

# 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: <b>24</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. David		<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> MAY 30 2025 CITY SECRETARY'S CITY OF AMARILLO
	NICKNAME LAST SUFFIX Prescott		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 601 SW 9th Ave. Amarillo, TX 79101		
	AREA CODE PHONE NUMBER EXTENSION ( 806 ) 674-6062		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Michael		Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX Haning		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 600 S. Tyler St., Suite 900, Amarillo, TX 79101		
	AREA CODE PHONE NUMBER EXTENSION ( 806 ) 543-9955		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED Month Day Year      Month Day Year 4 / 24 / 25      THROUGH      5 / 28 / 25		
9 REPORT TYPE	ELECTION ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description 6 / 7 / 25 <input type="checkbox"/> General <input type="checkbox"/> Special		
10 PERIOD COVERED	OFFICE OFFICE HELD (if any)      OFFICE SOUGHT (if known) City Counsel Place 3		
11 ELECTION	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.		
12 OFFICE   Additional Pages	COMMITTEE TYPE      COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

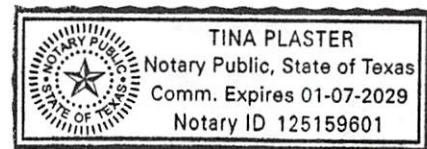
15 C/OH NAME <u>David Prescott</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 144,539.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 90,623.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

David Prescott  
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 30<sup>th</sup> day of May, 2025, to certify which, witness my hand and seal of office.

Tina Plaster  
Signature of officer administering oath

Tina Plaster  
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**

<b>19 FILER NAME</b> <i>David Prescott</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 124,080.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 20,459.25
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 96,623.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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: 15
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Kevin Nelson 6 Contributor address; City; State; Zip Code 301 S Polk St, Amarillo, TX 79101	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Offices of Nelson & Nelson
Date 4/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Lewis Britt Contributor address; City; State; Zip Code 6426 Euston Dr, Amarillo, TX 79109	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Rob Law Contributor address; City; State; Zip Code 3411 Rutson Drive, Amarillo, TX 79109-3929	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 05/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Eric White Contributor address; City; State; Zip Code 4804 Lexington Square, Amarillo, TX 79119	Amount of contribution (\$)  5,000.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Old World Construction
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.2.2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jeremy Hall</b>	7 Amount of contribution (\$) <b>5,000.00</b>
6 Contributor address; City; State; Zip Code <b>7402 Tacoma Dr, Amarillo, TX 79118</b>		
8 Principal occupation / Job title (See Instructions) <b>Marketing/IT Director</b>		9 Employer (See Instructions) <b>Rockrose Development</b>
Date <b>5.2.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>J. Shane Brooks</b>	Amount of contribution (\$) <b>5,500.00</b>
Contributor address; City; State; Zip Code <b>9411 Hill Rd, Amarillo, TX 79119</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Sprouse Shrader Smith PLLC</b>
Date <b>5.2.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bob Juba</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>550 S Avondale, Amarillo, TX 79106</b>		
Principal occupation / Job title (See Instructions) <b>Financial Advisor</b>		Employer (See Instructions) <b>Merrill Lynch</b>
Date <b>5.2.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Pair</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>12430 South Osage Street, Amarillo, TX 79118</b>		
Principal occupation / Job title (See Instructions) <b>Marketing</b>		Employer (See Instructions) <b>SKP Creative</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.2.2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Don Powell</b> 6 Contributor address; City; State; Zip Code <b>PO Box 468, Amarillo, TX 79105</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5.4.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jackie Payne</b> Contributor address; City; State; Zip Code <b>2609 Henning St, Amarillo, TX 79106</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5.8.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Andrew Evans</b> Contributor address; City; State; Zip Code <b>701 South Taylor Street, Amarillo, TX 79101</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Sprouse Shrader Smith PLLC</b>
Date <b>5.8.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lori Datri</b> Contributor address; City; State; Zip Code <b>500 S. Taylor, Suite 101, Amarillo, TX 79101</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Business Partner</b>		Employer (See Instructions) <b>Gillco</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.9.2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>C. Lloyd &amp; Lora Brown</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>3203 Bowie Street, Amarillo, TX 79109</b>		
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions) <b>Refined Completions LLC</b>
Date <b>5.9.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Eric White</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>4804 Lexington Square, Amarillo, TX 79119</b>		
Principal occupation / Job title (See Instructions) <b>Builder</b>		Employer (See Instructions) <b>Old World Construction</b>
Date <b>5.9.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jacob Cates</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2613 Mockingbird Ln, Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions) <b>Digital Initiatives Coordinator</b>		Employer (See Instructions) <b>The RANGE</b>
Date <b>5.9.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tanya Northern</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1419 W Pine Ave, Midland, TX 79705</b>		
Principal occupation / Job title (See Instructions) <b>Oil and gas exploration/production</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.11.2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Claudette Landess</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>9 Teal Court, Amarillo, TX 79106</b>		
8 Principal occupation / Job title (See Instructions) <b>Investments</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>5.11.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>John H Marmaduke</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>PO Box 33251, Amarillo, TX 79120</b>		
Principal occupation / Job title (See Instructions) <b>Investor</b>		Employer (See Instructions) <b>New Normal LLC</b>
Date <b>5.12.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Trevor Caviness</b>	Amount of contribution (\$) <b>2,000.00</b>
Contributor address; City; State; Zip Code <b>3001 South Ong Street, Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Caviness Beef Packers</b>
Date <b>5.12.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jackie Pearson</b>	Amount of contribution (\$) <b>400.00</b>
Contributor address; City; State; Zip Code <b>708 WILMETH DRIVE, Spearman, TX 79081</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 5.16.2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Hudson 6 Contributor address; City; State; Zip Code 7413 Park Ridge Dr, Amarillo, TX 79119	7 Amount of contribution (\$)  200.00
8 Principal occupation / Job title (See Instructions) Instructor		9 Employer (See Instructions) WTAMU
Date 5.17.2025	Full name of contributor out-of-state PAC (ID#: _____) J.D. Smith Contributor address; City; State; Zip Code 1496 CR 466, Hermleigh, TX 79526	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Oilman		Employer (See Instructions) Self
Date 5.19.2025	Full name of contributor out-of-state PAC (ID#: _____) Robert Bentley Contributor address; City; State; Zip Code 7403 Park Ridge Dr, Amarillo, TX 79119	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Upshaw Ins Agency Inc
Date 5.21.2025	Full name of contributor out-of-state PAC (ID#: _____) Walter Adams Contributor address; City; State; Zip Code 13113 Durango Dr, Amarillo, TX 79111	Amount of contribution (\$)  205.00
Principal occupation / Job title (See Instructions) Cleaning Service		Employer (See Instructions) Regal Cleaning Co.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.27.2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>David Norris</b> 6 Contributor address; City; State; Zip Code <b>4507 Aberdeen Dr, Amarillo, TX 79119</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5.27.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stan &amp; Kathy Morris</b> Contributor address; City; State; Zip Code <b>6308 Calumet Road, Amarillo, TX 79106</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4.21.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dee Miller</b> Contributor address; City; State; Zip Code <b>5315 Berget, Amarillo, TX 79106</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4.28.2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stan J Britten &amp; Kristi Britten</b> Contributor address; City; State; Zip Code <b>7604 Norwood Dr. Amarillo, TX 79119</b>	Amount of contribution (\$) <b>1,250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/29/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Joshua J. Britten &amp; Kacie L. Britten</b>	7 Amount of contribution (\$) <b>1,250.00</b>
6 Contributor address; City; State; Zip Code <b>7304 Deann Cir., Amarillo, TX 79121</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Trafton</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>4211 I-40, W Ste 202, Amarillo, TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Richard Ware</b>	Amount of contribution (\$) <b>20,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1, Amarillo, TX 79105</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>William J Ware &amp; Shaylee J Ware</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1, Amarillo, TX 79105</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/5/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Pat Ware</b>	7 Amount of contribution (\$) <b>10,000.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 1, Amarillo, TX 79105</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/7/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jason S Herrick &amp; Shannon L Herrick</b>	Amount of contribution (\$) <b>10,000.00</b>
Contributor address; City; State; Zip Code <b>7901 Valcour Dr. Amarillo, TX 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/9/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike or Liz Hughes</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 51149 Amarillo, TX 79159</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>R.M. or Sylvia Nugent</b>	Amount of contribution (\$) <b>2,000.00</b>
Contributor address; City; State; Zip Code <b>11508 Royalshire Dr., Dallas, TX 75230</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/10/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Donald E. or Twanna M Powell</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 468, Amarillo, TX 79105</b>	7 Amount of contribution (\$) <b>2,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/9/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bill Gilliland</b> Contributor address; City; State; Zip Code <b>500 S. Taylor, LB 249, Amarillo, TX 79101</b>	Amount of contribution (\$) <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/12/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Blaine D. or Kelly Roberts</b> Contributor address; City; State; Zip Code <b>2818 S Lipscomb St. Amarillo, TX 79109</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/12/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia R. Walker</b> Contributor address; City; State; Zip Code <b>5 Teal Court Amarillo, TX 79106</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>David Prescott</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/12/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>W.H. Brian, Jr.</b> 6 Contributor address; City; State; Zip Code <b>PO Box 9238 Amarillo, TX 79105</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/13/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Pattilou P. Dawkins</b> Contributor address; City; State; Zip Code <b>2805 S. Travis Amarillo, TX 79109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/14/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stanley Schaeffer</b> Contributor address; City; State; Zip Code <b>8417 English Bay PKWY, Amarillo TX 79119</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/14/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Terry Caviness</b> Contributor address; City; State; Zip Code <b>3004 S. Lipscomb St. Amarillo, TX 79109</b>	Amount of contribution (\$)  <b>3,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 15
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Teresa Kenedy 6 Contributor address; City; State; Zip Code 1914 S. Highland Amarillo, TX 79103	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/15/2025	Full name of contributor out-of-state PAC (ID#: _____) L.C. Withrow or T.N. Withrow Contributor address; City; State; Zip Code 4303 Omaha St. Amarillo, TX 79106	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/15/2025	Full name of contributor out-of-state PAC (ID#: _____) P.J. Harpole or J.Z Harpole Contributor address; City; State; Zip Code 7703 Pebblebrook Dr. Amarillo, TX 79119	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/15/2025	Full name of contributor 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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 15
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Bivins 6 Contributor address; City; State; Zip Code P.O. Box 708 Amarillo, TX 79105	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/22/2025	Full name of contributor out-of-state PAC (ID#: _____) The Campbell Family Trust - R.B. Campbell & Carol Ann Campbell Contributor address; City; State; Zip Code 6406 Dreyfuss Rd. Amarillo, TX 79106	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Oth Miller Contributor address; City; State; Zip Code 6712 Sandie Dr. Amarillo, TX 79109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Joey Laura Street Contributor address; City; State; Zip Code 4500 S. Soncy, Amarillo, TX 79119	Amount of contribution (\$) 10,000.00
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: 15
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Dee Miller 6 Contributor address; City; State; Zip Code 5315 Berget Amarillo, TX 79106	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Mr. Mrs. Greg Mitchell Contributor address; City; State; Zip Code 3005 S. Ong St., Amarillo, TX 79109	Amount of contribution (\$) 4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Steve Rogers, MAI Contributor address; City; State; Zip Code 5304 Tawney Amarillo TX 79106	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/22/2025	Full name of contributor 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: 15
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Amarillo Assoc. Of Realtors Inc. PAC - Non Corporate 6 Contributor address; City; State; Zip Code 5601 Enterprise Cir., Suite D, Amarillo, TX 79106	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Left Intentionally 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#: _____) Left Intentionally 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#: _____) Left Intentionally 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.		

## SCHEDULE A2

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

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 1/1/2025

# 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <div style="font-size: 24pt; text-align: center;">5</div>	<b>2</b> FILER NAME David Prescott	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 40.30	<b>7</b> Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 05/02/2025	Payee name Anedot	
Amount (\$) 200.30	Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Political Contribution 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/OH	Candidate / Officeholder name Office sought Office held	
Date 05/02/2025	Payee name Anedot	
Amount (\$) 200.30	Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Political Contribution 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/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: <b>5</b>	2 FILER NAME <b>David Prescott</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>05/02/2025</b>	5 Payee name <b>Anedot</b>	
6 Amount (\$) <b>220.30</b>	7 Payee address; City; State; Zip Code <b>1340 Paydras St., #1770, New Orleans, LA 70112</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Political Contribution Online Fee</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/02/2025</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>10.30</b>	Payee address; City; State; Zip Code <b>1340 Paydras St., #1770, New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Political Contribution Online Fee</b>
	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/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/02/2025</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 Paydras St., #1770, New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Political Contribution Online Fee</b>
	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/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME David Prescott	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/02/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) <b>40.30</b>	<b>7</b> Payee address; City; State; Zip Code 1340 Paydras St., #1770, New Orleans, LA 70112	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Political Contribution Online Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 05/09/2025	<b>Payee name</b> Anedot	
<b>Amount (\$)</b> 20.30	<b>Payee address; City; State; Zip Code</b> 1340 Paydras St., #1770, New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Political Contribution 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/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 05/11/2025	<b>Payee name</b> Anedot	
<b>Amount (\$)</b> 12.30	<b>Payee address; City; State; Zip Code</b> 1340 Paydras St., #1770, New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Political Contribution 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/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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: <b>5</b>	2 FILER NAME <b>David Prescott</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>05/12/2025</b>	5 Payee name <b>Anedot</b>	
6 Amount (\$) <b>40.30</b>	7 Payee address; City; State; Zip Code <b>1340 Paydras St., #1770, New Orleans, LA 70112</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Political Contribution Online Fee</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/16/2025</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>8.30</b>	Payee address; City; State; Zip Code <b>1340 Paydras St., #1770, New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Political Contribution Online Fee</b>
	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/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/16/2025</b>	Payee name <b>Nobox Creative</b>	
Amount (\$) <b>89,089.89</b>	Payee address; City; State; Zip Code <b>4211 I-40 West, Suite 201, Amarillo, TX 79106</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs, Advertising, Consulting</b>
	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/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 40px;">5</div>	<b>2</b> FILER NAME David Prescott	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Payee name Will Prescott				
<b>6</b> Amount (\$) <div style="font-size: 1.5em; margin-left: 20px;">6,700.00</div>	<b>7</b> Payee address; City; State; Zip Code 2602 S. Hayden St., Amarillo, TX 79109				
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Labor for Signs			
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
<b>Date</b>	<b>Payee name</b> Left Intentionally Blank				
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>			
	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/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
<b>Date</b>	<b>Payee name</b> Left Intentionally Blank				
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>			
	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/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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