

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: 18

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

David

NICKNAME

LAST

SUFFIX

Prescott

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

601 SW 9th Ave. Amarillo, TX 79101

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

674-6062

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Michael

NICKNAME

LAST

SUFFIX

Haning

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

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

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

543-9955

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☒

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

5

29

25

THROUGH

Month

Day

Year

7

1

25

11 ELECTION

ELECTION DATE

Month

Day

Year

6

7

25

☐

Primary

☒

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Counsel Place 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

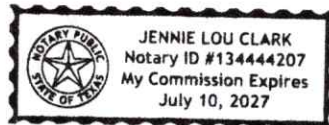
15 C/OH NAME David Prescott		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,299.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 74,726.70
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 David Prescott this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Jennie Clark Jennie L. Clark Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

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

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

David Prescott

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

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,299.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 74,726.70
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: 11
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 05/22/2025	5 Full name of contributor out-of-state PAC (ID#: John Kritser 6 Contributor address; City; State; Zip Code PO Box 31388 Amarillo, TX 79120	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/25/2025	Full name of contributor out-of-state PAC (ID#: Christine D. Garner & Matthew R. Garner Contributor address; City; State; Zip Code 2811 S. Hayden St., Amarillo, TX 79109	Amount of contribution (\$) 999.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2025	Full name of contributor out-of-state PAC (ID#: Earl C. Smith Contributor address; City; State; Zip Code PO Box 7587 Amarillo, TX 79114	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2025	Full name of contributor out-of-state PAC (ID#: James A Besselman, PC Contributor address; City; State; Zip Code 301 Polk St. STE 640N, Amarillo, TX 79101	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#: _____) A. W. SoRelle or Judith C. SoRelle 6 Contributor address; City; State; Zip Code 2410 Hayden Amarillo, TX 79109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: _____) The Campbell Family Trust, RB Campbell, Carol Ann Campbell Contributor address; City; State; Zip Code 6406 Dreyfuss Rd. Amarillo, TX 79106	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Bivins Contributor address; City; State; Zip Code P.O. Box 708 Amarillo, TX 79105	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2025	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 (\$) 250.00
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:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Gary Jennings & Sally Jennings 6 Contributor address; City; State; Zip Code 4503 Greenwich PL. Amarillo, TX 79119	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Melissa Kalka Contributor address; City; State; Zip Code 2622 Curtis Dr, Amarillo, TX 79109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Justin Harrison Contributor address; City; State; Zip Code 2200 South Ong Street, Amarillo, TX 79109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Google
Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Letricia Niegos Contributor address; City; State; Zip Code 3505 S Georgia St, Amarillo, TX 79109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Lovelady CPA PLLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Samuel Lovelady 6 Contributor address; City; State; Zip Code 2817 Crockett St, Amarillo, TX 79109	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Lovelady CPA PLLC
Date 06/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Tanya Northern Contributor address; City; State; Zip Code 1419 W Pine Ave, Midland, TX 79705	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Oil and gas exploration/production		Employer (See Instructions)
Date 06/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Judy Carter Contributor address; City; State; Zip Code 6209 Hampton Dr., Amarillo, TX 79109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Samuel Lovelady Contributor address; City; State; Zip Code 2817 Crockett St, Amarillo, TX 79109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Lovelady CPA PLLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Norris 6 Contributor address; City; State; Zip Code 4507 Aberdeen Dr, Amarillo, TX 79119	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/18/2025	Full name of contributor out-of-state PAC (ID#: _____) John Templar Contributor address; City; State; Zip Code 2028 S. Austin, AMARILLO, TX 79109-1961	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2025	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 (\$) 250.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Old World Construction
Date 06/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Nancy Rice Contributor address; City; State; Zip Code 4626 Cape Verde Ct, Amarillo, TX 79119	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:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/19/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Laura Street 6 Contributor address; City; State; Zip Code 7800 New England Pkwy, Amarillo, TX 79119	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Dan & Kathy Dowdy Contributor address; City; State; Zip Code 2501 S Van Buren St, Amarillo, TX 79109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Mike Hughes Contributor address; City; State; Zip Code 2806 S Parker St, Amarillo, TX 79109	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Old World Construction
Date 06/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Claudette Landess Contributor address; City; State; Zip Code 9 Teal Court, Amarillo, TX 79106	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Investments		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 A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

8417 English Bay Pkwy, Amarillo, TX 79119

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

500.00

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

3,500.00

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100.00

Employer (See Instructions)

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:	
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 06/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Cindy Horton 6 Contributor address; City; State; Zip Code 5100 Tawney Ave, Amarillo, TX 79106	7 Amount of contribution (\$) 500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 06/23/2025		Full name of contributor out-of-state PAC (ID#: _____) Cindi Bulla Contributor address; City; State; Zip Code 4804 Lexington Sq, Amarillo, TX 79119	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Brokerage		Employer (See Instructions) Self Real Estate Broker	
Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Ceila Welsch Contributor address; City; State; Zip Code 3501 Carlton, Amarillo, TX 79109	Amount of contribution (\$) 25.00	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) CB First Equity	
Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Denise Price Contributor address; City; State; Zip Code 111 E Cherry Ave, Amarillo, TX 79108	Amount of contribution (\$) 50.00	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Amarillo Association of REALTORS	
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:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/23/2025	5 Full name of contributor out-of-state PAC (ID#: Helen Benton 6 Contributor address; City; State; Zip Code 2410 Hawthorne Dr, Amarillo, TX 79109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Steve Pair Contributor address; City; State; Zip Code 12430 South Osage Street, Amarillo, TX 79118	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) SKP Creative
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Brian Fleming Contributor address; City; State; Zip Code 8801 Lundy Ln, Amarillo, TX 79119	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Mgr, Facilities		Employer (See Instructions) Bell Textron
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Paul & Jenny Harpole Contributor address; City; State; Zip Code 7703 Pebblebrook Dr, Amarillo, TX 79119	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#: B C Graham 6 Contributor address; City; State; Zip Code 4 Sarazen Pl, Amarillo, TX 79124	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Jeff Perkins Contributor address; City; State; Zip Code 1600 S Austin st, Amarillo, TX 79102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Insurica
Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Steve Walton Contributor address; City; State; Zip Code 2102 S Julian Blvd, Amarillo, TX 79102	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Kenny Steward Contributor address; City; State; Zip Code 6903 Cloud Crest Dr, Amarillo, TX 79124	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Pantex
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:
2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)
4 Date 06/28/2025	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Tanya Northern</div> <div>6 Contributor address; City; State; Zip Code 1419 W Pine Ave, Midland, TX 79705</div>	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Oil and gas exploration/production		9 Employer (See Instructions)
Date 06/28/2025	<div>Full name of contributor out-of-state PAC (ID#: _____) Fay Moore</div> <div>Contributor address; City; State; Zip Code 800 SOUTH MONROE, AMARILLO, TX 79101</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2025	<div>Full name of contributor out-of-state PAC (ID#: _____) Tony Freeman</div> <div>Contributor address; City; State; Zip Code 3916 Linda Dr, Amarillo, TX 79109</div>	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	<div>Full name of contributor out-of-state PAC (ID#: _____) David Hudson</div> <div>Contributor address; City; State; Zip Code 7413 Park Ridge Dr, Amarillo, TX 79119</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) WTAMU
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 06/18/2025		5 Payee name Nobox Creative, LLC			
6 Amount (\$) 65,000.00		7 Payee address; City; State; Zip Code 4211 I-40 Suite 201, Amarillo, TX 79106			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs, Advertising, Consulting		
	(c) 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 06/30/2025		Payee name Nobox Creative, LLC			
Amount (\$) 9,520.00		Payee address; City; State; Zip Code 4211 I-40 Suite 201, Amarillo, TX 79106			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs, Advertising, Consulting		
	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 06/02/2025		Payee name Anedot			
Amount (\$) 40.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee		
	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 06/18/2025		5 Payee name Anedot			
6 Amount (\$) 20.30		7 Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Political Contribution Online Fee		
	(c) 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 06/19/2025		Payee name Anedot			
Amount (\$) 4.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee		
	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 06/19/2025		Payee name Anedot			
Amount (\$) 100.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee		
	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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:		2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 06/19/2025		5 Payee name Anedot			
6 Amount (\$) 10.30		7 Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Political Contribution Online Fee	
		(c) 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 06/23/2025		Payee name Anedot			
Amount (\$) 4.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee	
		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 06/23/2025		Payee name Anedot			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee	
		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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME David Prescott		3 Filer ID (Ethics Commission Filers)	
4 Date 06/27/2025		5 Payee name Anedot			
6 Amount (\$) 2.30		7 Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Political Contribution Online Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/28/2025		Payee name Anedot			
Amount (\$) 4.30		Payee address; City; State; Zip Code 1340 Paydras St., #1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Political Contribution Online Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name Left Intentionally Blank			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED