
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Amount (\$) \$20.30	Payee address: 1340 Paypras St, #1770, New Orleans, LA	City; LA	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Political Contribution Online Fees.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03.20.2025	Payee name Lamar Advertising	cash payment to reverse in-kind Donation.
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Amount (\$) \$11,420.00	Payee address: 11100 S. Coulter St.	City; Amarillo	State; TX	Zip Code 79119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Billboards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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