# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

| 1 Filer ID (Ethics Comn   | nission Filers)  | 2 Total pages filed:            | OFFICE USE ONLY   |  |  |
|---|--|---------------------------------|---|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER   | Ms/MRs/MR FIRST Mr. David  | МІ                              | Date Received EIVED   |  |  |
| NAME  | NICKNAME LAST  | SUFF                            | APR 14 2025 132   |  |  |
|   | Prescott   | 3011                            | , , , , , , , , , , , , , , , , , , ,   |  |  |
| 4 ORIGINAL REPORT   | January 15 Run   | off Final rep                   | Date Hand-delivered or Date Postmarked  |  |  |
| TYPE  | July 15 Exc  | eeded modified reporting        | CITY OF AMARILLO  |  |  |
|   | 30th day before election   | Other (specify)                 | Receipt # Amount \$   |  |  |
|   | 8th day before election app  | pintment (officeholder only)    | Date Processed  |  |  |
| 5 ORIGINAL PERIOD COVERED   | Month Day Year   | Month Day                       | Year  |  |  |
| OOVERED   | 01 / 01 / 2025 TH  | ROUGH 03 / 24 / 20              | Date Imaged   |  |  |
| 6 EXPLANATION OF CO   |  |                                 |   |  |  |
| I The campaign baid Lama  | he campaign learned an in-kind billboa<br>ar Advertising \$11,420, reported as an<br>correction for donation from Amarillo | expenditure Two \$5,000 LLC con | ot permissible and rejected it.<br>tributions were also not permissible<br>Non Corporate for the amount of \$4,000. |  |  |
| 7 SIGNATURE I swe   | ear, or affirm, under penalty of   | perjury, that this corrected r  | eport is true and correct.  |  |  |
| Chec  | ck ONLY if applicable:   |                                 |   |  |  |
| Semiannual  | reports: I swear, or affirm, that t  | he original report was made in  | good faith and without an intent to   |  |  |
|   | o misrepre-sent the information o  |                                 |   |  |  |
| □ date i learne   | ed that the report as originally filed<br>the report as originally filed was r   | d is inaccurate or incomplete   | er than the 14th business day after the I swear, or affirm, that any error or                                       |  |  |
| TINA PLASTER  |  |                                 |   |  |  |
| Notary Public, State of Texas Signature of Candidate/Officeholder                 |  |                                 |   |  |  |
| Notary ID 125159601 Please complete either option below:                          |  |                                 |   |  |  |
| (1) Affidavit   |  | xx:                             |   |  |  |
| NOTARY STAMP/SEAL   |  |                                 |   |  |  |
| Sworn to and subscribed before me by W. David Prescott this the the day of April. |  |                                 |   |  |  |
| 20 <u>25</u> to certify   | which, witness my hand and seal of offi  | ce.                             | A 1 1 =   |  |  |
| Signature of officer administer   | Slasso 1   | ina Master                      | Notary  |  |  |
| Signature of officer administra   | Printed name   | of officer administering oath   | Title of officer administering oath   |  |  |
|   |  | OR                              |   |  |  |
| (2) Unsworn Declarati   | on   |                                 |   |  |  |
| My name is  |  | and my date of hir              | th is   |  |  |
| My address is   |  | , and my date of bir            |   |  |  |
|   | (street)   | (city)                          | (state) (zip code) (country)  |  |  |
| Executed in   | County, State of   |                                 |   |  |  |
|   |  | (n                              | ionth) (year)   |  |  |
|   |  | Signature of C                  | andidate/Officeholder (Declarant)   |  |  |
| Remember To Atta  | ch Any Part Of The Campaign F  |                                 | 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 <u>before</u> 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 <u>on or after</u> 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.

|  |                        | ICEHOLDER<br>CE REPORT              |  | FORM C/OH<br>COVER SHEET PG 1  |
|--|------------------------|-------------------------------------|--|--|
|  | Guide explains ho      | w to complete this form.            | 1 Filer ID (Ethics Commission Filers)            | 2 Total pages filed:   |
| 3 CANDIDATE/<br>OFFICEHOLDER<br>NAME                         | MS/MRS/MR              | FIRST David                         | Mi   | OFFICE USE ONLY  |
|  | NICKNAME               | Prescott                            | SUFFIX   | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX       | X; APT / SUITE #; C                 | narillo, TX 79101                                |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                        | ( 806 )                | PHONE NUMBER 674-6062               | EXTENSION  | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                              | MS/MRS/MR Mr. NICKNAME | Michael                             | мі   | Receipt # Amount \$  Date Processed  |
| 7 CAMPAIGN   |                        | Haning (NO PO BOX PLEASE): APT / SU | SUFFIX   | Date Imaged  |
| TREASURER<br>ADDRESS   |                        |                                     |  | STATE; ZIP CODE  |
| (Residence or Business)  8 CAMPAIGN TREASURER PHONE          | (806)                  | PHONE NUMBER 543-9955               | 900, Amarillo, T                                 | X 79101  |
| 9 REPORTTYPE   | January 15 July 16     | 30th day before elec                | — —  | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Affach C/OH - FR)                           |
| 10 PERIOD<br>COVERED   | Month 01               | Day Year / 01 / 25                  | Month  | Day Year / 24 / 25   |
| 11 ELECTION  | Month Day              | Year Primary  25 General            | Runoff Description  Special                      |  |
| 12 OFFICE  | OFFICE HELD (If any)   |                                     | 13 OFFICE SOUGHT (If known) City Counsel Place 3 |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                        | CONSENT. CANDIDATES    |                                     |  | ADE BY POLITICAL COMMITTEES TO SUPPORT<br>IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>MEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages   | COMMITTEE TYPE         | COMMITTEE NAME  COMMITTEE ADDRESS   |  |  |
|  | SPECIFIC               | COMMITTEE CAMPAIGN TREAS            |  |  |
|  |                        | GO TO P                             | <br>PAGE 2                                       |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

|  | THE  | - COVER SHEET FG 2   |  |  |
|--|--|--|--|--|
| Dav  | id Prescott  | 16 Filer ID (Ethics Commission Filers)                         |  |  |
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUT     PLEDGES, LOANS, OR GUARANTEES OF LO     CONTRIBUTIONS MADE ELECTRONICALLY)  | IONS (OTHER THAN ANS, OR \$                                    |  |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA  | * 56,300.00  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITUR   | RE. \$   |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 57,484.90   |  |  |
| CONTRIBUTION<br>BALANCE  | TOTAL POLITICAL CONTRIBUTIONS MAINTAIN     OF REPORTING PERIOD   |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD   | IDING LOANS AS OF THE \$                                       |  |  |
| 18 SIGNATURE I s   | wear, or affirm, under penalty of periury, that the accomp-  | anying report is true and correct and includes all information |  |  |
| rec  | uired to be reported by me under Title 15, Election Code.  | information  |  |  |
|  | 1  |  |  |  |
|  | $\overline{b}$   |  |  |  |
|  |  |  |  |  |
|  | . (  | Signature of Candidate or Officeholder                         |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Please complete either   | ontion below:  |  |  |
|  | The second secon | option bolow.  |  |  |
|  |  |  |  |  |
|  | WILLIAM STATES   |  |  |  |
|  | TINA PLASTER   |  |  |  |
| (1) Affidavit Notary Public, State of Texas Comm. Expires 01-07-2029   |  |  |  |  |
| Notary ID 125159601  |  |  |  |  |
|  | William Notaly ID 128159601  |  |  |  |
| NOTARY STAMP/SEAL  |  |  |  |  |
| 2  | before me by W. Lavid Prescott   | this the 11th day of April.                                    |  |  |
| 20, to certify v   | which, witness my hand and seal of office.   |  |  |  |
| Jana J   | lasta Tina Plaste  | Notar  |  |  |
| Signature of officer administer  |  | 1401001  |  |  |
|  |  | The of officer administering bath                              |  |  |
|  | OR   |  |  |  |
| (2) Unsworn Declaratio   | n  |  |  |  |
| Bit and a supplementation of the state of th |  |  |  |  |
| My name is   | , and n  | my date of birth is  |  |  |
| My address is  |  |  |  |  |
|  | (street)   | (city) (state) (zip code) (country)                            |  |  |
| Executed in  | 0  | ,                        |  |  |
|  | , on the   | day of, 20 (month) (vear)                                      |  |  |
|  |  | (Joan)   |  |  |
|  | S  | ignature of Candidate/Officeholder (Declarant)                 |  |  |

| SUBTOTALS - C/OH   | F<br>COVER S            | ORM C/OH<br>HEET PG 3 |
|--|-------------------------|-----------------------|
| David Prescott   | 20 Filer ID (Ethics Con | nmission Filers)      |
| 21 SCHEDULESUBTOTALS<br>NAME OF SCHEDULE                                     |                         | SUBTOTAL<br>AMOUNT    |
| 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                              |                         | \$56,300.00           |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                         | \$                    |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |                         | \$                    |
| 4. SCHEDULE E: LOANS   |                         | \$                    |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON               | TRIBUTIONS              | \$57,484.90           |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |                         | \$                    |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C                | ONTRIBUTIONS            | S                     |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |                         | \$                    |
| 8. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND                | os                      | \$                    |
| 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              | \$                    |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | ONS RETURNED            | \$                    |
|  |                         |                       |

SCHEDULE A1

| ii ule reque          | sted information is not applicable, DO NOT inc  | clude this page in the              | report.                                |
|-----------------------|---|-------------------------------------|--|
| The                   | Instruction Guide explains how to complete this   | form.                               | 1 Total pages Schedule A1:             |
| 2 FILER NAME<br>David | Prescott  |                                     | 3 Filer ID (Ethics Commission Filers)  |
|                       | 5 Full name of contributor   out-of-state PAC   Wade Porter   6 Contributor address; City;   12 Willow Bridge Dr., Amerillo,  | State; Zip Code                     | 7 Amount of contribution (\$) \$500.00 |
| Banker                |   | 9 Employer (See Instruc             | · —                                    |
| Date<br>()3.17.2025   | Full name of contributor out-of-state PAC (BYIAN PETTY)  Contributor address; City:  U707 Jamuson W., Amarillo, T             | State: Zio Code                     | Amount of contribution (\$)            |
| Principal occup       | pation / Job title (See Instructions)   | Employer (See Instruc               | tions)                                 |
|                       | Full name of contributor     out-of-state PAC ( Sonn Headrick  Contributor address; City;  2811 Crackett Str, Ainvarillo, T.) | State; Zip Code                     | Amount of contribution (\$)            |
| Principal occup       | pation / Job title (See Instructions)   | Employer (See Instruct Mullin Hour( |  |
|                       | 1419 WPine. Ave., Midland, TX   | State; Zip Code                     | Amount of contribution (\$) \$500,00   |
| Principal occup       | Exploration Production  | Employer (See Instruct              | dons)                                  |
|                       |   |                                     |  |
|                       | ATTACH ADDITIONAL COPIES OF   |                                     | — <del></del> -                        |

### 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: FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$250.00 8607 Dallington Dr. Amarillo, TX 79119 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#:\_ Full name of contributor Date Amount of contribution (\$) \$100,00 2210 S. Bonham, Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Date Out-of-state PAC (ID#:\_ Amount of contribution (\$) \$1,000.00 PO Box 7844, Amarillo, TX 79114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ☐ out-of-state PAC (ID#;\_\_ Amount of contribution (\$) \$300.00 2817 Crockett St. Amarillo, TX 79109 (:PA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

| If the reque:        | sted information is not applicable, DO NOT Is  | nclude this page in the               | report.                               |
|----------------------|--|---------------------------------------|---------------------------------------|
| The                  | Instruction Guide explains how to complete thi   | s form.                               | 1 Total pages Schedule A1:            |
| 2 FILER NAME         | David Prescott   |                                       | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>)2,27,2025 |  |                                       | 7 Amount of contribution (\$)         |
| Principal occu       | pation / Job title (See Instructions)  | 9 Employer (See Instruc               | itions)                               |
| Date                 | Full name of contributor  ut-of-state PA   | -                                     | Amount of contribution (\$)           |
| 13.02.2025           | Bob Juba<br>contributor address; city;<br>550 S Avondale; Amavillo; T                    | State; Zip Code                       | \$500.00                              |
|                      | ation / Job title (See Instructions)   | Employer (See Instruction Mexical Ly) | nun<br>nun                            |
| Date                 | Full name of contributor   | C (ID#:)                              | Amount of contribution (5)            |
| 3.02.2025            | Tyler Holland  contributor address; city; 2401 S. Travis, Amarillo Ti                    |                                       | \$100.00                              |
|                      | ation / Job title (See Instructions)   | Employer (See Instruc                 | tions)                                |
| Date                 | <b>6</b>   | c (ID#:)                              | Amount of contribution (\$)           |
| 3.03. <i>203</i> 5   | Christian Ladd-Stribling<br>contributor address; city; J<br>3003 S. Hughes St. Amavillo, | State; Zip Code<br>TX 79109           | \$250.00                              |
| ٠ ١ -                | ation / Job title (See Instructions)   | Employer (See Instruc                 | tions)                                |
| THERI                | DESIGN   | 1. 26.14.                             |                                       |
|                      |  |                                       |                                       |
|                      | ATTACH ADDITIONAL CODIES   | OF THE COURTY FACE                    | urroro                                |

#### SCHEDULE A1

| If the reques    | sted 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:            |
| 2 FILER NAME     | David Prescott  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date           | 5 Full name of contributor  | 7 Amount of contribution (\$)         |
| 05.05.2020       | The Voy Cavinuss  6 Contributor address; City; State; Zip Code  PO Box 31117 Amarillo, TX, 79120      | \$2,500.00                            |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employer (See Instructions)  CAVINAS BLE                     | ^ ·                                   |
| Date             | Full name of contributor  | Amount of contribution (\$)           |
| 03.05.2025       | Michele Fortunato Contributor address; City; State; Zip Code 1710 S. Harrison St., Amarillo, TX 79102 | \$250.00                              |
|                  | pation / Job title (See Instructions) Employer (See Instruc   | ctions)                               |
| Date             | Full name of contributor  | Amount of contribution (\$)           |
| 03,012,202       | Strian Bruckner City: State: Zip Code 2018 S. Hayden St. Amarillo TX 79109                            | \$250.00                              |
|                  | pation / Job title (See Instructions)  Employer (See Instructions)                                    | ` ·                                   |
| Date             | Full name of contributor  | Amount of contribution (\$)           |
|                  | Negan Lavinuss  contributor address: City; State; Zip Code  3000 S. Hughes St. Arnevillo, TX 79109    | \$1,000.00                            |
|                  | resident Job title (See Instructions)  Employer (See Instructions)  Cavivus But                       |                                       |
|                  | ,   |                                       |
|                  |   |                                       |
|                  |   |                                       |
|                  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  |                                       |

### 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) David Prescott Date ut-of-state PAC (ID# 7 Amount of contribution (\$) \$200.00 1PO Box 9274 Amarillo TX 79105 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Life Insurance Date Oul-of-state PAC (ID# Amount of contribution (\$) 200.00 2022 Cuiti Dr., Amarillo, TX Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:.. Amount of contribution (\$) B200.00 9 Teal Court, Amarillo, Tix 79106 Employer (See Instructions) Investment Date out-of-state PAC (ID#) Amount of contribution (\$) 3 Rebole Beach Ct., Amarillo, TX 79124 M & A Adulsory Services

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

#### SCHEDULE A1

| in the requested information is not applicable, DO NOT include this page in   | tne 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 (\$)         |
| 03.09.2020 5 Contributor address; City: State: Zip Code 3003 S. Lipscomb St., Aimarillo, TX 7918                      | \$100.00<br>ρο                        |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 52.1                              | structions)                           |
| Date Full name of contributor out-of-state PAC (ID#:  | Amount of contribution (\$)           |
| 03.09.2025 Christine O'Connor City: State: Zip Code 10508 Westwood Dr., Amerillo, TX 79119                            | \$500.00                              |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount 101                          | •                                     |
| Date Full name of contributor out-of-state PAC (ID#:  |                                       |
| 03.10.2025 Contributor address; City; State: Zip Code   | \$500.00                              |
| 7305 Lynniec Cir., Amarillo, TX 79121   |                                       |
| Principal occupation / Job title (See Instructions) Employer (See Ins   | structions)                           |
| Date Full name of contributor out-of-state PAC (ID#:  |                                       |
| 03.11.2025 Mary Jane & David Johnson Contributor address: City; State: Zip Code 810 S Avandale St. Amavillo, TX 79100 | \$100.00                              |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)                                      | P                                     |
| beneral Director Amouillo   | Opera                                 |
|   |                                       |
|   |                                       |
|   |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A   | C NEEDED                              |

| MONET            | ARY POLITICAL CONTRIBU   | JTIONS                      | SCHEDULE A1                           |  |  |
|------------------|--|-----------------------------|---------------------------------------|--|--|
| If the reques    | If the requested information is not applicable, <b>DO NOT include this page in the report.</b>   |                             |                                       |  |  |
| The              | Instruction Guide explains how to complete this  | s form.                     | 1 Total pages Schedule A1:            |  |  |
| 2 FILER NAME     | David Prescott   |                             | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4 Date           | 1 3  | C (ID#;)                    | 7 Amount of contribution (\$)         |  |  |
| 03.11.2025       | 1  | State; Zip Code             | \$250.00                              |  |  |
| 8 Principal occu | 701 S. Taylor St., Amarilo   | 9 Employer (See Instruc     | tions)                                |  |  |
| Attor            |  | ا ما                        | Shrader Smith PLLC                    |  |  |
| Date             | Full name of contributor Dut-of-state PA   | C (ID#:)                    | Amount of contribution (\$)           |  |  |
| 03.11.2025       | Chuck Kitsman  Contributor address; City;  7409 Lynnlee Pl., Amarillo  | State; Zip Code             | \$50.00                               |  |  |
| 1                | pation / Job title (See Instructions)  | Employer (See Instruc       |                                       |  |  |
| Firmacia         | d Advisor  | hitsman Ir                  | ivestment MOT                         |  |  |
| Date             |  | C (ID#:)                    | Amount of contribution (\$)           |  |  |
| 03.13.2025       |  | State; Zip Code             | 00.00K                                |  |  |
|                  | 4308 Calumet Ro., Amarillo,  |                             |                                       |  |  |
| Principal occup  | pation / Job title (See Instructions)  | Employer (See Instruc       | itions)                               |  |  |
| Date             | Full name of contributor   |                             | Amount of contribution (\$)           |  |  |
| 03.19.2025       | James baut<br>Contributor address; City;<br>28023. Ong St., Amarillo;  | State; Zip Code<br>TX 79109 | \$500.00                              |  |  |
|                  | ) (1<br>Detion / 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. |                             |                                       |  |  |

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) muid Prescott Full name of contributor \_\_\_\_ out-of-state PAC (ID#;\_\_\_\_\_ 4 Date 7 Amount of contribution (\$) 3 20 20256 Contributor address; 1815 SW 28th Ave., Amarillo, TX 79109 **Uwner** Date ut-of-state PAC (ID#: Amount of contribution (\$) 00.00ch 16130 Shadyloank Dr., Dallas, TX 75248 Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) \$1,000.00 3203 Bowie St., Amarillo, TX 79109 Employer (See Instructions) Principal occupation / Job title (See Instructions) hefined Completions LLC (EO

acader & CO.

ut-of-state PAC (ID#:

6403 Bayberry Ln., Spearman, TX 79031

03.23.2025

Full name of contributor

Principal occupation / Job title (See Instructions)

& has

Amount of contribution (\$)

### SCHEDULE A1

| If the requested milothianon is not applicable, be not morade and page in the report   |                       |  |                                       |
|--|-----------------------|--|---------------------------------------|
| The Instruction Guide explains h   | low to complete this  | form.                                  | 1 Total pages Schedule A1: 17         |
| 2 FILER NAME David Pres  | cott                  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor  | Out-of-state PAC      | (10#;)                                 | 7 Amount of contribution (\$)         |
| 03.23.2025 s contributor address; U20 S. Taylor,   | <b>\</b>              | State; Zip Code                        | \$500.00                              |
|  |                       |  | tions)                                |
| 8 Principal occupation / Job title (See Instructio   | nis)                  | 9 Employer (See Instruct               | م د ده ما                             |
| Date Full name of contributor  | out-of-state PAC      | (ID#:)                                 | Amount of contribution (\$)           |
| 03.24.2025 Contributor address;  | Yciiy:<br>Amavillo iT | State; Zip Code                        | \$1000.00                             |
| Principal occupation / Job title (See Instruction  | ns)                   | Employer (See Instruc                  | tions)                                |
| Sales  | <u> </u>              | Acto Inc                               |                                       |
| Date Full name of contributor  | Out-of-state PAC      | · ·- ·- ·                              | Amount of contribution (\$)           |
| 03.24.2025 Live Avitin  contributor address;  8000 beorgetoi   |                       |  | \$1,500.00                            |
| Principal occupation / Job title (See Instruction  | ns)                   | Employer (See Instruc<br>Panhandle Res | est Services, IID                     |
| Date Full name of contributor  | aut-of-state PAC      | (ID#:)                                 | Amount of contribution (\$)           |
|  | City;                 | State; Zip Code                        | \$1,000.00                            |
| Principal occupation / Job title (See Instruction  |                       | Employer (See Instruc                  | itions)                               |
|  |                       |  |                                       |
|  |                       |  |                                       |
|  |                       |  |                                       |
|  |                       |  |                                       |
|  |                       |  | ,                                     |
| 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 reques                    | ted information is not applicable, DO NOT Inc   | clude 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<br>02.10.2025             | 5 Full name of contributor   out-of-state PAC   Patrick & Blake Wave   otto: 6 Contributor address; City: P.O. Box I; Amaxillo Ti | (10#:) State; Zip Code X 79105 | 7 Amount of contribution (5)                                    |
|                                  |   | 9 Employer (See Instruc        |   |
| Date<br>02.10.2025               | William & Shavlec Ware  | State; Zip Code X 79105        | Amount of contribution (\$) \$\int_{1000.00}\$                  |
| Principal occup                  | eation / Job title (See Instructions)   | Employer (See Instruc          | tions)  |
| Date  O2, 12, 2025               | Michael & Liz Hughes  | State: Zip Code                | Amount of contribution (\$) $\frac{1}{3}5_{i}\infty$ , $\infty$ |
| Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instruc          | ctions)   |
| Date<br>02.12.2025               | Full name of contributor out-of-state PACE  SHEVE & SEVENA SMIT  Contributor address; city;  7303 Springwood Dr.: Aimin           | •                              | Amount of contribution (\$)                                     |
|                                  | pation / Job title (See Instructions)   | Employer (See Instruc          | ·   |
|                                  | ATTACH ADDITIONAL COPIES  |                                |   |
| <b>!</b>                         | if contributor is out-of-state PAC, please see instr  | uction guide for additional    | reporting requirements.   |

#### 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:            |
|----------------------|---|--------------------------|---------------------------------------|
| 2 FILER NAME         | David Prescott  |                          | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02.28.2025 | 5 Full name of contributor  Caprock Building System  6 Contributor address;  City;  Sous S. Bonham St., Amarillo, | State; Zip Code          | 7 Amount of contribution (\$)         |
| 1                    | <b>1</b>  | 9 Employer (See Instruct |                                       |
| Date<br>03.03.2025   | Full name of contributor  Dilliam & Amy Boyce  Contributor address;  City;  Contributor address;  City;           |                          | Amount of contribution (\$)           |
|                      | eation / Job title (See Instructions)   | Employer (See Instruct   | ions)                                 |
| Date                 | Full name of contributor out-of-state PAC  Tytentionally left Blay  Contributor address; City;                    |                          | Amount of contribution (\$)           |
| Principal occup      | pation / Job title (See Instructions)   | Employer (See Instruct   | tions)                                |
| Date                 | Full name of contributor  The Blank  Contributor address;  City;  | (ID#:) State; Zip Code   | Amount of contribution (\$)           |
| Principal occuj      | pation / Job title (See Instructions)   | Employer (See Instruc    | tions)                                |
|                      | ATTACU ADDITIONAL CODIES  | DETUIO OCUEDIN E AS N    | EEDED                                 |

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:   |  |
|-------------------------------------|---|-------------------------------|--|--|
| 2 FILER NAME                        | David Prescott  |                               | 3 Filer ID (Ethics Commission Filers)                              |  |
| 4 Date                              | 5 Full name of contributor   out-of-state PAC   Sandra   Tilliand   6 Contributor address; City; 500 5. Taylor St., Stc. 101, Ama   | 7 Amount of contribution (\$) |  |  |
| 8 Principal occu                    | pation / Job title (See Instructions)   | 9 Employer (See Instruc       | tions)   |  |
| Date                                | Full name of contributor  ut-of-state PAC   | (ID#;)                        | Amount of contribution (\$)  |  |
| 03.03.<br>2025                      | Stephen Cornett  contributor address; city;  22 Fairway Dr., Canyon   | State; Zip Code               | \$500.00   |  |
| Principal occup                     | ation / Job title (See Instructions)  | Employer (See Instruct        | tions)   |  |
| Date<br>03.03.                      | Full name of contributor     out-of-state PAC   Vance Need   City;   City;   How it   Dr. Amewillo,   | State; Zip Code               | Amount of contribution (\$)  |  |
| Principal occup                     | pation / Job title (See Instructions)   | Employer (See Instruc         | tions)   |  |
| Date  03.04.  2025  Principal occup | Full name of contributor   cult-of-state PAC   Nichard & Snivky Constant   City: Contributor address; City:   City:   Array   Or - , Array | NCIO<br>State; Zip Code       | Amount of contribution (\$)  \$\frac{1}{2}\left(1000.00)\$  tions) |  |
|                                     |   |                               |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

| 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 (\$) |                                       |  |
| 03.04.           | 6 Contributor address; City; State; Z                                | \$500.00                      |                                       |  |
| 2025             | No Hunsley Hills Blud. Canyon, TX -                                  |                               |                                       |  |
| 8 Principal occu | pation / Job title (See Instructions)  9 Employe                     | er (See Instructi             | ions)                                 |  |
| Date             | Full name of contributor out-of-state PAC (ID#:                      |                               | Amount of contribution (\$)           |  |
| 03.05.           | Terry Cavinuss   | 71- C-d                       | \$500.00                              |  |
| 2025             | Contributor address; City; State; 23004 S. Lipscomb St. Amarillo, TX | Zip Code<br>79109             | Ψυσυ                                  |  |
| Principal occup  | eation / Job title (See Instructions) Employe                        | er (See Instructi             | ions)                                 |  |
| Date             | Full name of contributor out-of-state PAC (ID#:                      |                               | Amount of contribution (\$)           |  |
| 02.19.           | Sylvia & had Nugarit  Contributor address; City; State; 2            |                               | \$1,000.00                            |  |
| 2025             | Contributor address; City; State; 2 14(0 NUSON Dr., Irving, TX 7     | -                             | $O_0,O_0$                             |  |
| Principal occup  |  | er (See Instructi             | ions)                                 |  |
| Date             | Full name of contributor out-of-state PAC (ID#:                      |                               | Amount of contribution (\$)           |  |
| 03.07.           | Amarillo Association of heattors, PA                                 | C-non co                      | iparate\$4,000.00                     |  |
| 2025             | 5001 Entemprise Cir., Suite D. An                                    | •                             | X 79106                               |  |
| Principal occup  | pation / Job title (See Instructions) Employ.                        | er (See Instruct              | ions)                                 |  |
|                  |  |                               |                                       |  |
| 1                |  |                               |                                       |  |

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### SCHEDULE A1

| If the reques          | ited information is not applicable, DO NOT inc   | ude this page in the                  | report.                     |
|------------------------|--|---------------------------------------|-----------------------------|
| The                    | Instruction Guide explains how to complete this  | form.                                 | 1 Total pages Schedule A1:  |
| 2 FILER NAME           | David Prescott   | 3 Filer ID (Ethics Commission Filers) |                             |
| 4 Date                 | 5 Full name of contributor  ut-of-state PAC  | 7 Amount of contribution (\$)         |                             |
| 03.11.<br><i>2</i> 025 | Barry & Suzanne Willis  6 Contributor address: City: PO Box: 1040, Perryton  | \$50.00                               |                             |
|                        |  | 9 Employer (See Instruc               | tions)                      |
| Date                   | Full name of contributor   | (ID#:)                                | Amount of contribution (\$) |
| 03.12.                 | Kichard Ford or Holly Con contributor address; city;   | NS State; Zip Code                    | \$500.00                    |
| 2025                   | P.O. Box 1368, Amarilio,   | TX 79105                              |                             |
| Principal occup        | pation / Job title (See Instructions)  | Employer (See Instruc                 | tions)                      |
| Date                   | Full name of contributor out-of-state PAC  | (ID#:)                                | Amount of contribution (\$) |
| 03.12.                 | Andrew Hall Contributor address; City;   | State; Zip Code                       | \$1,000,00                  |
| 2025                   | 500 S. Taylor St. STE 101 LB &   | 249, Amerillo, TX                     | 7910 i                      |
| Principal occu         | pation / Job title (See Instructions)  | Employer (See Instruc                 | tions)                      |
| Date                   | Full name of contributor out-of-state PAC  | (ID#:)                                | Amount of contribution (\$) |
| 03.13.<br>2025         | Mary haye. Shawgo Contributor address; 3239 S Milam St. Amarillo   | State; Zip Code                       | \$100.00                    |
| Principal occu         | pation / Job title (See Instructions)  | Employer (See Instruc                 | etions)                     |
|                        |  |                                       |                             |
|                        | ī.   |                                       |                             |
|                        |  |                                       | ·                           |
|                        |  |                                       |                             |
|                        | A THE OWNER OF THE CORNER OF T | TUIS SCUEDIII E AS I                  | MEEDED                      |

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

SCHEDULE A1

| ii tilo reques                      | ted information is not applicable, 20 No.  |                        |  |
|-------------------------------------|--|------------------------|--|
| The                                 | Instruction Guide explains how to complete this fo   | orm.                   | 1 Total pages Schedule A1:   |
| 2 FILER NAME                        | David Prescott   |                        | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 03.13. 2025 8 Principal occu | 5 Full name of contributor   Dut-of-state PAC (II THOMAS C. HINEY DECICAL 6 Contributor address; City; 6 Columnt No., Amacrillo pation / Job title (See Instructions)   9  | State: Zip Code        | 7 Amount of contribution (\$) \$500,00   |
|                                     |  |                        |  |
| 03.13.<br>2025                      | Full name of contributor out-of-state PAC (II  Tame hoberts  Contributor address; City;  1013 S Mikam St. Amarillo, 7  | State; Zip Code        | Amount of contribution (\$)  |
| Principal occup                     | pation / Job title (See Instructions)  | Employer (See Instruct | tions)   |
| Date 03.13. 2025  Principal occur   | Full name of contributor   out-of-state PAC (I<br>Falward W. Bradley<br>Contributor address; City;<br>3002 S. Lipscomb St. Ama<br>catlon / Job title (See Instructions)    | State; Zip Code        | Amount of contribution (\$)  \$\frac{1}{3}i00000000000000000000000000000000000 |
| Date  ()3,17.  2025  Principal occu | Full name of contributor   Dout-of-state PAC ( Michiael & Hannah Haniv Contributor address; City;  [025] Bicy Falks Trl., Amarillo;  pation / Job title (See Instructions) | State; Zip Code        | Amount of contribution (\$)  |
|                                     | ATTACH ADDITIONAL COPIES Of if contributor is out-of-state PAC, please see instru  | FTHIS SCHEDULEAS I     | VEEDED   |

#### SCHEDULE A1

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

| If the requested information is not applicable, be ite i metade time page in the report  |                                       |  |  |  |  |  |  |
|--|---------------------------------------|--|--|--|--|--|--|
| The instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:            |  |  |  |  |  |  |
| 2 FILER NAME David Prescott  | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |  |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: Dary & Sally Jennings 6 Contributor address; City; State; Zip Code 4503 brenwich PL. Amarillo, TX 79119 | 7 Amount of contribution (\$)         |  |  |  |  |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc  | dions)                                |  |  |  |  |  |  |
| Date Full name of contributor out-of-state PAC (ID#:   | Amount of contribution (\$)           |  |  |  |  |  |  |
| 03.20. William E. Harris & Bev. Harris  Contributor address; City: State; ZIp Code  2025 7802 Styresart Ave., Amarillo, TX 79121                                 | \$500,00                              |  |  |  |  |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  | tions)                                |  |  |  |  |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)  03.20.  | Amount of contribution (\$)           |  |  |  |  |  |  |
| Date Full name of contributor out-of-state PAC (ID#)  03.21 Sandra Watts  Contributor address; City; State; Zip Code  5 Willow Bridge, Dr., Amarillo, TX 79100   | Amount of contribution (\$)           |  |  |  |  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | <del></del>                           |  |  |  |  |  |  |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDIU FAS A   |                                       |  |  |  |  |  |  |

#### 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:  |
|---|---|
| 2 FILER NAME David Proscott   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5 Full name of contributor   out-of-state PAC (ID#:  | 7 Amount of contribution (\$)  \$\frac{1}{2}\left(\frac{1}{2}\text{CO}\text{.CO}}{\text{tions}}\$ |
| Date  Full name of contributor  O3.24.  Contributor address;  City:  State; Zip Code  2025  P.O. Box 1230; Amarillo, TX 79105  Principal occupation / Job title (See Instructions)  Employer (See Instructions) | Amount of contribution (\$)   |
| Date  Full name of contributor  Gout-of-state PAC (ID#:   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions) Employer (See Instruc   | tions)  |
| Date  Full name of contributor  Out-of-state PAC (ID#:)  Tittentionally Left Blank  Contributor address;  City; State; Zip Code   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions) Employer (See Instruc   | ctions)   |
| ATTAQUARRITONAL CORES OF TURE SCHEDULE AS   |   |

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |                                |   |            |   |                            |  |  |  |
|--|--------------------------------|---|------------|---|----------------------------|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Craft Card Payment | Fees Food/Beven ly Gift/Awards | Fees Office Ov<br>Food/Beverage Expense Polling E<br>Glft/Awards/Memoriats Expense Printing B<br>Legal Services Salaries/ |            | erhead/Remiel Expense Transportal<br>opense Travel In D<br>expense Travel Out |                            | ising Expense<br>ipment & Related Expense<br>ict<br>pory not listed above) |  |  |
|  | The Inst                       | ruction Guide expiains  | how to con | plate this form.  |                            |  |  |  |
| 1 Total pages Schedule F1:   | 2 FILER NAME                   | wid Presc   | ott        |   | 3 Filer ID (Ethi           | s Commission Filers)   |  |  |
| 03,20.25   | 5 Payes name                   | obox Crea   | tive       |   |                            |  |  |  |
| 6 Amount (\$)  | 7 Payee address;               | _   |            | City;   | State;                     | Zip Code   |  |  |
| \$45,805.00  | 4211 1-40                      | uxot,Svite  | 201,       | Amavillo  | ,TX 79                     | iou  |  |  |
| 8  | (a) Category (See Catego       | ries listed at the top of this so   | hedule) (  | b) Description  |                            |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertisino                    | x Expense   |            | Signs, Adi  | vertising                  | , Consulting   |  |  |
|  | (C) Check if travel            | U<br>outside of Texas, Complete Sch   | edule T.   | Check if Austi  | n, TX, officeholder livin  | g expense  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/O   | Candidate / Office             | holder name   |            | Office sought   |                            | Office held  |  |  |
| Date   | Payee name                     |   |            | · _ · · · · · · · · · · · · · · · · · ·                                       | -                          |  |  |  |
| 02/11/25   | Aned                           | ot  |            |   |                            |  |  |  |
| Amount (\$)  | Payee address;                 |   |            | City;   | State;                     | Zip Code   |  |  |
| \$20.3   | 1340 Poyo                      | )ras St, #  | ‡1770      | , New Or  | leans, LA                  | 70112  |  |  |
|  | Category (See Categor          | es listed at the top of this sch  | edule)     | Description   |                            |  |  |  |
| PURPOSE  |                                |   | lī.        | Shitleal 1  | Onal alordi                | our Adiros Car   |  |  |
| OF<br>EXPENDITURE  | tecs                           |   | 1          | ourion  | DUNITATION                 | on Online.Fee  |  |  |
|  | Check if travel of             | outside of Texas, Complete Sche   | wide T     | Charle If Austi   | ı, TX, officeholder livin  |  |  |  |
| Complete ONLY if direct  | Candidate / Office)            |   |            | Office sought   | I, IX, GHICEHOIDE HWIT     | Office held  |  |  |
| expenditure to benefit C/Ol-   |                                | NOCC HAINC  |            | Office sought   |                            | Onice held   |  |  |
| Date   | Payee name                     | ·   |            |   |                            | <u> </u>   |  |  |
| 02.25.25   | Anedot                         |   |            |   |                            |  |  |  |
| Amount (\$)  | Payee address;                 |   |            | City;   | State;                     | Zip Code   |  |  |
| \$12.30  | 1340 Poydra                    | s St. #17   | 70, Ne     | iw Orkani   | 5, LA 7                    | OIIZ   |  |  |
|  | Category (See Categori         | es listed at the top of this sch  | edule)     | Description   |                            |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Fees                           |   | F          | Withcal Co  | oitudintne                 | n Online Fee   |  |  |
|  | Check if travel o              | utside of Texas. Complete Sche  | duleT.     | Check if Austin   | n, TX, officeholder living | j expense  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Office             | holder name   |            | Office sought   |                            | Office held  |  |  |
|  | ATTACHADD                      | ITIONAL COPIES O  | FTHISSC    | HEDULE AS NEE   | DED                        |  |  |  |

#### 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 Event Expense Loan Repayment/Reimburserrent Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Food/Severage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Weges/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date <u>03.02.25</u> Airedo 6 Amount (\$) 7 Payee address; City: State Zip Code 1340 Paydras St, #1770, New Orleans, LA \$20.30 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Yditical Contribution Online fee OF દરીઇ:7 **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03.02.*2*5 Avadot Amount (\$) Zip Code 1340 Payoras St. #1770, New Orleans, LA \$4.30 Description Category (See Categories listed at the top of this schedule) PURPOSE Political Contribution Online fee tees OF EXPENDITURE Check if Iraval outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 03.03.25 Anedot Amount (\$) Zip Code City: 1340 Paydras St., #1770, New Orleans, LA \$10.30 7011Z Category (See Categories listed at the top of this schedule) Description +125 Olitical Contribution **EXPENDITURE** Check if travel outside of Taxas, Complete Schedule T. Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

| - and reported  |   |  |                       |                               |  |                         |  |  |  |
|---|---|--|-----------------------|-------------------------------|--|-------------------------|--|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |                       |                               |  |                         |  |  |  |
| Advertising Expense Accounting/Banking Consulting Expense Confibutions/Donations Made E Candidate/Officeholder/Politic Credt Card Payment |   | Fees Office Overhead/R Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense |                       | pense<br>lagas/Contract Labor | Travel In District Travel Out Of Distr | ipmentă Related Expense |  |  |  |
| 1 Total pages Schedule F1:  | 2 FILER N   | AME David Pr   | rescott               |                               | 3 Filer ID (Ethi                       | cs Commission Filers)   |  |  |  |
| 4 Date<br>(3.05.25  | 1 " 1   | 5 Payee name<br>AVLOOT   |                       |                               |  |                         |  |  |  |
| 6 Amount (5)  | 7 Payee ac  | 7 Payee address; City; State; Zip Code   |                       |                               |  |                         |  |  |  |
| 100.30  | 1340  | 1340 Paypras St. #1770, New Orleans, LA 70112  |                       |                               |  |                         |  |  |  |
| 8   | (a) Categor   | y (See Categories listed at the t  | top of this schedule) | (b) Description               |  |                         |  |  |  |
| PURPOSE<br>OF   | C   |  |                       | During                        | 1 6                                    | a. C                    |  |  |  |
| EXPENDITURE   | tees  |  |                       | tolitical (m                  | tribution                              | Online Foe              |  |  |  |
|   | (c)   | Check If travel outside of Texas, C  | Complete Schedule T.  | Check if Austi                | n. TX, officeholder livi               | ng expense              |  |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |   | ate / Officeholder name  |                       | Office sought                 |  | Office held             |  |  |  |
| Date  | Payee na  | ıme  |                       |                               |  |                         |  |  |  |
| 03.05.25  | Ane   | got.   |                       |                               |  |                         |  |  |  |
| Amount (\$)   | Payee ad  |  |                       | City;                         | State;                                 | Zip Code                |  |  |  |
| \$10.30   | 1340  | Paydras St.  | '#1J.50'V             | Dew Orlean                    | s, LA                                  | 7011a                   |  |  |  |
|   | Category  | (See Categories listed at the to   | op of this schedule)  | Description                   |  |                         |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Fees  |  |                       | Political Co                  | ntributio                              | n Online fee.           |  |  |  |
|   |   | Check if travel outside of Texas. Co   | omplete Schedule T,   | Check if Austi                | n, TX, officehalder livir              | g expense               |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh   |   | ate / Officeholder name  |                       | Office sought                 |  | Office held             |  |  |  |
| Date  | Payee na  | ime  |                       |                               |  |                         |  |  |  |
| 03.07.25  | Anedo   | γ.   |                       |                               |  |                         |  |  |  |
| Amount (\$)   | Payee ad  | <del>-</del>   |                       | City;                         | State;                                 | Zip Code                |  |  |  |
| \$8.30  | 1340  | Paydras St   | t.,#1770              | , New Orle                    | ins, LA                                | 70112                   |  |  |  |
|   | Category  | (See Categories listed at the to   | p of (his schedule)   | Description                   |  |                         |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Fres  |  |                       | Political Co                  | antvibution                            | Online Fee              |  |  |  |
|   | Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense |  |                       |                               |  |                         |  |  |  |
| Complete <u>ONLY</u> If direct expenditure to benefit C/O   |   | ate / Officeholder name  |                       | Office sought                 |  | Office held             |  |  |  |
|   | AT  | TACH ADDITIONAL CO   | OPIES OF THIS         | SCHEDULE AS NEE               | DED                                    |                         |  |  |  |

SCHEDULE F1

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credt Card Payment |              | Event Expense Fees Feed Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction | ense<br>(als Expense  | Loan Repty<br>Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/W |                 | Travel In District<br>Travel Out Of Distr | pmentă Related Expense |
|---|--------------|---|-----------------------|--|-----------------|---|------------------------|
| 1 Total pages Schedule F1:  | 2 FILER N    | David   | Priso                 | o <del>it</del> .  | 9.44            | 3 Filer ID (Ethi                          | es Commission Filers)  |
| 4 Date<br>03.07.25  | 5 Payee na   |   | 1100                  | <u> </u>   |                 |   |                        |
| 6 Amount (\$)   | 7 Payee ad   |   |                       |  | City;           | State;                                    | Zip Code               |
| \$8.30  | 1340 1       | Paydras   | 54.,41                | 770,   | New Orle        | ans, LA                                   | 70112                  |
| 8   | (a) Category | y (See Categories liste   | ed at the top of this | schedule)  | (b) Description |   |                        |
| PURPOSE<br>OF<br>EXPENDITURE  | Foos         |   |                       |  | Political C     | ontribution                               | s Online Fee           |
|   | (c)          | Check if travel outside of  | f Texas. Complete S   | chedule T.   | Check if Au     | stin, TX, afficeholder livi               | ng expense             |
| 9 Complete ONLY if direct expenditure to benefit C/OF   |              | ate / Officeholder  | name                  |  | Office sought   |   | Office held            |
| Date  | Payee na     | me  | ***                   |  |                 |   |                        |
| 03.10.25  | An           | 1061  | _                     |  |                 | _   |                        |
| Amount (\$)   | Payee ad     | •   |                       |  | City;           | State;                                    | Zip Code               |
| \$20.30   | 1340         | Paipvas   | St,#1"                | 770,1  | sew Orleas      | ns,LA                                     | 70112                  |
| · · · · ·   | Category     | (See Categories listed  | at the top of this s  | chedule)   | Description     |   |                        |
| PURPOSE<br>OF<br>EXPENDITURE  | Fees         |   |                       |  | Political 1     | Contribution                              | ons Online Fee         |
|   |              | Check if travel outside o   | Texas. Complete S     | chedule T.   | Check if Au     | stin, TX, officeholder livid              | ng expense             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   |              | ate / Officeholder  | name                  |  | Office sought   |   | Office held            |
| Date  | Payee na     | ime   | <u>.</u>              |  |                 |   |                        |
| 03.19.25  | A            | redot.  |                       |  |                 |   |                        |
| Amount (\$)   | Payee ad     | ldress;   |                       |  | City;           | State;                                    | Zip Code               |
| \$20.30   | 1340         | Payoras   | 1#,12,                | 770,1  | vers Örle       | ans, LA                                   | 70112                  |
|   | Category     | (See Categories listed  | at the top of this s  | chedule)   | Description     |   |                        |
| PURPOSE<br>OF<br>EXPENDITURE  | Fees         | <u>-</u> -  |                       |  | Political 1     | Contributio                               | ins Onlinufe           |
|   |              | Check if travel outside of  | Taxas. Complete S     | cheduleT.  | Check if Au     | stin, TX, officeholder livi               | ng expense             |
| Complete ONLY if direct expenditure to benefit C/OF   | _            | ate / Officeholde   | r name                |  | Office sought   |   | Office held            |
|   | AT           | TACH ADDITION   | VAL COPIES            | OF THIS  | SCHEDULE AS NE  | EEDED                                     |                        |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Raimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Giff/Awards/Memorials Expense Poling Expense Printing Expense Salaries/Weges/Contract1 abor Travel Out Of District Candidate/Officeholder/PoliticalCommittee Legal Services Other (enter a category not (isted above) Cradit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 03.23.25 Zip Code 6 Amount (\$) 7 Payee address; 1340 Payoras St,#1770, New Orleans, LA \$4.30 10112 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Political Contribution Online Fees 1295 OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 03.23.25 Amount (\$) State; Zip Code 1340 Paydras St. #1770, New Orleans, LA 10112 B20.30 Category (See Categories listed at the top of this schedule) PURPOSE Political Contribution Online Fees tels EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH cash payments to reverse in-Kind Donation. Pavee name 03.20.2025 City; State; Zip Code Amount (\$) \$11,420.00 <del>l</del>marillo Description PURPOSE Billboards OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED