CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Eth	ilcs Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR.	FIRST		MI R	OFFICE USE ONLY
NOME	NICKNAME	STANLEY		SUFFIX	RECEIVED (6)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3615 S		CITY; STAT		APR 28 2023
Change of Address			W.	- Water Street	CITY OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	(866)	584-6175	EXT	ENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR.	MICHAEL		мі S	Receipt # Amount S Date Processed
NAME	NICKNAME	FORD		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #;	CITY;	STATE: ZIP CODE
ADDRESS	5600	BELL SHIT	E 105 =	#291 A	MA. TK. 19109
(Residence or Business)		The second by the second		1000	
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 459-9979	EXT	ENSION	
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
COVERED	3	28 /23	THROUGH	4,	/27/23
11 ELECTION	ELECTION DA	TE		ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	5/6/	23 Senera	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if know	n)
	AMARINO CO	TY CORNELL PLACE	1	MAYOR	Transport of the Contract of t
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFK	CEHOLDER, THESE EXPENDITUR	ES MAY HAVE BEEN M	ADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRES	ss	
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIGI	TI IIVANCE KEPOKI	
15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 63,403.00
	 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 	\$ 69,904.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
*****	4. TOTAL POLITICAL EXPENDITURES	\$ 105,492.12
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO OF REPORTING PERIOD	\$ 54, 219. 26
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 0.00
red	quired to be reported by me under Title 15, Election Code. Signature of Candid	late or Officeholder
	Please complete either option below:	
(1) Affidavit	Notary Public, State of Texas Notary ID #12865543-6 My Commission Expires 09-20-2025	
NOTARY STAMP/SEA	Cola Stanlau 2	-8 day of April.
20 23 , to certify Signature of officer administr	which, witness my hand and seal of office. Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
My name is	, and my date of birth is	
		,
, addicas is		e) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20
	Signature of Candidate	/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ · 68,154.01		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,750.E		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s 0.@		
4.	SCHEDULE E: LOANS	s 0.=		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 105,492,		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	3. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S		
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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	COLE STANLEY	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3-30	LEONATO SABLET 6 Contributor address; City; State; Zip Code	1,000,00
	PO BOX 8467 AUNTRINO TX 79114	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	
Date	Full name of contributor	Amount of contribution (\$)
3-31	DEALON LLC Contributor address; City; State; Zip Code	
	1800 S. WASHINGTON STE 400 AMA. TX.	79102
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor	Amount of contribution (S)
3-30	JYOTIKA PATEL Contributor address; City; State; Zip Code	250.ºº
Principal occuj	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
3-30	TISHB HAI TS HAKTA Contributor address; City; State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI If contributor is out-of-state PAC, please see instruction guide for additional contributor is out-of-state.	

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) COLE STANLEY 5 Full name of contributor out-ofout-of-state PAC (ID#:_______) 7 Amount of contribution (S) 500.º 240/ S. LEORLIA AMARILIO TR. 79/09 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:____ Full name of contributor Amount of contribution (S) AMALKUMAR PATEL Contributor address; City; State; Zip Code 4-6 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:_____ Amount of contribution (\$) KHSH NATHH Contributor address; City; State; Zip Code 6807 ω. Ι-40 ΑΜΑΡΙΙΙΟ Τχ. 79106 200/0 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor oul-of-state PAC (ID#:_____ Amount of contribution (\$) 250.00 PO BOX 1 AMARIMO TX. 79105 | Employer (See Instructions) Principal occupation / Job title (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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 250°E Full name of contributor Out-of-state PAC (ID#:____ Date Amount of contribution (\$) 4-7 101,00 7802 GEORGETOWN AMARILLO TK. 791/9 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:_____ Full name of contributor Amount of contribution (\$) SIMESH PATEL Contributor address; City; State; Zip Code 4-13 500.E #2 CYPRESS PT. AMARINO TR. 79124 **In 1 lob title (See Instructions) Employer (See Instruction) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Out-of-state PAC (ID#:_____ 100,€ 9300 CABLE AMPRILLED TE. 79119 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

74.0	Instruction Guido evaluino haur to appart de la Francisco	1 Total page	ges Schedule A1:
	Instruction Guide explains how to complete this form		
FILER NAME	COLE STANLEY	3 Filer ID	(Ethics Commission Filers)
Date	5 Full name of contributor uut-of-state PAC (ID#:_		of contribution (\$)
4-10	·	te; Zip Cods	£0. 0€
	#8 LOODSTONE AMATRILL	79/06	
Principal occi	pation / Job title (See Instructions) 9	employer (See Instructions)	
Date	Full name of contributor	} Amoun	t of contribution (\$)
4-7	PATRICH WATE Contributor address; City; St	ate; Zip Code 25	0.00
	P.O. BOX 1 AMATZINO TK.	79105	
Principal occu		Employer (See Instructions)	
Date	Full name of contributor	Amour	at of contribution (\$)
4-5			∞. <u>≌</u>
Principal occi	PO BOX 1 AMARIMO TX pation / Job title (See Instructions)	Employer (See Instructions)	
Date		Amou	nt of contribution (\$)
4-2	ROBERT WENGER Contributor address; City; S	ate; Zip Code	⊋∞.≌
•	3630 Lucius 1 1 mill		
Principal occ	3629 KILEEN AMARIU upation / Job title (See Instructions)	Employer (See Instructions)	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	COLE STANGEY	3 Filer ID (Ethics Commission Filers)
Dale	5 Full name of contributor	7 Amount of contribution (\$)
4-2	6 ATCLAND SELL 6 Contributor address; City; State; Z 4801 LEXINGTON AMARCINO TR	
Principal occi	*	er (See Instructions)
Date	Full name of contributor 🗍 out-of-state PAC (ID#:	Amount of contribution (\$)
4-6	EMMETT RICE Contributor address; City; State;	
Principal occu	pation / Job title (See Instructions) Employ	rer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4-4	CONEY BURGESS Contributor address; City; State;	
Principal occi	PO. Box 9900 AMARILIO Tx. 7 spation / Job title (See Instructions) Employ	910 5 yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4-6		Zip Code 2001. @_
Principal occ	7300 PARK RIDGE ACCUARING 7 upation / Job title (See Instructions) Emplo	yer (See Instructions)
		

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedula A1:
FILER NAME	COLE STANLEY	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
4-8	BIG TEXAN R.V. RANCH 6 Contributor address; City; State; Zip Code	10,000.00
Principal occ	1414 SUOVEISE AUARIMO TX. 79104 supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4-15	JAMES TRUBECK Contributor address; City; State; Zip Code	200.€
	7907 CONTINENTAL AMARCINO TE. 79119	
Principal occ	upation / Job title (See Instructions) Employer (See Instruc	stions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-19	FRED BARKSDALE Contributor address; City; State; Zip Code P.O. Box 1363 AMAYOMO TR 79105	250.€
Principal occ	supation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-25	VANCE REED Contributor address; City; State; Zip Code	1000.
	3701 SE 2519 AMARNO TR. 79103	
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	ections)

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:
FILER NAME	COLE STANLEY	3 Filer ID (Ethics Commission Filers)
Date '	5 Full name of contributor	7 Amount of contribution (\$)
4-27	BILL OWEH 6 Contributor address; City; State; Zip Code	250,€
	PO BOX 20114 AMATEMOTX. 79114	· · · · · · · · · · · · · · · · · · ·
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4-15	AHONYMOUS DONATION BY CASH Contributor address; City; State; Zip Code	100.ºº
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	ALL DONATIONS MADE ONLINE Contributor address; City; State: Zip Code	\$4,751.01
	SEE ATTACHMENT B	
Principal occt	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see Instruction guide for additional	I reporting requirements.

ATTACHMENT B — PAYPAL DONATIONS: 30 MARCH to 26 APRIL 2023

Date	Time (PDT)	Name	Туре	Gross	Fee	Net	Contact Phone Number
3/30/23	8:39:15	Suzy Whisenhunt	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	
3/30/23	14:06:55	Laresa Chesley	Donation	\$ 150.00	\$ (4.83)	\$ 145.17	
4/2/23	11:52:02	Brett Kniveton	Donation	\$ 150.00	\$ (4.83)	\$ 145.17	(806) 335-5295
4/5/23	8:16:23	Jason Herrick	Donation	\$ 1,000.00	\$ (29.39)	\$ 970.61	(806) 673-9438
4/6/23	11:38:53	Connie M Morgan	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	
4/6/23	14:07:43	SUZANNE SOOTER	Donation	\$ 500.00	\$ (14.94)	\$ 485.06	(806) 228-5756
4/13/23	8:05:58	EILEEN MISKIMEN	Donation	\$ 50.00	\$ (1.94)	\$ 48.06	
4/17/23	6:09:12	PAUL CHRISTY	Donation	\$ 1,000.00	\$ (29.39)	\$ 970.61	
4/20/23	17:04:15	Edward Dowdy	Donation	\$ 50.00	\$ (1.94)	\$ 48.06	(806) 367-0076
4/21/23	8:25:39	Barry Christy	Donation	\$ 500.00	\$ (14.94)	\$ 485.06	(806) 654-1183
4/25/23	13:21:53	Shirley Clem	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	(806) 674-1249
4/25/23	13:37:33	Eric Zimmerman	Donation	\$ 250.00	\$ (7.72)	\$ 242.28	(806) 236-5001
4/25/23	18:17:42	Ty Roberts	Donation	\$ 750.00	\$ (22.17)	\$ 727.83	(806) 655-7702
4/26/23	8:51:16	Patrick Lee	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	(806) 570-7712
4/26/23	9:06:24	Steven P Easton	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	(806) 584-4543
					al Net YPAL	\$ 4,751.01	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	social information to not approache, 20 Not include	- ano pago	10poi		
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAME	COLE STANLEY		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1750.)Cı	
5 Date 4-1	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code 79/18	Contribution \$ ASSOC, 1750.00 Check if travel outsi	9 In-kind contribution description TEAT MESSAGM6 ENAIL MESSAGM6 UOTEIC DATA de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution S	I In-kind contribution I description I	
	Contributor address, City, Citato,	2.p 0000	Chark if traval auto	! de of Texas. Complete Schedule T.	
Principal occ	I supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	1	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			ig requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

ii iile leq	uested information is not applicable, DO NOT motude this page	an me report	
1	he Instruction Guide explains how to complete this form.	1 Total pages Sched	íule B;
2 FILER NAI	ME	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		1
		Check if travel outs	1. side of Texas. Complete Schedule T.
10 Principal o	ccupation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	in-kind contribution description.
	Pledgor address; City; State; Zip Code	•	1 [
		Check if travel outs	l side of Texas. Complete Schedule T.
Principal of	ccupation / Job title (See Instructions) Employer (Sec	e Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	1 In-kind contribution description
	Pledgor address; City; State: Zip Code	•	1
		Check if travel out	i. side of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions) Employer (Se	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; Clty; State; Zip Code		1
		Check if travel out	i. side of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions) Employer (Se	e Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see instruction guide for		a regulrements.
1	it contributes to out-of-state t wal blades see trietinging faire to		o

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender Date of loan 9 Loan Amount (\$) ut-of-state PAC (ID#;_ 10 Interest rate 6 is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#;_ Interest rate is lender Lender address: City, State: Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) Попе Amount Guaranteed (\$) GUARANTOR Name of guaranter INFORMATION Guarantor address; City: State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 11/15/2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Glit/Awards/Memorials Expense Printing Exp	pense ages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4-5-23	AMARINO SOD POODLES BA	SEBALL	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,144,15	715 S. BUCHANAN	AMATRILLO	Tx. 79101
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ť
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD AND	SERVICE/VENUE WATCH PATCHY
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name i	Office sought	Office held
Date	Payee name		· ·
4-20-23	AMATRILLO SOD POODLES	B ASEBAL	L
Amount (\$)	Payee address;	City;	State; Zip Code
1948.50	715 S. BUCHANAN	AMARINO	Tx. 79101
PURPOSE	Calegory (See Categories listed at the top of this schedule)	Description	·
OF EXPENDITURE	EVENT EXPENSE	ASSITION	AL FOOD WATCH PARTY
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	d .		
Date	Payee name		
	_		
4-27-23	CREATIVE CAN	VOM	
Amount (\$)	Payee address;	City;	State; Zip Code
77, 319. 24	2201 CIVIC CIRCLE	AMATRI	140 Tx. 79109
	Category (See Categories listed at the top of this schedule)	Description	POICE ATTACHED FOR
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSES		OF ALL EXPENDITURES
_	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NE	EDED

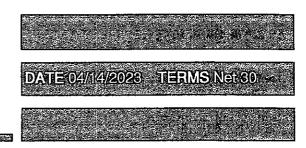
Creative Cannon 2201 Civic Cir Ste 917 Amarillo, TX 79109 (806) 236-9404 david@creative-



BILL TO

cannon.com

Cole Stanley for Amarillo 3615 6th Ave Amarillo, TX 79106



DATE AG	TIVITÝ :	DESCRIPTION:	OTY.	RATE	AMOUNT
02/09/2023 Pri		C&B Marketing Buttons Round 1 - 50 BUTTON - 36 X 24 SIGN	1	211.09	211.09
02/13/2023 Pri	·	C&B Marketing Press Conference Signs - 36 X 24 SIGNS Sales Tax 8.25% 12.86	1	168.78	168.78
03/17/2023 Bill		Lamar Billboards Lamar Contract #4113600 Creative Cannon - Banners	1	500.00	500.00
03/27/2023 Bill	lboards	Galaxy Equipment Leasing Inc. // Big Texan - Instillation - Vinyl	1	563.00	563.00
03/28/2023 Bill	lboards	Burkett Outdoor Advertising LP	1	750.00	750.00
04/06/2023 M e	-	Kingdom Keys Please See Attached Invoice / Schedule - 78 Radio Spots	1	575.00	575.00
04/06/2023 M e		KFDA Please See Attached Invoice / Schedule - 130 TV Spots	1	13,030.00	13,030.00

Thank You for Your Business www.creative-cannon.com

DATE ACTIVITY	DESCRIPTION	QTY RATE AMOUNT
04/10/2023 Media Buy	Alpha Media / KGNC Please See Attached Invoice / Schedule - 51 Radio Spots	1 1,009.00 1,009.00
04/11/2023 Media Buy	KAMR/KCIT FOX 14 Please See Attached Invoice / Schedule - 45 TV Spots	1 7,040.00 7,040.00
04/12/2023 Media Buy	KVII Please See Attached Invoice / Schedule - 37 TV Spots Digital Package - Delivering 150,000 commercials to Adults 35+, Amarillo Republican Voters	1 13,150.00 13,150.00

Thank You for Your Business

www.creative-cannon.com

04/14/2023 Printing

C&B Marketing Complete List of Printed 1 25,496.12 25,496.12

- 500 A11122-1 BUTTON 1.09 545.00 10% DISCOUNT 10% DISCOUNT -10.00% -54.50
- 3,000 A11122-3 YARD SIGN 18" x 24" 3.90 11,700.00 10% DISCOUNT 10% DISCOUNT -10.00% -1,170.00
- 50 A11122-4 YARD SIGN 48" x 48" 41.39 2,069.50 10% DISCOUNT 10% DISCOUNT -10.00% -206.95
- 600 A11122-5 BUMPER STICKER - RECTANGLE 4" x 6" 0.41667 250.00 10% DISCOUNT 10% DISCOUNT -10.00% -25.00
- 500 A11122-6 BUMPER STICKER OVAL 0.634 317.00 10% DISCOUNT 10% DISCOUNT -10.00% -31.70
- 500 A11122-1 BUTTON 1.09 545.00 10% DISCOUNT 10% DISCOUNT -10.00% -54.50
- 50 A11122-4 YARD SIGN 48" x 48" 41.39 2,069.50 10% DISCOUNT 10% DISCOUNT -10.00% -206.95
- 2,000 A11122-3 YARD SIGN 18" x 24" 3.925 7,850.00 10% DISCOUNT 10% DISCOUNT -10.00% -785.00
- 500 A11122-7 PUSH CARDS 0.486 243.00 10% DISCOUNT 10% DISCOUNT -10.00% -24.30
- 5,000 A11122-7 PUSH CARDS 0.1162 581.00 10% DISCOUNT 10% DISCOUNT -10.00% -58.10

Sales Tax 8.25% 1,943.12 \$25,496.12

DATE	ACHIVITOA	DESCRIPTION Q	W	RATE	AMOUNT
04/14/2023	Agency Fee	Standard 15% Agency Fee	1	3,881.38	3,881.38
04/14/2023	Agency Fee	Standard 15% Agency Fee	1	271.95	271.95
04/17/2023	Mailers	Panhandle Pre-Sort Cole Stanley Campaign Postcard	1	5,850.37	5,850.37
		List Processing - 1 X \$50.00 \$50.00			
		List Maintenance - 13,150 X \$0.0019011 \$25.00T			
		Address Formatting/NCOA - 13,150 X \$0.02 \$263.00T			
		Set Up Charge - 2 X \$50.00 \$100.00T			
		Print 5 1/2 x 8 1/2, 4/4 100# Cover - 13,150 X \$0.0967643			
		\$1,272.45T			
		Direct Address-Variable Data - 13,150 X \$0.04 \$526.00			
		Postage - 13,150 X \$0.2748228 \$3,613.92			
		Total \$5,850.37			
04/17/2023	Agency Fee	Standard 15% Agency Fee	1	877.55	877.55
04/21/2023	Media Buy	Suddenlink / A4 Media - 255 TV Spots	1	3,025.00	3,025.00
04/21/2023	Media Buy	Ramón Godoy El Mensajero Newspaper 34 YEARS OF EXCELLENCE 1989 - 2023 Amarillo, Texas 806-371-7084 Lmensajero@aol.com	1	920.00	920.00
		1/4 Page - 5.125" X 10"			
Please Pay	Upon Receipt	SUBTOTAL			77,319.24
		TAX			0.00
		TOTAL			77,319.24

Thank You for Your Business

www.creative-cannon.com

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) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Glft/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expanse Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit 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 COLE STANLEY 4 Date 5 Payee name 4-27-23 BLAIR KISER Zip Code State: 6 Amount (\$) 7 Payee address; Tx. 79124 400 E VALHALLA LANE AMATEILLO (b) Description Tex. Elec. Code § 253.033. (a) Category (See Categories listed at the top of this schedule) 8 RE-IMBURSEMENT TO DOHOR FOR PURPOSE OF CASH CONTRIBUTION OUTIC \$100.00 OTHER EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Рауве пате 4-27-23 LONE STAR FILM + VIDEO Zip Code Payee address; City; Amount (\$) 23,680.23 AMATRILLO TX. 79109 3616 CARSON Description Category (See Categories listed at the top of this schedule) PURPOSE OF VIDEO PRODUCTION ADVERTISING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Solicitation/Fundraising Expense Advertising Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 8 Payee address; City; State; Zip Code 7 Amount (\$) TYPE OF Political Non-Political EXPENDITURE (b) Description 10 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name Date State: Zip Code Payee address; City; Amount (S) TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expanditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

			1	Total pa	iges Schedule F3:	······································
		ne Instruction Guide explains how to complete this form.	_			
2	FILER NAME		3	Filer ID	(Ethics Commission	Filers)
4	Date	5 Name of person from whom investment is purchased		,		
		6 Address of person from whom investment is purchased; City	· · · ·		State;	Zip Code
		7 Description of investment				
		8 Amount of investment (\$)				
	Date	Name of person from whom investment is purchased				
		Address of person from whom investment is purchased; City	 ;	•••••	State;	Zip Code
		Description of investment	-		· · · · · · · · · · · · · · · · · · ·	
		Amount of investment (\$)				<u></u>
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ΞA	S NEE!	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested inform	nation is not applicabl	le, DO NOT incl	ude this [page in the rep	ort.		
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made By	Event Expensi Fees Food/Beverag y Gift/Awards/M	je Expense Iemorials Expense	Loan Repaym Office Overhe Polling Exper Printing Expe	nent/Reimbursement ead/Rental Expense nse ense	Transporta Travel in I Travel Ou	District at Of District	ent & Related Expense
Candidate/Officeholder/Political	_	s action Guide explains	_	ges/ContractLabor	Other (en	era category	not listed above)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer IE) (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITUR	ES CHARGED 1	TOACRE	DITCARD	\$		
5 Date	6 Payee name			. 			
7 Amount (\$)	8 Payee address;			City;		State;	Zíp Code
9 TYPE OF EXPENDITURE	Political		Non-Polit	tical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categorie			(b) Description			
11 Complete Chilly if direct	(c) Checkif travel o	outside of Texas, Complete So ceholder name		Check If Au	ustin, TX, office	oholder living Office he	
Complete ONLY if direct expenditure to benefit C/OH		1					
Date	Payee name						
Amount (\$)	Payee address;			City;		State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Pol	ltical			
PURPOSE OF EXPENDITURE	Category (See Categor	ries listed at the top of this :	schedule)	Description			
	Checkiftravel	outside of Texas. Complete S		<u></u>	Auslin, TX, offic		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	iceholder name	Of	ffice sought		Office ho	eld
	ATTACH ADDITI	ONAL COPIES O	F THIS SC	CHEDULE AS N	EEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Memodals 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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services		ages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
Total pages Schedule G:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics	Commission Filers
Date	5 Payee name				
Amount (\$)	7 Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF	(a) Category (See Categories list	led at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder Oving e	xpense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officehold	der name (Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF	Category (See Categories lis	sted at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside	of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officehold	der name	Office sought		Office held
Date	Payee name				<u> </u>
Amount (\$)	Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories lis	sted at the top of this schedule)	Description		
LAFERDHORE	Check if travel outside	e of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder fiving	expense
Complete ONLY if direct	Candidate / Officehol	der name	Office sought		Office held

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Event Expense Fees Food/Re

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

The Instruction Guide explains h	ow to complete this form.	3 Filer ID (Ethics C	ommission Filers
FILER NAME		3 Filer ID (Ethics C	Commission Filers
<u></u>			
5 Business name	***************************************		- 11813
7 Business address;	City;	State;	Zip Code
(a) Category (See Categories listed at the top of this sched	(b) Description		
(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living exp	ense
Candidate / Officeholder name	Office sought	C	office held
Business name			
Business address;	City;	State;	Zip Code
Category (See Calegories listed at the top of this sched	ule) Description		
Check if travel outside of Texas. Complete Schedu	de T. Check If Aust	in, TX, officeholder living exp	ense
Candidate / Officeholder name	Office sought	C	Office held
Business name			
Business address;	City;	State;	Zip Code
Calegory (See Calegories listed at the top of this schee	dule) Description		
Check if travel outside of Texas. Complete Sched	uleT. Check if Aus	tin, TX, officeholder living ex	pense
Candidate / Officeholder name	Office sought	(Office held
	Candidate / Officeholder name Business name Business address; Category (See Categories listed at the top of this schedule of Texas. Complete Schedule of Texas.	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi Candidate / Officeholder name Office sought Business name Business address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austi Business name Business name Business address; City; Calegory (See Categories listed at the top of this schedule) Description Check if Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austiness Candidate / Office holder name Office sought	(c) Check if varied outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp Candidate / Officeholder name Office sought O Business name Business address; City; State; Category (See Categories listed at the top of this schedule) Description Check if unveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp Business name Business address; City; State; Candidate / Officeholder name Office sought C Category (See Categories listed at the top of this schedule) Description

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name			·	
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions rega	arding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions reg	arding type of	information
Date	Payee name			<u>-</u>	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions reg	garding type o	f information
Date	Payee name			<u> </u>	
Amount (S)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions re	garding type c	of information
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

		ica montation io not applicable, 20 to 1 monace and page in		
	The	Instruction Guide explains how to complete this form.	1 Total pages Schel	dule K:
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (S)
		6 Address of person from whom amount is received; City; State	te; Zip Code	
		7 Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; St	ate; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Dale	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Si	ate; Zip Code	•
		Purpose for which amount is received Check if	political contribution	returned to filer
F		ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested in	formation is	not app	licable, DO NOT i	nclude this page	in the report.		
The Instru	ction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission	on Filers)	
4 Name of Contributor /	Corporation o	r Labor O	rganization / Pledgor /	Payee		,,	
5 Contribution / Expendi	iture reported	on:					
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	7 Name of	person(s)	traveling				
	8 Departur	e city or n	ame of departure local	ion		1. T	
	9 Destinati	on city or	name of destination lo	cation			
10 Means of transportati	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor /	Corporation of	or Labor C	Prganization / Pledgor	/ Рауее			
Contribution / Expend	liture reported	on:	•				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of	person(s	traveling				
	Departui	e city or n	ame of departure loca	tion			
	Destinati	on city or	name of destination is	ocation			
Means of transportat	lon	Purp	ose of travel (including	name of conference,	seminar, or other event)		
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor	/ Payee	p		
Contribution / Expend	diture reported	l on:					
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling						
ļ	Departure city or name of departure location						
	Destinal	ion city or	name of destination I	ocation			
Means of transporta	tion	Purp	ose of travel (including	name of conference	seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							